

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
Cartwright for Congress

ADDRESS (number and street) PO Box 1805
 Check if different than previously reported. (ACC) Plains PA 18705

2. **FEC IDENTIFICATION NUMBER** C C00509968 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
PA 17

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 11 / 04 / 2014 in the State of PA
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period 10 / 01 / 2014 through 10 / 15 / 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 Mr. Daniel J Gerrity CPA

Signature of Treasurer Mr. Daniel J Gerrity CPA *[Electronically Filed]* Date 10 / 23 / 2014

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Cartwright 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))....	8205.00	1267829.16
(b) Total Contribution Refunds (from Line 20(d))	1400.00	1400.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	6805.00	1266429.16
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	23891.73	571527.50
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	4838.45
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	23891.73	566689.05
8. Cash on Hand at Close of Reporting Period (from Line 27).....	608091.68	
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).....	390000.00	

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

Cartwright 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).....	3700.00	872963.82
(ii) Unitemized.....	5.00	57465.34
(iii) TOTAL of contributions from individuals ▶	3705.00	930429.16
(b) Political Party Committees.....	0.00	200.00
(c) Other Political Committees (such as PACs).....	4500.00	337200.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	8205.00	1267829.16
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.)	0.00	4838.45
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)..... ▶	8205.00	1272667.61

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	23891.73	571527.50
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	1400.00	1400.00
(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)).....	1400.00	1400.00
21. OTHER DISBURSEMENTS	5540.00	129730.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	30831.73	702657.50

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	630718.41
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	8205.00
25. SUBTOTAL (add Line 23 and Line 24).....	638923.41
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	30831.73
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	608091.68

**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 30
	<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)
Cartwright for Congress

A. Full Name (Last, First, Middle Initial)
David Ball

Mailing Address 732 9th St
Ste 501

City Durham State NC Zip Code 27705-4803

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

Name of Employer JuryWatch Occupation Consultant, writer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 13 / 2014

Transaction ID : C9070192

Amount of Each Receipt this Period
250.00

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

Mailing Address 716 Largovista Dr

City Oakland State FL Zip Code 34787-8974

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

Name of Employer Wieland, Hilado & DeLattre, PA Occupation 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
10 / 01 / 2014

Transaction ID : C9024804

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Daniel Patrick Haggerty Esq.

Mailing Address 200 Abington Executive Park
Ste 102

City Clarks Summit State PA Zip Code 18411-2259

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

Name of Employer PMJ Group Occupation Consulting

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 08 / 2014

Transaction ID : C9041249

Amount of Each Receipt this Period
250.00

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

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

1000.00

**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 30
	<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)
Cartwright for Congress

Full Name (Last, First, Middle Initial) A. Paul G. Hardiman Esq.		Date of Receipt M M / D D / Y Y Y Y 10 / 10 / 2014	
Mailing Address 39 S La Salle St Ste 1400		Transaction ID : C9045215	
City Chicago State IL Zip Code 60603-1707	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Name of Employer Paul G Hardiman Law Offices Occupation Attorney		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00		

Full Name (Last, First, Middle Initial) B. James J. Keeler		Date of Receipt M M / D D / Y Y Y Y 10 / 04 / 2014	
Mailing Address 109 Estate Dr		Transaction ID : C9032402	
City Clarks Summit State PA Zip Code 18411-8886	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Name of Employer Social Security Administration Occupation District Manager, Towanda, PA		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 650.00		

Full Name (Last, First, Middle Initial) C. Robert T. Kelly		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2014	
Mailing Address 325 1st Ave		Transaction ID : C9089789	
City Jessup State PA Zip Code 18434-1013	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Name of Employer N/A Occupation Retired		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	600.00
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: PAGE 7 OF 30
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cartwright for Congress

A. Full Name (Last, First, Middle Initial)
Lester A. Krasno Esq.

Mailing Address 400 N 2nd St

City Pottsville State PA Zip Code 17901-1709

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

Name of Employer Krasno Krasno & Onwudinjo Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **850.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 14 / 2014

Transaction ID : C9079625

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Kathleen P Munley

Mailing Address 387 N Main St

City Archbald State PA Zip Code 18403-1819

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

Name of Employer Marywood University Occupation Professor of History

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
 10 / 14 / 2014

Transaction ID : C9079626

Amount of Each Receipt this Period
1500.00

C. Full Name (Last, First, Middle Initial)
William E. Woodson Esq.

Mailing Address 307 East Eufaula

City Norman State OK Zip Code 73069-6062

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

Name of Employer Woodson and Loftis Occupation 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
 10 / 01 / 2014

