

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

TOM MACARTHUR FOR CONGRESS INC.

ADDRESS (number and street)

PO BOX 225

Check if different than previously reported. (ACC)

COLONIA

NJ

07067

2. FEC IDENTIFICATION NUMBER

C C00557520

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

NJ

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

X

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

07 / 01 / 2014

through

M M / D D / Y Y Y Y

09 / 30 / 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 Ronald R Gravino

Signature of Treasurer Ronald R Gravino

[Electronically Filed]

Date

M M / D D / Y Y Y Y

10 / 15 / 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.

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
TOM MACARTHUR FOR CONGRESS INC.

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))....	345929.90	464859.90
(b) Total Contribution Refunds (from Line 20(d))	150.00	250.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	345779.90	464609.90
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	1868491.20	3907874.86
(b) Total Offsets to Operating Expenditures (from Line 14).....	100.00	100.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	1868391.20	3907774.86
8. Cash on Hand at Close of Reporting Period (from Line 27).....	561138.75	
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).....	4010105.62	

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

TOM MACARTHUR FOR CONGRESS INC.

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).....	210158.00	263488.00
(ii) Unitemized.....	18724.00	18799.00
(iii) TOTAL of contributions from individuals ▶	228882.00	282287.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	117047.90	182572.90
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	345929.90	464859.90
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	9548.71	9548.71
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	1000000.00	4000000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	1000000.00	4000000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	100.00	100.00
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)..... ▶	1355578.61	4474508.61

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1868491.20	3907874.86
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	150.00	250.00
(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)).....	150.00	250.00
21. OTHER DISBURSEMENTS	4745.00	5245.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	1873386.20	3913369.86

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1078946.34
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1355578.61
25. SUBTOTAL (add Line 23 and Line 24).....	2434524.95
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1873386.20
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	561138.75

**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 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
John C Addonizio

Mailing Address 38 Brooks St

City Winchester State MA Zip Code 01890

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 19 / 2014

Transaction ID : SA11AI.6181

Amount of Each Receipt this Period
 500.00

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

Mailing Address 9 Roberts Dr

City Westampton State NJ Zip Code 08060

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

Name of Employer EJA Associates Occupation Insurance

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 29 / 2014

Transaction ID : SA11AI.5806

Amount of Each Receipt this Period
 300.00

C. Full Name (Last, First, Middle Initial)
John I Anderson

Mailing Address 16 Broad St

City Mt Holly State NJ Zip Code 08060

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

Name of Employer Our Lady of Lourdes Occupation Hospital Administrator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 19 / 2014

Transaction ID : SA11AI.6108

Amount of Each Receipt this Period
 250.00

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

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

1050.00

**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 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Judy N Appleby

Mailing Address 1208 SE Central Ave

City Seaside Park State NJ Zip Code 08752

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

Name of Employer Appleby Realty Occupation Realtor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 29 / 2014

Transaction ID : SA11AI.5847

Amount of Each Receipt this Period
350.00

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

Mailing Address 3475 Anchor PI

City Oceanside State NY Zip Code 11572

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

Name of Employer York Occupation Insurance

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11AI.5761

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Jeanine M Arango

Mailing Address 46 Whyte Dr

City Voorhees State NJ Zip Code 08043

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 29 / 2014

Transaction ID : SA11AI.5828

Amount of Each Receipt this Period
2000.00

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

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

2850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Richard G Arango

Mailing Address 46 Whyte Dr

City State Zip Code
Voorhees NJ 08043

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

Name of Employer Occupation
Remington & Vernick Engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 29 / 2014

Transaction ID : SA11AI.5826

Amount of Each Receipt this Period
2000.00

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

Mailing Address 611 Beverly Dr

City State Zip Code
Alexandria VA 22305

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

Name of Employer Occupation
MacAndrews & Forbes Holdings I VP Govt Affairs

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 19 / 2014

Transaction ID : SA11AI.6120

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Denise N Aussicker

Mailing Address 3 Rolling Meadow Ct

City State Zip Code
Long Valley NJ 07853

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 28 / 2014

Transaction ID : SA11AI.5631

Amount of Each Receipt this Period
2600.00

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

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

5100.00

**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 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Mark D Aussicker

Mailing Address 3 Rolling Meadow Ct

City State Zip Code
Long Valley NJ 07853

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

Name of Employer Occupation
York Risk Service Group Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 28 / 2014

Transaction ID : SA11AI.5629

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
Theodore J Baker

Mailing Address 220 E Central Ave

City State Zip Code
Moorsetown NJ 08057

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

Name of Employer Occupation
Afonso Baker & Archie PC Lawyer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 19 / 2014

Transaction ID : SA11AI.6167

Amount of Each Receipt this Period
1000.00

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

Mailing Address 4 Millstream Dr

City State Zip Code
Mt Laurel NJ 08054

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

Name of Employer Occupation
1st Colonia Bank Banker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 04 / 2014

Transaction ID : SA11AI.5402

Amount of Each Receipt this Period
1000.00

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

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

4600.00

**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 9 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Eric W Bantz

Mailing Address 103 Old Marlton Pk

City Medford State NJ Zip Code 08055

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

Name of Employer Eric Bantz Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 05 / 2014

Transaction ID : SA11AI.5859

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Bernard I Barrish

Mailing Address 24 Tammy Hill Trl

City Randolph State NJ Zip Code 07869

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

Name of Employer Barrish & Lehnas Orthodontics Occupation Orthodontist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11AI.5756

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Carol A Benner

Mailing Address 711 Maple Leaf Ln

City Moorestown State NJ Zip Code 08057

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 19 / 2014

Transaction ID : SA11AI.6116

Amount of Each Receipt this Period
1000.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 222
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Christopher Berga

Mailing Address 6300 SW 64th Ct

City South Miami State FL Zip Code 33143

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

Name of Employer Lydecker Diaz Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 06 / 2014

Transaction ID : SA11AI.5353

Amount of Each Receipt this Period
 500.00

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

Mailing Address 1050 Park Ave

City New York State NY Zip Code 10028

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

Name of Employer Odyssey Investment Partners LL Occupation Mgmt

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 04 / 2014

Transaction ID : SA11AI.5881

Amount of Each Receipt this Period
 2600.00

C. Full Name (Last, First, Middle Initial)
Eric M Bernstein

Mailing Address 34 Mountain Blvd Bldg A

City Warren State NJ Zip Code 07059

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

Name of Employer Eric M Bernstein & Assoc LLC Occupation Lawyer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 05 / 2014

Transaction ID : SA11AI.5852

Amount of Each Receipt this Period
 300.00

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

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

3400.00

**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 11 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Burton Betrix		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2014	
Mailing Address 16 Jones Rd		Transaction ID : SA11AI.5928	
City Barnegat	State NJ	Zip Code 08005	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Betrix & Sons Electric	Occupation Electrician		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) B. Denworth Billy		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2014	
Mailing Address 172 Lincoln Ave		Transaction ID : SA11AI.5453	
City New Rochelle	State NY	Zip Code 10801	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer York Risk Services Group	Occupation VP Corporate Security		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) C. John V Bivona		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2014	
Mailing Address 17 State St		Transaction ID : SA11AI.6136	
City New York	State NY	Zip Code 10004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Bivona Law	Occupation Lawyer		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 222
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. John D Blaskovich		Date of Receipt M M / D D / Y Y Y Y 08 / 28 / 2014	
Mailing Address 25 Windermere Dr		Transaction ID : SA11AI.5639	
City Moorestown	State NJ	Zip Code 08057	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer MedEast Post-Op & Surgical Inc	Occupation Owner		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) B. Roger Bodman		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 59 Harbourton Mt Airy Rd		Transaction ID : SA11AI.6466	
City Lambertville	State NJ	Zip Code 08530	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00	
Name of Employer PSI LLC	Occupation Public Affairs		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00		