Transaction ID : C9024643

Amount of Each Receipt this Period
500.00

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

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

2100.00

3700.00

**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 30
	<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)
Cartwright for Congress

A. Full Name (Last, First, Middle Initial)
Lockheed Martin Employees Political Action Committee

Mailing Address 2121 Crystal Dr
Ste 100

City State Zip Code
Arlington VA 22202-3706

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
4000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 15 / 2014

Transaction ID : C9081360

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
M&T BANK AND WILMINGTON TRUST POLITICAL ACTION COMMITTEE

Mailing Address 465 Main St
Ste 500

City State Zip Code
Buffalo NY 14203-1715

FEC ID number of contributing federal political committee. **C** C00137273

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
10 / 15 / 2014

Transaction ID : C9089788

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
SANOPI PASTEUR INC. POLITICAL ACTION COMMITTEE

Mailing Address DISCOVERY DRIVE

City State Zip Code
SWIFTWATER PA 18370

FEC ID number of contributing federal political committee. **C** C00215236

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
10 / 06 / 2014

Transaction ID : C9040665

Amount of Each Receipt this Period
2500.00

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

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

4500.00

4500.00

**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 30			
	<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)
Cartwright for Congress

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address 14 Arrow St			Amount of Each Disbursement this Period 0.40 Transaction ID : D634705
City Cambridge	State MA	Zip Code 02138-5106	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 003	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) B. AT&T			Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2014
Mailing Address 208 S Akard St			Amount of Each Disbursement this Period 84.40 Transaction ID : D644043
City Dallas	State TX	Zip Code 75202-4295	
Purpose of Disbursement Cell Phone Service		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) C. Downtown Deli			Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 300 Spruce Street			Amount of Each Disbursement this Period 52.91 Transaction ID : D641565
City Scranton	State PA	Zip Code 18503	
Purpose of Disbursement Meals		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	137.71
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 10 OF 30	
	<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)
Cartwright for Congress

Full Name (Last, First, Middle Initial) A. Exxon		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 94 S Pennsylvania Ave		Amount of Each Disbursement this Period 20.61 Transaction ID : D644914
City Wilkes Barre	State PA	
Zip Code 18701-3403	Purpose of Disbursement Travel	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. First Bank Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address PO Box 407066		Amount of Each Disbursement this Period 98.13 Transaction ID : D641567
City Fort Lauderdale	State FL	
Zip Code 33340-7066	Purpose of Disbursement Credit Card Processing Fee	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. First Bank Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address PO Box 407066		Amount of Each Disbursement this Period 252.81 Transaction ID : D641568
City Fort Lauderdale	State FL	
Zip Code 33340-7066	Purpose of Disbursement Credit Card Processing Fee	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	371.55
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 30	
	<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)
Cartwright for Congress

Full Name (Last, First, Middle Initial) A. First Bank Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address PO Box 407066		Amount of Each Disbursement this Period 12.50 Transaction ID : D641569
City Fort Lauderdale	State FL	
Zip Code 33340-7066	Purpose of Disbursement Credit Card Processing Fee	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. First Bank Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address PO Box 407066		Amount of Each Disbursement this Period 14.60 Transaction ID : D644038
City Fort Lauderdale	State FL	
Zip Code 33340-7066	Purpose of Disbursement Credit Card Processing Fee	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) C. First Bank Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address PO Box 407066		Amount of Each Disbursement this Period 2.47 Transaction ID : D641562
City Fort Lauderdale	State FL	
Zip Code 33340-7066	Purpose of Disbursement Credit Card Processing Fee	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	29.57
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 30		
	<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)
Cartwright for Congress

Full Name (Last, First, Middle Initial) A. Google Apps		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 1600 Amphitheatre Parkway		Amount of Each Disbursement this Period 45.16 Transaction ID : D644037
City Mountain View State CA Zip Code 94043	Purpose of Disbursement Email Service Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Lackawanna Pro Bono, Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 321 Spruce St		Amount of Each Disbursement this Period 300.00 Transaction ID : D644032
City Scranton State PA Zip Code 18503-1400	Purpose of Disbursement Donation Candidate Name Category/Type 012	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. MyFax.com		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address		Amount of Each Disbursement this Period 10.00 Transaction ID : D644036
City State Zip Code	Purpose of Disbursement Fax Service Fees Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	355.16
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 30			
	<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)
Cartwright for Congress