Full Name (Last, First, Middle Initial) C. Joyce Bratun		Date of Receipt M M / D D / Y Y Y Y 09 / 23 / 2014	
Mailing Address 2 Fox Run Rd		Transaction ID : SA11AI.6220	
City Lumberton	State NJ	Zip Code 08048	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer Corporate Resources Inc	Occupation President		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

SUBTOTAL of Receipts This Page (optional).....	2550.00
TOTAL This Period (last page this line number only).....	2550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Joyce Bratun		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 2 Fox Run Rd		Transaction ID : SA11AI.5786	
City Lumberton	State NJ	Zip Code 08048	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00	
Name of Employer Corporate Resources Inc	Occupation President		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 325.00		

Full Name (Last, First, Middle Initial) B. William Bratun		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2014	
Mailing Address 2 Fox Run Rd		Transaction ID : SA11AI.6122	
City Lumberton	State NJ	Zip Code 08048	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Corporate Resources Inc	Occupation Executive Director		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 425.00		

Full Name (Last, First, Middle Initial) C. Jim Brennan Jr		Date of Receipt M M / D D / Y Y Y Y 08 / 22 / 2014	
Mailing Address 310 Tom Brown Rd		Transaction ID : SA11AI.5605	
City Moorestown	State NJ	Zip Code 08057	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Sea Box Inc	Occupation President		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	1275.00
TOTAL This Period (last page this line number only).....	1275.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Michael Brennan		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 320 W Browning Rd		Transaction ID : SA11AI.6469
City Collingswood	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Michael Brennan	Occupation Lawyer	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) B. James A Bristow		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2014
Mailing Address 712 Pomona Rd		Transaction ID : SA11AI.6140
City Cinnaminson	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer BCG Securities Inc	Occupation Financial Advisor	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) C. William C Brown		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2014
Mailing Address 617 Linden Ave		Transaction ID : SA11AI.6115
City Riverton	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Borough of Riverton	Occupation Mayor	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 275.00	

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Virginia Buckley-Blaskovich

Mailing Address 25 Windermere Dr

City State Zip Code
Moorestown NJ 08057

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

Name of Employer Occupation
The University of Pennsylvania Nurse Practitioner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 28 / 2014

Transaction ID : SA11AI.5641

Amount of Each Receipt this Period
250.00

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

Mailing Address 604 McElwee Rd

City State Zip Code
Moorestown NJ 08057

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 19 / 2014

Transaction ID : SA11AI.6138

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
William G Burris Jr

Mailing Address 744 Jeffrey Rd

City State Zip Code
Moorestown NJ 08057

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

Name of Employer Occupation
Burris Construction Construction

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11AI.6398

Amount of Each Receipt this Period
2000.00

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

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

2750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Debra A Caglioti		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2014	
Mailing Address 561 24th St		Transaction ID : SA11AI.6173	
City Avalon	State NJ	Zip Code 08202	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Homemaker	Occupation Homemaker		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) B. Dominic A Caglioti		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2014	
Mailing Address 561 24th St		Transaction ID : SA11AI.6171	
City Avalon	State NJ	Zip Code 08202	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Sart Devine	Occupation CPA		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) C. Michael F Camardo		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2014	
Mailing Address 55 Hinchman Ave		Transaction ID : SA11AI.5962	
City Haddonfield	State NJ	Zip Code 08033	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	1000.00
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 17 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Ronald Cameron

Mailing Address **PO Box 21440**

City **Little Rock** State **AR** Zip Code **72221**

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

Name of Employer **Mountaire Corp** Occupation **Owner**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
07 / 16 / 2014

Transaction ID : SA11AI.5500

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
Terry D Camp

Mailing Address **64 Saxton Dr**

City **Hackettstown** State **NJ** Zip Code **07840**

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

Name of Employer **York Risk Services Group Inc** Occupation **Insurance Executive**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

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

Transaction ID : SA11AI.5445

Amount of Each Receipt this Period
300.00

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

Mailing Address **720 Woodchuck Ln**

City **Toms River** State **NJ** Zip Code **08755**

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

Name of Employer **Homemaker** Occupation **Homemaker**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
08 / 29 / 2014

Transaction ID : SA11AI.5815

Amount of Each Receipt this Period
1000.00

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

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

3900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 222
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Joseph Caruso

Mailing Address **PO Box 30**

City **Moorestown** State **NJ** Zip Code **08057**

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

Name of Employer **Joseph Caruso** Occupation **Attorney**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 05 / 2014

Transaction ID : SA11AI.5893

Amount of Each Receipt this Period
1000.00

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

Mailing Address **PO Box 30**

City **Moorestown** State **NJ** Zip Code **08057**

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

Name of Employer **Joseph Caruso** Occupation **Attorney**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 23 / 2014

Transaction ID : SA11AI.6226

Amount of Each Receipt this Period
1000.00

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

Mailing Address **1715 Perch Hole Point Pl**

City **Pt Pleasant** State **NJ** Zip Code **08742**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
08 / 29 / 2014

Transaction ID : SA11AI.5830

Amount of Each Receipt this Period
1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Isabella M Cavaco

Mailing Address 4062 Remsen St

City State Zip Code
Seaford NJ 11783

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2014

Transaction ID : SA11AI.5496

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
Manuel I Cavaco

Mailing Address 4062 Remsen St

City State Zip Code
Seaford NY 11783

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2014

Transaction ID : SA11AI.5498

Amount of Each Receipt this Period
2600.00

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

Mailing Address 51 Eileen Dr

City State Zip Code
Cedar Grove NJ 07009

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

Name of Employer Occupation
Turnkey Productions LLC Fundraiser

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11AI.6922

Amount of Each Receipt this Period
1000.00
In-kind - Travel

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

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

6200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Christopher Chiacchio		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 5 Cardinal Dr		Transaction ID : SA11AI.6405	
City Moorestown	State NJ	Zip Code 08057	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer Christopher Chiacchio	Occupation Lawyer		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) B. Sailesh R Chowdhury		Date of Receipt M M / D D / Y Y Y Y 08 / 28 / 2014	
Mailing Address 551 Bartram Rd		Transaction ID : SA11AI.5621	
City Moorestown	State NJ	Zip Code 08057	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Basic Commerce & Industries	Occupation Engineer		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) C. John B Comegno III		Date of Receipt M M / D D / Y Y Y Y 07 / 16 / 2014	
Mailing Address 1 Murray Rd		Transaction ID : SA11AI.5490	
City Moorestown	State NJ	Zip Code 08057	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Comegno Law Group PC	Occupation Attorney		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	2300.00
TOTAL This Period (last page this line number only).....	2300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Angela Cordisco

Mailing Address 408 Providence Dr

City Moorsetown State NJ Zip Code 08067

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 23 / 2014

Transaction ID : SA11AI.6221

Amount of Each Receipt this Period
500.00

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

Mailing Address 1650 Suckle Hwy Ste 3

City Pennsauken State NJ Zip Code 08110

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

Name of Employer Cordua Pastpore & Assoc Occupation CPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1050.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 19 / 2014

Transaction ID : SA11AI.6154

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
John A Costello

Mailing Address 1 Liberty Trl

City Delran State NJ Zip Code 08075

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

Name of Employer Metlife Occupation Insurance

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 23 / 2014

Transaction ID : SA11AI.6244

Amount of Each Receipt this Period
500.00

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 22 OF 222
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Grant J Coward