Full Name (Last, First, Middle Initial) A. National Democratic Club			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014	
Mailing Address 30 Ivy St SE			Amount of Each Disbursement this Period 1046.48	
City Washington	State DC	Zip Code 20003	Transaction ID : D634703	
Purpose of Disbursement Event Space & Catering		Category/ Type 007		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Next Level Partners			Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014	
Mailing Address 410 1st St SE Ste 310			Amount of Each Disbursement this Period 2750.00	
City Washington	State DC	Zip Code 20003-1819	Transaction ID : D634704	
Purpose of Disbursement Consultant - Compliance		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. NGP VAN Inc.			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014	
Mailing Address 1101 15th Street, NW Suite 500			Amount of Each Disbursement this Period 2700.00	
City Washington	State DC	Zip Code 20005	Transaction ID : D634702	
Purpose of Disbursement Software		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	6496.48
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 30			
	<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)
Cartwright for Congress

Full Name (Last, First, Middle Initial) A. Paychex of New York LLC			Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address 7450 Tilghman St Ste 107			Amount of Each Disbursement this Period 64.30 Transaction ID : D641563
City Allentown	State PA	Zip Code 18106-9036	
Purpose of Disbursement Payroll - Invoice		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. Paychex of New York LLC			Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address 7450 Tilghman St Ste 107			Amount of Each Disbursement this Period 2386.30 Transaction ID : D641564
City Allentown	State PA	Zip Code 18106-9036	
Purpose of Disbursement Payroll - Taxes		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. Penn Security Bank and Trust Company			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 150 N Washington Ave			Amount of Each Disbursement this Period 3.00 Transaction ID : D641555
City Scranton	State PA	Zip Code 18503-1843	
Purpose of Disbursement Bank Fee		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	2453.60
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 15 OF 30	
	<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)
Cartwright for Congress

Full Name (Last, First, Middle Initial) A. Penn Security Bank and Trust Company		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 150 N Washington Ave		Amount of Each Disbursement this Period 983.54 Transaction ID : D645016
City Scranton	State PA	
Zip Code 18503-1843	Purpose of Disbursement Bank Fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Pennsylvania Society		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 808 Bethlehem Pike Ste 1		Amount of Each Disbursement this Period 900.00 Transaction ID : D647032
City Glenside	State PA	
Zip Code 19038-8110	Purpose of Disbursement Event Tickets	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Staples		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2014
Mailing Address 453 Arena Hub Plaza Mundy Street		Amount of Each Disbursement this Period 80.54 Transaction ID : D644039
City Wilkes Barre	State PA	
Zip Code 18702	Purpose of Disbursement Office Supplies	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	983.54
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 16 OF 30		
	<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)
Cartwright for Congress

Full Name (Last, First, Middle Initial) A. Summit Pointe Apartments		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 2406 Summit Pointe		Amount of Each Disbursement this Period 2733.50
City Scranton	State PA	
Zip Code 18508-1017	Purpose of Disbursement Office Rent	Transaction ID : D644910
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. United Parcel Service (UPS)		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2014
Mailing Address 55 Glenlake Parkway NE		Amount of Each Disbursement this Period 71.87
City Atlanta	State GA	
Zip Code 30328	Purpose of Disbursement Shipping	Transaction ID : D644042
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. United States Postal Service		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2014
Mailing Address 29 North River Street		Amount of Each Disbursement this Period 147.00
City Wilkes Barre	State PA	
Zip Code 18705-1332	Purpose of Disbursement Postage	Transaction ID : D644040
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2952.37
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 17 OF 30			
	<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)
Cartwright for Congress

Full Name (Last, First, Middle Initial) A. United States Postal Service		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2014
Mailing Address 29 North River Street		Amount of Each Disbursement this Period 5.85
City Wilkes Barre	State PA	
Zip Code 18705-1332	Purpose of Disbursement Postage	Transaction ID : D644041
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 15 Federal Rd		Amount of Each Disbursement this Period 16.90
City Brookfield	State CT	
Zip Code 06804-2505	Purpose of Disbursement Cell Phone Service	Transaction ID : D644033
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 15 Federal Rd		Amount of Each Disbursement this Period 16.90
City Brookfield	State CT	
Zip Code 06804-2505	Purpose of Disbursement Cell Phone Service	Transaction ID : D644034
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional)..... 39.65
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 18 OF 30		
	<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)
Cartwright for Congress

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 15 Federal Rd		Amount of Each Disbursement this Period 16.90 Transaction ID : D644035
City Brookfield	State CT	
Zip Code 06804-2505	Purpose of Disbursement Cell Phone Service	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address 15 Federal Rd		Amount of Each Disbursement this Period 16.90 Transaction ID : D641557
City Brookfield	State CT	
Zip Code 06804-2505	Purpose of Disbursement Telephone Service	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address 15 Federal Rd		Amount of Each Disbursement this Period 16.90 Transaction ID : D641558
City Brookfield	State CT	
Zip Code 06804-2505	Purpose of Disbursement Telephone Service	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	50.70
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 19 OF 30
	<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)
Cartwright for Congress

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 15 Federal Rd		Amount of Each Disbursement this Period 4,500.00 152.10 Transaction ID : D644044
City Brookfield	State CT	
Zip Code 06804-2505	Purpose of Disbursement Cell Phone Service	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 15 Federal Rd		Amount of Each Disbursement this Period 4,500.00 16.90 Transaction ID : D644915
City Brookfield	State CT	
Zip Code 06804-2505	Purpose of Disbursement Telephone Service	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. W Millar & Company Catering		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 1335 14th St NW		Amount of Each Disbursement this Period 4,500.00 264.10 Transaction ID : D641545
City Washington	State DC	
Zip Code 20005-3610	Purpose of Disbursement Event Catering	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	433.10
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 20 OF 30	
	<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)
Cartwright for Congress

Full Name (Last, First, Middle Initial) A. Paychex of New York LLC			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014	
Mailing Address 7450 Tilghman St Ste 107			Amount of Each Disbursement this Period 6262.83	
City Allentown	State PA	Zip Code 18106-9036	Transaction ID : D641547	
Purpose of Disbursement Payroll		Category/Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Maryann Cooney			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014	
Mailing Address 535 Wheeler Ave			Amount of Each Disbursement this Period 738.90	
City Scranton	State PA	Zip Code 18510-2348	Transaction ID : D641548	
Purpose of Disbursement Payroll		Category/Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. David W. Grizzanti			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014	
Mailing Address 16 Wayne St			Amount of Each Disbursement this Period 803.44	
City Carbondale	State PA	Zip Code 18407-2561	Transaction ID : D641549	
Purpose of Disbursement Payroll		Category/Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	6262.83
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 21 OF 30			
	<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)
Cartwright for Congress

Full Name (Last, First, Middle Initial) A. Paul Kleckner		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 120 N Green St		Amount of Each Disbursement this Period 1131.40
City Nazareth	State PA	
Zip Code 18064-1403	Purpose of Disbursement Payroll	Transaction ID : D641550 [MEMO ITEM]
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Mr. Shane G Seaver		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address PO Box 97 2050 McHugh Lane		Amount of Each Disbursement this Period 789.76
City Valley Forge	State PA	
Zip Code 19481-0097	Purpose of Disbursement Payroll	Transaction ID : D641551 [MEMO ITEM]
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Collin Steele		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 417 Summit House		Amount of Each Disbursement this Period 1180.49
City West Chester	State PA	
Zip Code 19382-6556	Purpose of Disbursement Payroll	Transaction ID : D641552 [MEMO ITEM]
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" 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 22 OF 30			
	<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)
Cartwright for Congress

Full Name (Last, First, Middle Initial) A. Sir Paul Pierre Wevers			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014	
Mailing Address 49 Todd PI NE			Amount of Each Disbursement this Period 1618.84	
City Washington	State DC	Zip Code 20002-1377	Transaction ID : D641553	
Purpose of Disbursement Payroll		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Penn Security Bank and Trust Company			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014	
Mailing Address 150 N Washington Ave			Amount of Each Disbursement this Period 2000.00	
City Scranton	State PA	Zip Code 18503-1843	Transaction ID : D641554	
Purpose of Disbursement Credit Card Payment (vendors that aggregate over \$200 listed below)		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. Summit Pointe Apartments			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014	
Mailing Address 2406 Summit Pointe			Amount of Each Disbursement this Period 2000.00	
City Scranton	State PA	Zip Code 18508-1017	Transaction ID : D641556	
Purpose of Disbursement Office Rent		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
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 23 OF 30	
	<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)
Cartwright for Congress

Full Name (Last, First, Middle Initial) A. Penn Security Bank and Trust Company		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 150 N Washington Ave		Amount of Each Disbursement this Period 1000.00 Transaction ID : D645019
City Scranton	State PA	
Zip Code 18503-1843	Purpose of Disbursement Credit Card Payment (vendors that aggregate over \$200 listed below)	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. Enterprise Rent-A-Car		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 150 Motorworld Dr		Amount of Each Disbursement this Period 90.25 Transaction ID : D645023 [MEMO ITEM]
City Wilkes Barre	State PA	
Zip Code 18702-7009	Purpose of Disbursement Travel	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) C. Priceline		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 800 Connecticut Ave Ste 3W01		Amount of Each Disbursement this Period 22.00 Transaction ID : D645022 [MEMO ITEM]
City Norwalk	State CT	
Zip Code 06854-1628	Purpose of Disbursement Travel	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	1000.00
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 24 OF 30	
	<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)
Cartwright for Congress