Mailing Address 65 Tenby Ln

City State Zip Code
Marlton NJ 08053

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
08 / 06 / 2014

Transaction ID : SA11AI.5343

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Grant J Coward

Mailing Address 65 Tenby Ln

City State Zip Code
Marlton NJ 08053

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y
08 / 18 / 2014

Transaction ID : SA11AI.5374

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Grant J Coward

Mailing Address 65 Tenby Ln

City State Zip Code
Marlton NJ 08053

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
900.00

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

Transaction ID : SA11AI.5424

Amount of Each Receipt this Period
150.00

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

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

650.00

**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 23 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Grant J Coward		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2014	
Mailing Address 65 Tenby Ln		Transaction ID : SA11AI.5457	
City Marlton	State NJ	Zip Code 08053	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1050.00		

Full Name (Last, First, Middle Initial) B. Donato D'Onofrio		Date of Receipt M M / D D / Y Y Y Y 08 / 22 / 2014	
Mailing Address 952 Lakewood Rd		Transaction ID : SA11AI.5600	
City Toms River	State NJ	Zip Code 08753	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Donato D'Onofrio	Occupation Real Estate		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) C. Andrew Davala		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2014	
Mailing Address 8 Magnolia Dr		Transaction ID : SA11AI.6069	
City Blackwood	State NJ	Zip Code 08012	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Viking Yacht Co	Occupation Vice President		
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).....	650.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

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

FOR LINE NUMBER: PAGE 24 OF 222
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Linda M DeLamar

Mailing Address 109 Woolsmans Ln

City State Zip Code
Mt Laurel NJ 08054

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

Name of Employer Occupation
Princeton Anesthesia Services Certified RN Anesthetist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 04 / 2014

Transaction ID : SA11AI.5420

Amount of Each Receipt this Period
250.00

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

Mailing Address 126 Ottawa Ave NW
Ste 500

City State Zip Code
Grand Rapids MI 49503

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

Name of Employer Occupation
RDV Corp Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11AI.6504

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Daniel G DeVos

Mailing Address 126 Ottawa Ave NW
Ste 500

City State Zip Code
Grand Rapids MI 49503

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

Name of Employer Occupation
DP Fox Ventures President/CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11AI.6518

Amount of Each Receipt this Period
1000.00

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Douglas L DeVos

Mailing Address 127 Ottawa Ave NW
Ste 500

City Grand Rapids State MI Zip Code 49503

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

Name of Employer Amway Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11AI.6506

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 126 Ottawa Ave NW
Ste 500

City Grand Rapids State MI Zip Code 49503

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

Name of Employer The Windquest Group Occupation Chairwoman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11AI.6516

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 126 Ottawa Ave NW
Ste 500

City Grand Rapids State MI Zip Code 49503

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

Name of Employer Richard & Helen DeVos Fdn Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11AI.6512

Amount of Each Receipt this Period
 1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Maria DeVos

Mailing Address 126 Ottawa Ave NW
Ste 500

City Grand Rapids State MI Zip Code 49503

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

Name of Employer RDV Corp Occupation Board Member

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11AI.6508

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Pamella G DeVos

Mailing Address 126 Ottawa Ave NW
Ste 500

City Grand Rapids State MI Zip Code 49503

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

Name of Employer Pamella Roland Occupation Owner/President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11AI.6520

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Richard M DeVos Sr

Mailing Address 126 Ottawa Ave NW
Ste 500

City Grand Rapids State MI Zip Code 49503

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

Name of Employer Alticor Occupation Co-Founder

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11AI.6510

Amount of Each Receipt this Period
 1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Richard DeVos Jr

Mailing Address 126 Ottawa Ave NW
Ste 500

City Grand Rapids State MI Zip Code 49503

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

Name of Employer The Windquest Group Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11AI.6514

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Carlos de Zayas

Mailing Address 1890 W Kee Na Dr

City Miami State FL Zip Code 33133

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

Name of Employer Lydecker Diaz 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
 08 / 06 / 2014

Transaction ID : SA11AI.5355

Amount of Each Receipt this Period
500.00

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

Mailing Address 1354 Vincenzo Dr

City Toms River State NJ Zip Code 08753

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

Name of Employer Stephen Donofrio Occupation Developer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1150.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 19 / 2014

Transaction ID : SA11AI.6131

Amount of Each Receipt this Period
1000.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Scott Dorfner		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2014	
Mailing Address 20 Sheffield Dr		Transaction ID : SA11AI.5996	
City Moorestown	State NJ	Zip Code 08057	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Dorfner Family Medicine	Occupation Physician		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) B. James C Draper		Date of Receipt M M / D D / Y Y Y Y 09 / 24 / 2014	
Mailing Address 10 Country Club Ln		Transaction ID : SA11AI.5477	
City Marlton	State NJ	Zip Code 08053	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00	
Name of Employer Unemployed	Occupation Unemployed		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 203.00		

Full Name (Last, First, Middle Initial) C. Andrea Duda		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 3 Shaw Farms Ct		Transaction ID : SA11AI.6495	
City Randolph	State NJ	Zip Code 07869	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Weichert Realtors	Occupation Realtor		
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).....	950.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 222
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Metro J Duda Jr		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 3 Shaw Farms Ct		Transaction ID : SA11AI.6497	
City Randolph	State NJ	Zip Code 07869	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer LPL Financial	Occupation Financial Consultant		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) B. Liam Dunne		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2014	
Mailing Address 44 Eileen Dr		Transaction ID : SA11AI.6183	
City Cedar Grove	State NJ	Zip Code 07009	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer RMPG	Occupation Insurance Executive		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) C. Frank J. Dupignac Jr.		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2014	
Mailing Address 21 Cedar Dr		Transaction ID : SA11AI.5543	
City Toms River	State NJ	Zip Code 08753	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00	
Name of Employer Hierung Dupignac Stanzione	Occupation Lawyer		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 225.00		

SUBTOTAL of Receipts This Page (optional).....	900.00
TOTAL This Period (last page this line number only).....	[]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Frank J. Dupignac Jr.

Mailing Address 21 Cedar Dr

City Toms River State NJ Zip Code 08753

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

Name of Employer Hierung Dupignac Stanzione Occupation Lawyer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1075.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 29 / 2014

Transaction ID : SA11AI.5838

Amount of Each Receipt this Period
850.00

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

Mailing Address 115 Augusta Dr

City Moorestown State NJ Zip Code 08057

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

Name of Employer Vincent Fasano Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11AI.5753

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Alan S Feldman

Mailing Address 3162 NW 84th Terr

City Cooper City State FL Zip Code 33024

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

Name of Employer Lydecker Diaz 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
 08 / 06 / 2014

Transaction ID : SA11AI.5351

Amount of Each Receipt this Period
500.00

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

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

2350.00

**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 31 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Mike Ferguson

Mailing Address 13 The Arbors

City State Zip Code
New Providence NJ 07974

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

Name of Employer Occupation
Ferguson Strategies LLC Chairman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11AI.5749

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Philip C Fine

Mailing Address 4 Summit Terr N

City State Zip Code
Kinnelon NJ 07405

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

Name of Employer Occupation
Vistage International Managing Partner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11AI.6458

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Barbara J Floyd

Mailing Address 18 Heather Ln

City State Zip Code
Randolph NJ 07869

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 16 / 2014

Transaction ID : SA11AI.5541

Amount of Each Receipt this Period
500.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) Rudi T Floyd		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address 18 Heather Ln		Transaction ID : SA11AI.5539
City Randolph	State NJ	Zip Code 07869
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Prudential Ins Co of America	Occupation Financial Planner	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) Harry R Fox		Date of Receipt M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 15 Clay St		Transaction ID : SA11AI.6246
City Delran	State NJ	Zip Code 08075
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer Environmental Resolutions Inc	Occupation Engineer	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) Anthony J Galioto		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2014
Mailing Address 10302 Big Canoe		Transaction ID : SA11AI.5583
City Jasper	State GA	Zip Code 30143
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer York Risk Services Group	Occupation Insurance Executive	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

SUBTOTAL of Receipts This Page (optional).....	3400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

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

Mailing Address 731 Long Hill Rd

City State Zip Code
Gillette NJ 07933

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

Name of Employer Occupation
York Risk Services Group Insurance

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.5581

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Ira J Ganger

Mailing Address 34 Herrick Dr

City State Zip Code
Lawrence NY 11559

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

Name of Employer Occupation
Amerex Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 11 / 2014

Transaction ID : SA11AI.5537

Amount of Each Receipt this Period
1000.00

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

Mailing Address 131 Clive St

City State Zip Code
Edison NJ 08820

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

Name of Employer Occupation
Rutgers UMV Professor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
275.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 19 / 2014

Transaction ID : SA11AI.6114

Amount of Each Receipt this Period
175.00

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

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

1675.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Matthew J Giacobbe

Mailing Address 150 Andrew Ave

City State Zip Code
Oakland NJ 07436

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

Name of Employer Occupation
Cleary Giacobbe Alfieri Jacobs Lawyer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11AI.6347

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Jonathan M Gold

Mailing Address 92 Courtelyous Ln

City State Zip Code
Somerset NJ 08873

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

Name of Employer Occupation
Oak Crest Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 19 / 2014

Transaction ID : SA11AI.6034

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Jonathan M Gold

Mailing Address 92 Courtelyous Ln

City State Zip Code
Somerset NJ 08873

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

Name of Employer Occupation
Oak Crest Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
550.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 26 / 2014

Transaction ID : SA11AI.6334

Amount of Each Receipt this Period
300.00

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

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

1050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Joseph Gonnelli		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2014	
Mailing Address 5 Creekside Trl		Transaction ID : SA11AI.6322	
City Delran	State NJ	Zip Code 08075	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer JDG Realty Enterprises LLC	Occupation Real Estate		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) B. Ronald R Gravino		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address PO Box 225		Transaction ID : SA11AI.6920	
City Colonia	State NJ	Zip Code 07067	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00 In-kind - Compliance Consulting	
Name of Employer Invidi Technologies	Occupation VP Finance		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00		

Full Name (Last, First, Middle Initial) C. Craig Greenwood		Date of Receipt M M / D D / Y Y Y Y 09 / 23 / 2014	
Mailing Address 413 Linden Ave		Transaction ID : SA11AI.6237	
City Riverton	State NJ	Zip Code 08077	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer Barclay Group	Occupation Sales		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

SUBTOTAL of Receipts This Page (optional).....	3050.00
TOTAL This Period (last page this line number only).....	[]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Joseph N Gross		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2014	
Mailing Address 72 Pennington Ct		Transaction ID : SA11AI.6159	
City Delanco	State NJ	Zip Code 08075	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer ConSerTech Inc	Occupation Executive		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) B. James M Gutowski		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2014	
Mailing Address 1809 Central Ave		Transaction ID : SA11AI.5948	
City Barnegat Light	State NJ	Zip Code 08006	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer James M Gutowski	Occupation Fisherman		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) C. Virginia Haines		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 497 Bachelor St		Transaction ID : SA11AI.6450	
City Toms River	State NJ	Zip Code 08753	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 225.00		

SUBTOTAL of Receipts This Page (optional).....	825.00
TOTAL This Period (last page this line number only).....	[]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
William S Haines Jr

Mailing Address 3432a Route 563

City Chatsworth State NJ Zip Code 08019

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

Name of Employer William S Haines Jr Occupation Farmer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 05 / 2014

Transaction ID : SA11AI.5885

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1020 Shearwater Dr

City Norristown State PA Zip Code 19403

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

Name of Employer Lourdes Health Systems Occupation Accountant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 19 / 2014

Transaction ID : SA11AI.6134

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Joseph J Hartman Jr

Mailing Address 2155 W Sunnyside Ave

City Chicago State IL Zip Code 60625

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

Name of Employer Joseph J Hartman Jr Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11AI.6493

Amount of Each Receipt this Period
1000.00

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Alexander Hatala

Mailing Address 1 Lucas Ct

City Mt Laurel State NJ Zip Code 08054

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

Name of Employer Occupation
Lourdes Health CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 26 / 2014

Transaction ID : SA11AI.6320

Amount of Each Receipt this Period
250.00

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

Mailing Address 460 Loucroft Rd

City Haddonfield State NJ Zip Code 08033

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

Name of Employer Occupation
First Montgomery Group Real Estate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 28 / 2014

Transaction ID : SA11AI.5625

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Ellen J Healey

Mailing Address 12440 Sunnysdale Dr

City Wellington State FL Zip Code 33414

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 19 / 2014

Transaction ID : SA11AI.6047

Amount of Each Receipt this Period
1000.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Leanne Healey

Mailing Address 4 Marshall Ln

City State Zip Code
Ocean City NJ 08226

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 26 / 2014

Transaction ID : SA11AI.6274

Amount of Each Receipt this Period
1000.00

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

Mailing Address 4 Marshall Ln

City State Zip Code
Ocean City NJ 08226

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

Name of Employer Occupation
Viking Yacht Co Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 26 / 2014

Transaction ID : SA11AI.6268

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Robert T Healey Sr

Mailing Address 12440 Sunnysdale Dr

City State Zip Code
Wellington FL 33414

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

Name of Employer Occupation
Healey International Relief Chairman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 19 / 2014

Transaction ID : SA11AI.6045

Amount of Each Receipt this Period
1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Robert T Healey Jr

Mailing Address 565 Eayrestown Rd

City Lumberton State NJ Zip Code 08048

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

Name of Employer Viking Group Occupation Co-Chairman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 19 / 2014

Transaction ID : SA11AI.6055

Amount of Each Receipt this Period
 1500.00

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

Mailing Address 756 Harbour Isles Way

City North Palm Beach State FL Zip Code 33410

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

Name of Employer Viking Yacht Co Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 26 / 2014

Transaction ID : SA11AI.6272

Amount of Each Receipt this Period
 2000.00

C. Full Name (Last, First, Middle Initial)
Thomas J Heitzman

Mailing Address 718 New Albany Rd

City Moorestown State NJ Zip Code 08057

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

Name of Employer Whitesell Construction Co Occupation Business Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 19 / 2014

Transaction ID : SA11AI.6169

Amount of Each Receipt this Period
 1000.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Mark A Hendricks

Mailing Address 103 NW 9th St

City State Zip Code
Delray Beach FL 33444

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

Name of Employer Occupation
Lydecker Diaz 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
 08 / 06 / 2014

Transaction ID : SA11AI.5344

Amount of Each Receipt this Period
500.00

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

Mailing Address 8709 Burning Tree Rd

City State Zip Code
Bethesda MD 20817

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

Name of Employer Occupation
American Defence International Government Affairs Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 06 / 2014

Transaction ID : SA11AI.5359

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Christine M Hesse

Mailing Address 356 W Lake Ave

City State Zip Code
Bay Head NJ 08742

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11AI.6462

Amount of Each Receipt this Period
2600.00

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

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

4100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Lawrence C Hesse		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 357 W Lake Ave		Transaction ID : SA11AI.6460	
City State Zip Code Bay Head NJ 08742	Amount of Each Receipt this Period 2600.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation CJ Hesse President		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) B. Adam J Higgins		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 16 Big Horn Dr		Transaction ID : SA11AI.5774	
City State Zip Code Wayne NJ 07470	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Ferguson Strategies LLC Associate		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) C. Van D Hipp Jr		Date of Receipt M M / D D / Y Y Y Y 08 / 08 / 2014	
Mailing Address 809 N Quaker Ln		Transaction ID : SA11AI.5533	
City State Zip Code Alexandria VA 22302	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation American Defense International Chairman		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	3850.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

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

Mailing Address 6421 SE Harbor Cir

City: Stuart State: FL Zip Code: 34996

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

Name of Employer: MAH Inc Occupation: Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 2600.00