Full Name (Last, First, Middle Initial) A. Summit Pointe Apartments		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 2406 Summit Pointe		Amount of Each Disbursement this Period 877.00
City Scranton	State PA	
Zip Code 18508-1017	Purpose of Disbursement Office Rent	Transaction ID : D645020 [MEMO ITEM]
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" 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	Purpose of Disbursement	
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.		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	
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:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	23566.26

**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 25 OF 30	
	<input type="checkbox"/> 17 <input checked="" 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)
Cartwright for Congress

Full Name (Last, First, Middle Initial) A. Mr. Murat Guzel		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 52 E Union Blvd		Amount of Each Disbursement this Period 1400.00 Transaction ID : D644916
City Bethlehem State PA Zip Code 18018-4079	Purpose of Disbursement Contribution Refund Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" 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	Purpose of Disbursement 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.		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 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:	

SUBTOTAL of Disbursements This Page (optional).....	1400.00
TOTAL This Period (last page this line number only).....	1400.00

**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 26 OF 30			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Cartwright for Congress

Full Name (Last, First, Middle Initial) A. Friends of Eileen Cipriani		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address 117 Washington Ave		Amount of Each Disbursement this Period 500.00 Transaction ID : D644909
City Wyoming	State PA	
Zip Code 18644-1340	Purpose of Disbursement Contribution	Category/ Type 010
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Friends of Hope Smith		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address PO Box 624		Amount of Each Disbursement this Period 1000.00 Transaction ID : D644020
City Brodheads ville	State PA	
Zip Code 18322-0624	Purpose of Disbursement Contribution	Category/ Type 011
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Friends of Maureen Madden		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address PO Box 1186		Amount of Each Disbursement this Period 500.00 Transaction ID : D644023
City Stroudsburg	State PA	
Zip Code 18360-4186	Purpose of Disbursement Contribution	Category/ Type 010
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
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 27 OF 30
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Cartwright for Congress

Full Name (Last, First, Middle Initial) A. Friends of Patti Borger		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address 6495 Pohopoco Dr		Amount of Each Disbursement this Period 1000.00 Transaction ID : D644908
City Lehighton	State PA	
Zip Code 18235-6352	Purpose of Disbursement Contribution	Category/ Type 011
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Lackawanna County Democratic Committee		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address 1021 Delaware Street		Amount of Each Disbursement this Period 2000.00 Transaction ID : D644911
City Summit Hill	State PA	
Zip Code 18250	Purpose of Disbursement Contribution	Category/ Type 011
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. Mark Aurand for Senate		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address PO Box 455		Amount of Each Disbursement this Period 500.00 Transaction ID : D644025
City Nazareth	State PA	
Zip Code 18064-0455	Purpose of Disbursement Contribution	Category/ Type 011
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3500.00
TOTAL This Period (last page this line number only).....	5500.00

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Cartwright for Congress

Transaction ID : L558

LOAN SOURCE Full Name (Last, First, Middle Initial)

Mr. Matthew Alton Cartwright

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
38 Steinbeck Drive

City State ZIP Code
Moosic PA 18507

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
100000.00 0.00 100000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
03 / 23 / 2012 M M / D D / 03/23/2017 None % (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)..... 100000.00

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

NAME OF COMMITTEE (In Full) **Cartwright for Congress** Transaction ID : L559

LOAN SOURCE Full Name (Last, First, Middle Initial) **Mr. Matthew Alton Cartwright** *[PERSONAL FUNDS]* Election: 2012
 Primary
 General
 Other (specify) ▼

Mailing Address
38 Steinbeck Drive

City State ZIP Code
Moosic PA 18507

Original Amount of Loan 280000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 280000.00
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TERMS

Date Incurred M 03 / D 30 / Y 2012	Date Due M M / D D / Y 03/30/2017	Interest Rate None % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....	<input type="text" value="280000.00"/>
TOTALS This Period (last page in this line only).....	<input type="text"/>

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

NAME OF COMMITTEE (In Full) **Transaction ID : L579**
Cartwright for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2012
Mr. Matthew Alton Cartwright Primary
 Mailing Address General
 38 Steinbeck Drive Other (specify) ▼

City State ZIP Code
 Moosic PA 18507

Original Amount of Loan 10000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10000.00
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TERMS Date Incurred Date Due Interest Rate Secured:
 M 01 / D 20 / Y 2012 M M / D D / Y 01/20/2017 None % (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).....	▶	10000.00
TOTALS This Period (last page in this line only).....	▶	390000.00

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