Date of Receipt: 09 / 12 / 2014

Transaction ID : SA11AI.5966

Amount of Each Receipt this Period: 2600.00

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

Mailing Address 6421 SE Harbor Cir

City: Stuart State: FL Zip Code: 34996

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

Name of Employer: MAH Inc Occupation: Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 2600.00

Date of Receipt: 09 / 12 / 2014

Transaction ID : SA11AI.5968

Amount of Each Receipt this Period: 2600.00

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

Mailing Address 206 Jeremy Ln

City: Manahawkin State: NJ Zip Code: 08050

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

Name of Employer: Holliday Architets Inc Occupation: Architect

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 09 / 19 / 2014

Transaction ID : SA11AI.6150

Amount of Each Receipt this Period: 500.00

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

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

5700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
James Holliday

Mailing Address 206 Jeremy Ln

City Manahawkin State NJ Zip Code 08050

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

Name of Employer Holliday Architets Inc Occupation Architect

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1800.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 19 / 2014

Transaction ID : SA11AI.6152

Amount of Each Receipt this Period
1300.00

B. Full Name (Last, First, Middle Initial)
Joseph S Holman

Mailing Address 209 Bridgeboro Rd
Apt 1231

City Moorestown State NJ Zip Code 08057

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

Name of Employer Holman Enterprises Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 26 / 2014

Transaction ID : SA11AI.6258

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Heather A Hopkins

Mailing Address 3433 S Stafford St

City Arlington State VA Zip Code 22206

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

Name of Employer BAE Systems Occupation Government Relations

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11AI.5768

Amount of Each Receipt this Period
250.00

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

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

1800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
William E Hutson

Mailing Address 23 Washington Ave

City Beach Haven State NJ Zip Code 08008

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

Name of Employer Lorry's Island End Motel LLC Occupation Motel Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 11 / 2014

Transaction ID : SA11AI.5930

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Fred S Huynh

Mailing Address 33 E Homesead Ave Apt 2

City Palisades Park State NJ Zip Code 07650

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

Name of Employer York Occupation IT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 12 / 2014

Transaction ID : SA11AI.5964

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Christopher T Isola

Mailing Address 26 Buckingham Pl

City Cherry Hill State NJ Zip Code 08003

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

Name of Employer UBS Trust Company NA Occupation Director

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
 09 / 05 / 2014

Transaction ID : SA11AI.5899

Amount of Each Receipt this Period
500.00

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

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

1800.00

**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 46 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Robert A Ivker

Mailing Address 8509 Wellington Ave

City State Zip Code
Margate City NJ 08402

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

Name of Employer Occupation
Robert A Ivker Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.5574

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Robert A Ivker

Mailing Address 8509 Wellington Ave

City State Zip Code
Margate City NJ 08402

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

Name of Employer Occupation
Robert A Ivker Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 29 / 2014

Transaction ID : SA11AI.5849

Amount of Each Receipt this Period
1600.00

C. Full Name (Last, First, Middle Initial)
David P Johnson

Mailing Address 13 Hopwell Ave

City State Zip Code
Lumberton NJ 08048

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 19 / 2014

Transaction ID : SA11AI.6061

Amount of Each Receipt this Period
1000.00

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

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

3600.00

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

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

FOR LINE NUMBER: PAGE 47 OF 222
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Walter F Johnson III

Mailing Address 4 Reeves Station Rd

City State Zip Code
Medford NJ 08055

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 19 2014

Transaction ID : SA11AI.6067

Amount of Each Receipt this Period
250.00

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

Mailing Address 3507 Broadrun Dr

City State Zip Code
Fairfax VA 22033

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

Name of Employer Occupation
Ferguson Strategies LLC President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 30 2014

Transaction ID : SA11AI.5751

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
John E Kasinski

Mailing Address 5 Georgia O'Keefe Way

City State Zip Code
Marlton NJ 08053

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

Name of Employer Occupation
Viking Yacht Company Vice President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 19 2014

Transaction ID : SA11AI.6073

Amount of Each Receipt this Period
250.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Diane M Kaunitz

Mailing Address 757 Stepping Stone Ct

City Toms River State NJ Zip Code 08753

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

Name of Employer Specialty Systems Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 19 / 2014

Transaction ID : SA11AI.6132

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 757 Stepping Stone Ct

City Toms River State NJ Zip Code 08753

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

Name of Employer Specialty Systems Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11AI.6435

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Louis L Keeler III

Mailing Address 5 Swedes Ln

City Moorestown State NJ Zip Code 08057

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

Name of Employer Lourdes Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 26 / 2014

Transaction ID : SA11AI.6316

Amount of Each Receipt this Period
 250.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Angela M Koutsouris

Mailing Address 15 Jon Dr

City State Zip Code
Barnegat NJ 08008

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

Name of Employer Occupation
Gaming Labs Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11AI.6455

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Lawrence W Kull

Mailing Address 3 Bradford Ct

City State Zip Code
Medford NJ 08055

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

Name of Employer Occupation
Burns Kull Auto Group Auto Dealer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014

Transaction ID : SA11AI.6302

Amount of Each Receipt this Period
2000.00

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

Mailing Address 7 Corsham Dr

City State Zip Code
Medford NJ 08055

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

Name of Employer Occupation
Sander Carson & Lance PC Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
228.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2014

Transaction ID : SA11AI.5324

Amount of Each Receipt this Period
3.00

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

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

2103.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Lucinda Lane

Mailing Address 7 Corsham Dr

City Medford State NJ Zip Code 08055

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

Name of Employer Sander Carson & Lance PC Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **728.00**

Date of Receipt
 M M / D D / Y Y Y Y
08 / 22 / 2014

Transaction ID : SA11AI.5604

Amount of Each Receipt this Period
500.00

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

Mailing Address 1625 Emmons Ave #5v

City Brooklyn State NY Zip Code 11235

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

Name of Employer York Risk Services Group Occupation IT Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 04 / 2014

Transaction ID : SA11AI.5400

Amount of Each Receipt this Period
250.00

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

Mailing Address 1738 Edgewood Rd

City Forked River State NJ Zip Code 08731

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

Name of Employer Ocean County Consumer Affairs Occupation Assistant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt
 M M / D D / Y Y Y Y
08 / 29 / 2014

Transaction ID : SA11AI.5841

Amount of Each Receipt this Period
150.00

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

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

900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Barbara Lanuto

Mailing Address 1738 Edgewood Rd

City State Zip Code
Forked River NJ 08731

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

Name of Employer Occupation
Ocean County Consumer Affairs Assistant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 11 / 2014

Transaction ID : SA11AI.5960

Amount of Each Receipt this Period
175.00

B. Full Name (Last, First, Middle Initial)
Pamela K Larson

Mailing Address 18 E 13th St

City State Zip Code
Barnegat Light NJ 08006

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 11 / 2014

Transaction ID : SA11AI.5926

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
Kristine Larson-Panacek

Mailing Address PO Box 787

City State Zip Code
Barnegat Light NJ 08006

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

Name of Employer Occupation
Viking Fresh Off the Hook Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 11 / 2014

Transaction ID : SA11AI.5920

Amount of Each Receipt this Period
1000.00

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

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

3175.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Kristine Larson-Panacek

Mailing Address **PO Box 787**

City **Barneget Light** State **NJ** Zip Code **08006**

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

Name of Employer **Viking Fresh Off the Hook** Occupation **Owner**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 19 / 2014

Transaction ID : SA11AI.6058

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Joseph P Lattanzi

Mailing Address **11302 Beach Ave**

City **Long Beach Twp** State **NJ** Zip Code **08008**

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

Name of Employer **Joseph P Lattanzi** Occupation **Physician**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 11 / 2014

Transaction ID : SA11AI.5946

Amount of Each Receipt this Period
500.00

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

Mailing Address **101 S Warren St
Ste C**

City **Trenton** State **NJ** Zip Code **08608**

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

Name of Employer **C&L Partners LLC** Occupation **Partner**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 11 / 2014

Transaction ID : SA11AI.5552

Amount of Each Receipt this Period
2000.00

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Stephen Lazovitz		Date of Receipt M M / D D / Y Y Y Y 08 / 28 / 2014
Mailing Address 117 S 22nd Ave		Transaction ID : SA11AI.5637
City Longport	State NJ	Zip Code 08403
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 1000.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) B. Stephen V Lee III		Date of Receipt M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 1 Speedwell Rd		Transaction ID : SA11AI.6227
City Chatsworth	State NJ	Zip Code 08019
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 1000.00
Name of Employer Lee Brothers Inc	Occupation Farmer	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) C. Young B Lee		Date of Receipt M M / D D / Y Y Y Y 08 / 28 / 2014
Mailing Address 7 Pine Acres Dr		Transaction ID : SA11AI.5385
City Medford	State NJ	Zip Code 08055
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer Korean American Assoc of SNJ	Occupation President	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 650.00	

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

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

Mailing Address 17 Hunter Dr

City State Zip Code
Morristown NJ 07960

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

Name of Employer Occupation
Riker Danzig Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
430.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11AI.6366

Amount of Each Receipt this Period
280.00

B. Full Name (Last, First, Middle Initial)
Robert A Lipinski

Mailing Address PO Box 1339

City State Zip Code
Marlton NJ 08053

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

Name of Employer Occupation
DDM CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 05 / 2014

Transaction ID : SA11AI.5895

Amount of Each Receipt this Period
1000.00

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

Mailing Address PO Box 1339

City State Zip Code
Marlton NJ 08053

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

Name of Employer Occupation
DDM CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1300.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 19 / 2014

Transaction ID : SA11AI.6156

Amount of Each Receipt this Period
300.00

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

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

1580.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 222
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Frank Little

Mailing Address 443 Atlantic City Blvd

City State Zip Code
Beachwood NJ 08722

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

Name of Employer Occupation
443 Associates LLC Engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 05 / 2014

Transaction ID : SA11AI.5905

Amount of Each Receipt this Period
500.00

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

Mailing Address 8325 NW 157th Terr

City State Zip Code
Miami Lakes FL 33016

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

Name of Employer Occupation
Lydecker Diaz 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
 08 / 06 / 2014

Transaction ID : SA11AI.5341

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Brian K Logan

Mailing Address 55 Shady Brook Dr

City State Zip Code
Toms River NJ 08755

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

Name of Employer Occupation
Suplee Clooney & Co Auditor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 28 / 2014

Transaction ID : SA11AI.5663

Amount of Each Receipt this Period
250.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
James B Loveys

Mailing Address 6 Fieldcrest Ct

City Mendham State NJ Zip Code 07945

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

Name of Employer Grove Assoc Occupation Real Estate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **280.00**

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11AI.6471

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Karen O Loveys

Mailing Address 6 Fieldcrest Ct

City Mendham State NJ Zip Code 07945

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **280.00**

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11AI.6472

Amount of Each Receipt this Period
200.00

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

Mailing Address 21 Parker Ct

City Florham Park State NJ Zip Code 07932

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11AI.6407

Amount of Each Receipt this Period
500.00

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

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

900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Joy Luedtke

Mailing Address **PO Box 888**

City **Barneget Light** State **NJ** Zip Code **08006**

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

Name of Employer **Joy Luedtke Real Estate LLC** Occupation **Real Estate**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 11 / 2014

Transaction ID : SA11AI.5924

Amount of Each Receipt this Period
300.00

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

Mailing Address **4835 Lakeview Dr**

City **Miami Beach** State **FL** Zip Code **33140**

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

Name of Employer **Lydecker Diaz** Occupation **Attorney**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
08 / 06 / 2014

Transaction ID : SA11AI.5339

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Jay A Madden

Mailing Address **7607 Long Beach Blvd**

City **Harvey Cedars** State **NJ** Zip Code **08008**

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

Name of Employer **Jay A Madden** Occupation **Architect**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11AI.5443

Amount of Each Receipt this Period
1000.00

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

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

3800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Robert Maglies		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2014	
Mailing Address 41 Lake Ave		Transaction ID : SA11AI.6129	
City Helmetta	State NJ	Zip Code 08828	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Captain Hooks	Occupation Owner		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) B. Joseph H Mancini		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2014	
Mailing Address PO Box 2242		Transaction ID : SA11AI.5932	
City Long Beach Twp	State NJ	Zip Code 08008	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00	
Name of Employer Mancini Custom Homes	Occupation President		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		

Full Name (Last, First, Middle Initial) C. Clark W Martin		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2014	
Mailing Address 918 Roelofs Rd		Transaction ID : SA11AI.5883	
City Yardley	State PA	Zip Code 19067	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer MBI	Occupation Govt Relations		
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).....	3250.00
TOTAL This Period (last page this line number only).....	[]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Richard Maser		Date of Receipt M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 68 Rivergate Way		Transaction ID : SA11AI.5492
City Long Branch	State NJ	Zip Code 07740
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2000.00	
Name of Employer Maser Engineering	Occupation Engineer	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) B. J Michael Maynard		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 24 Crafts Rd		Transaction ID : SA11AI.5856
City Chestnut Hill	State MA	Zip Code 02467
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Chestnut Hill Partners	Occupation Real Estate	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) C. Tyler McAllister		Date of Receipt M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 100 Parker Ave Unit 44		Transaction ID : SA11AI.6229
City Philadelphia	State PA	Zip Code 19128
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer Willis	Occupation Producer	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

SUBTOTAL of Receipts This Page (optional).....	3300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

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

Mailing Address 9 E Cooper Ave

City Moorestown State NJ Zip Code 08057

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

Name of Employer Penn Capital Mgmt Co Inc Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 23 / 2014

Transaction ID : SA11AI.6239

Amount of Each Receipt this Period
 300.00

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

Mailing Address 18 S Tamarack Dr

City Brielle State NJ Zip Code 08730

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

Name of Employer Edward McGlynn Occupation Lobbyist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 19 / 2014

Transaction ID : SA11AI.6127

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 706 Commonwealth Dr

City Moorestown State NJ Zip Code 08057

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

Name of Employer Irene McKenna Occupation Lawyer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 23 / 2014

Transaction ID : SA11AI.6242

Amount of Each Receipt this Period
 500.00

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

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

1800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 222			
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
	12	13a	13b	14	

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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Charles P Meyer

Mailing Address **PO Box 114**

City **Medford** State **NJ** Zip Code **08055**

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

Name of Employer **Century 21 Alliance** Occupation **Real Estate**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		26		2014

Transaction ID : SA11AI.5585

Amount of Each Receipt this Period
250.00

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

Mailing Address **907 Pleasant Valley Ave #3**

City **Mt Laurel** State **NJ** Zip Code **08054**

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

Name of Employer **Freedom Mortgage** Occupation **CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		04		2014

Transaction ID : SA11AI.5404

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Hoawrd A Miller Jr

Mailing Address **741 Jeffrey Rd**

City **Moorestown** State **NJ** Zip Code **08057**

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

Name of Employer **Township of Moorestown** Occupation **Councilmember**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		23		2014

Transaction ID : SA11AI.6233

Amount of Each Receipt this Period
600.00

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

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

1850.00

**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 62 OF 222
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Keith Murray

Mailing Address 18 Plymouth Rd

City State Zip Code
Summit NJ 07901

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

Name of Employer Occupation
BNP Paribas Banker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11AI.6403

Amount of Each Receipt this Period
500.00

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

Mailing Address 344 Spyglass Way

City State Zip Code
Jupiter FL 33477

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.5579

Amount of Each Receipt this Period
1000.00

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

Mailing Address 314 Collins Ave

City State Zip Code
Moorestown NJ 08057

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 23 / 2014

Transaction ID : SA11AI.6224

Amount of Each Receipt this Period
300.00

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

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

1800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
John H. Nosti

Mailing Address 838 Forepeak Dr

City State Zip Code
Forked River NJ 08731

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2014

Transaction ID : SA11AI.5952

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Mary Ann O'Brien

Mailing Address 8 Enclave Ct

City State Zip Code
Medford NJ 08055

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

Name of Employer Occupation
Crammer Bishop & O'Brien Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2014

Transaction ID : SA11AI.5578

Amount of Each Receipt this Period
125.00

C. Full Name (Last, First, Middle Initial)
Timothy O'Brien

Mailing Address 8 Enclave Ct

City State Zip Code
Medford NJ 08055

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

Name of Employer Occupation
Crammer Bishop & O'Brien Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
625.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2014

Transaction ID : SA11AI.5915

Amount of Each Receipt this Period
500.00

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

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

725.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Nurettin Oflu		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 340 W 2nd St		Transaction ID : SA11AI.6448	
City Florence	State NJ	Zip Code 08518	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer River Line Express LLC	Occupation President		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) B. Joseph C Olivio		Date of Receipt M M / D D / Y Y Y Y 07 / 23 / 2014	
Mailing Address 63 Normandy Rd		Transaction ID : SA11AI.5308	
City Evesham	State NJ	Zip Code 08053	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Perfect	Occupation Marketing/Printing Services		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) C. Edward Omert		Date of Receipt M M / D D / Y Y Y Y 09 / 09 / 2014	
Mailing Address 511 New Albany Rd		Transaction ID : SA11AI.5435	
City Moorestown	State NJ	Zip Code 08057	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1300.00	
Name of Employer Edward Omert	Occupation Insurance Marketing		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1300.00		

SUBTOTAL of Receipts This Page (optional).....	2800.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Peter Palko

Mailing Address 601 McElwee Rd

City State Zip Code
Moorestown NJ 08057

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

Name of Employer Occupation
Panther Technologies CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 24 / 2014

Transaction ID : SA11AI.5475

Amount of Each Receipt this Period
300.00

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

Mailing Address PO Box 787

City State Zip Code
Barnegat Light NJ 08006

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

Name of Employer Occupation
Viking Village Inc Administrative Management

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 11 / 2014

Transaction ID : SA11AI.5961

Amount of Each Receipt this Period
1000.00

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

Mailing Address PO Box 787

City State Zip Code
Barnegat Light NJ 08006

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

Name of Employer Occupation
Viking Village Inc Administrative Management

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 19 / 2014

Transaction ID : SA11AI.6057

Amount of Each Receipt this Period
1000.00

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

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

2300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Terry L Paul

Mailing Address 733 10th St NW
Ste 400

City Washington State DC Zip Code 20001

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

Name of Employer N/A Occupation N/A

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 05 / 2014

Transaction ID : SA11AI.5907

Amount of Each Receipt this Period
250.00

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

Mailing Address 123 Personette Ave

City Verona State NJ Zip Code 07044

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

Name of Employer Election Graphics Inc Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11AI.6343

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
Bonnie R Peterson

Mailing Address 1201 SW Central Ave

City Seaside Park State NJ Zip Code 08752

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

Name of Employer Bonnie R Peterson 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
 08 / 11 / 2014

Transaction ID : SA11AI.5535

Amount of Each Receipt this Period
500.00

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

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

3350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Annabel Pierce

Mailing Address 10 Maguerite Ln

City Towaco State NJ Zip Code 07082

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

Name of Employer Annabel Pierce Occupation Construction CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11AI.6364

Amount of Each Receipt this Period
500.00

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

Mailing Address 457 Haddonfield Rd
6th Fl

City Cherry Hill State NJ Zip Code 08002

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

Name of Employer Richard G Placey Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 28 / 2014

Transaction ID : SA11AI.5627

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
John Poppe Jr

Mailing Address 79 Norden St

City Staten Island State NY Zip Code 10304

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

Name of Employer MidCap Advisors Occupation Investment Banker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 13 / 2014

Transaction ID : SA11AI.5366

Amount of Each Receipt this Period
100.00

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. John Poppe Jr		Date of Receipt M M / D D / Y Y Y Y 09 / 04 / 2014	
Mailing Address 79 Norden St		Transaction ID : SA11AI.5399	
City Staten Island	State NY	Zip Code 10304	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee.		C	
Name of Employer MidCap Advisors	Occupation Investment Banker		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 550.00		

Full Name (Last, First, Middle Initial) B. John Poppe Jr		Date of Receipt M M / D D / Y Y Y Y 09 / 09 / 2014	
Mailing Address 79 Norden St		Transaction ID : SA11AI.5432	
City Staten Island	State NY	Zip Code 10304	Amount of Each Receipt this Period _____ 100.00
FEC ID number of contributing federal political committee.		C	
Name of Employer MidCap Advisors	Occupation Investment Banker		
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. Lisa A Post		Date of Receipt M M / D D / Y Y Y Y 08 / 28 / 2014	
Mailing Address 20 Golfview Dr		Transaction ID : SA11AI.5643	
City Medford	State NJ	Zip Code 08055	Amount of Each Receipt this Period _____ 1000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer EJ Post Co	Occupation Surety Bond Producer		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1175.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 1350.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Lisa A Post		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2014	
Mailing Address 20 Golfview Dr		Transaction ID : SA11AI.6153	
City Medford	State NJ	Zip Code 08055	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer EJ Post Co	Occupation Surety Bond Producer		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2175.00		

Full Name (Last, First, Middle Initial) B. Marvin N Raab		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2014	
Mailing Address 429 Coolidge Rd		Transaction ID : SA11AI.5987	
City Cherry Hill	State NJ	Zip Code 08002	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Raab Enterprises	Occupation Owner		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) C. Jeffrey B Reichle		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2014	
Mailing Address 4045 Bayshore Rd		Transaction ID : SA11AI.6053	
City Cape May	State NJ	Zip Code 08204	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00	
Name of Employer Lund's Fisheries Inc	Occupation President		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Barry D Rhoads

Mailing Address 6793 Father John Ct

City McLean State VA Zip Code 22101

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

Name of Employer Cassidy & Associates Occupation Co-Chairman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 24 / 2014

Transaction ID : SA11AI.5472

Amount of Each Receipt this Period
1250.00

B. Full Name (Last, First, Middle Initial)
Kenneth A Roma

Mailing Address 536 Shark Ln

City Manahawkin State NJ Zip Code 08050

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

Name of Employer Commercial Fisher Occupation Research Capitalist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 05 / 2014

Transaction ID : SA11AI.5882

Amount of Each Receipt this Period
500.00

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

Mailing Address 210 Lippincott Ave

City Riverton State NJ Zip Code 08077

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

Name of Employer Mercer Bucks Cardiology Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 26 / 2014

Transaction ID : SA11AI.6318

Amount of Each Receipt this Period
250.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Paul Rotstein

Mailing Address 62 Starling Ct

City Roslyn State NY Zip Code 11576

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

Name of Employer Preger & Wertenteil Occupation Businessman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 04 / 2014

Transaction ID : SA11AI.5395

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 337 Silver Bay Rd

City Toms River State NJ Zip Code 08753

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

Name of Employer Berry Sahradnik Kotzas & Benso Occupation Lawyer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 04 / 2014

Transaction ID : SA11AI.5397

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Joseph J Savon

Mailing Address 435 Chairville Rd

City Southampton State NJ Zip Code 08088

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

Name of Employer South Jersey Gastrointestinal Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 30 / 2014

Transaction ID : SA11AI.5315

Amount of Each Receipt this Period
 250.00

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Margaret M Scanlon-Sweeney

Mailing Address 17 Barnstable Rd

City State Zip Code
Berkeley Heights NJ 07922

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 22 / 2014

Transaction ID : SA11AI.5592

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
Marvin O Schlanger

Mailing Address 125 Via Quanteria

City State Zip Code
Palm Beach Gardens FL 33418

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

Name of Employer Occupation
Cherry Hill Chemical Investmen Principal

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 12 / 2014

Transaction ID : SA11AI.5985

Amount of Each Receipt this Period
1000.00

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

Mailing Address 100 D Long Beach Blvd

City State Zip Code
North Beach NJ 08008

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

Name of Employer Occupation
The Dutchman's Brauhaus Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11AI.5447

Amount of Each Receipt this Period
1000.00

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

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

4600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Richard Schmid		Date of Receipt M M / D D / Y Y Y Y 09 / 09 / 2014	
Mailing Address 100 D Long Beach Blvd		Transaction ID : SA11AI.5449	
City North Beach	State NJ	Zip Code 08008	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer The Dutchman's Brauhaus	Occupation General Manager		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) B. Dimitri Schneiberg		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2014	
Mailing Address 10 Windemere Dr		Transaction ID : SA11AI.5992	
City Moorestown	State NJ	Zip Code 08057	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Learn Quest	Occupation Managing Director		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) C. Yuri L Schneiberg		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2014	
Mailing Address 10 Jodi Ct		Transaction ID : SA11AI.5977	
City Cherry Hill	State NJ	Zip Code 08003	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer LearnQuest	Occupation Co-Founder		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Paul L Sedlacek

Mailing Address 29 Lakeshore Dr

City State Zip Code
Rockaway NJ 07866

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

Name of Employer Occupation
Dr Paul L Sedlacek Vetreinarian

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 04 / 2014

Transaction ID : SA11AI.5411

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Paul L Sedlacek

Mailing Address 29 Lakeshore Dr

City State Zip Code
Rockaway NJ 07866

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

Name of Employer Occupation
Dr Paul L Sedlacek Vetreinarian

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
650.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 16 / 2014

Transaction ID : SA11AI.6003

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
Earl H Seigman

Mailing Address 46 Mill Park Ln

City State Zip Code
Marlton NJ 08053

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 29 / 2014

Transaction ID : SA11AI.5800

Amount of Each Receipt this Period
1000.00

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

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

1650.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
John R Sette

Mailing Address 6 Reed Rd

City State Zip Code
Morristown NJ 07960

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

Name of Employer Occupation
Morris County Republican Cmte Chairman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11AI.6367

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Joseph L Shamie

Mailing Address 35 Colin Pl

City State Zip Code
Brooklyn NJ 11223

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

Name of Employer Occupation
Delta Childrens Products CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11AI.6481

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Andrew J Shechtel

Mailing Address 33 Witherspoon St
3rd Fl

City State Zip Code
Princeton NJ 08542

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

Name of Employer Occupation
TGS Management Co-Founder

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 12 / 2014

Transaction ID : SA11AI.5983

Amount of Each Receipt this Period
2500.00

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Raquel K Shechtel

Mailing Address 33 Witherspoon St
3rd Fl

City State Zip Code
Princeton NJ 08542

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.5981

Amount of Each Receipt this Period
2500.00

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

Mailing Address 566 McKendimen Rd

City State Zip Code
Medford NJ 08055

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

Name of Employer Occupation
Robert C Shomo Farmer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 19 / 2014

Transaction ID : SA11AI.6059

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Joyce M Sico

Mailing Address 315 Thomas Ave

City State Zip Code
Riverton NJ 08077

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

Name of Employer Occupation
Don Sico & Co LLC Co-Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 26 / 2014

Transaction ID : SA11AI.6308

Amount of Each Receipt this Period
500.00

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Earl H Siegman

Mailing Address 46 Mill Park Ln

City State Zip Code
Evesham NJ 08053

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 29 / 2014

Transaction ID : SA11AI.5731

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Donald D Siok

Mailing Address 340 Knolltop Ln

City State Zip Code
Haddonfield NJ 08033

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

Name of Employer Occupation
Insight Educational Workforce Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 05 / 2014

Transaction ID : SA11AI.5901

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Laura J Slomka

Mailing Address 59 Harbourton- Mt Airy Rd

City State Zip Code
Lambertville NJ 08530

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

Name of Employer Occupation
PSI LLC Assistant Management

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11AI.6464

Amount of Each Receipt this Period
1000.00

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

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

1600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Robert E Smyth

Mailing Address 1 Bank Ave

City Riverton State NJ Zip Code 08077

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

Name of Employer Smyth Consulting Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
475.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 23 / 2014

Transaction ID : SA11AI.5297

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Robert E Smyth

Mailing Address 1 Bank Ave

City Riverton State NJ Zip Code 08077

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

Name of Employer Smyth Consulting Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
575.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 23 / 2014

Transaction ID : SA11AI.5298

Amount of Each Receipt this Period
100.00

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

Mailing Address 1 Bank Ave

City Riverton State NJ Zip Code 08077

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

Name of Employer Smyth Consulting Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
675.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 30 / 2014

Transaction ID : SA11AI.5333

Amount of Each Receipt this Period
100.00

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

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

300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Robert E Smyth		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 1 Bank Ave		Transaction ID : SA11AI.5755	
City Riverton	State NJ	Zip Code 08077	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Smyth Consulting	Occupation Consultant		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 775.00		

Full Name (Last, First, Middle Initial) B. Marie-Elena Sodeikes		Date of Receipt M M / D D / Y Y Y Y 08 / 28 / 2014	
Mailing Address 1144 Hawser Ave		Transaction ID : SA11AI.5661	
City Manahawkin	State NJ	Zip Code 08050	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Ocean County Human Services	Occupation Coordinator		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) C. Steven R Solomon		Date of Receipt M M / D D / Y Y Y Y 09 / 23 / 2014	
Mailing Address 669 Garwood Rd		Transaction ID : SA11AI.6223	
City Moorestown	State NJ	Zip Code 08057	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Upstage Right Productions	Occupation Owner		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2050.00		

SUBTOTAL of Receipts This Page (optional).....	1350.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Nick Sopov

Mailing Address 71 Bergen Dr

City State Zip Code
Little Falls NJ 07424

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

Name of Employer Occupation
York Risk Services Group CTO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 06 / 2014

Transaction ID : SA11AI.5363

Amount of Each Receipt this Period
2600.00

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

Mailing Address 6511 Long Beach Blvd

City State Zip Code
Long Beach Twp NJ 08008

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 05 / 2014

Transaction ID : SA11AI.5913

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
John M Stanzi

Mailing Address 1537 Brandon Rd

City State Zip Code
Glenview IL 60025

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

Name of Employer Occupation
One Call Managed Care Operator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11AI.5441

Amount of Each Receipt this Period
1000.00

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

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

4100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Natalie R Stanzi		Date of Receipt M M / D D / Y Y Y Y 09 / 09 / 2014	
Mailing Address 1537 Brandon Rd		Transaction ID : SA11AI.5439	
City Glenview	State IL	Zip Code 60025	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 1000.00	
Name of Employer Homemaker	Occupation Homemaker		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) B. John Stefani		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2014	
Mailing Address 531 Stage Coach Rd		Transaction ID : SA11AI.5854	
City Clarksburg	State NJ	Zip Code 08510	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 1000.00	
Name of Employer CME Associates	Occupation Engineer		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) C. Gerard D Straub Sr		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2014	
Mailing Address 13190 Crisa Dr		Transaction ID : SA11AI.6049	
City Palm Beach Gardens	State NJ	Zip Code 33410	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 1000.00	
Name of Employer Viking Yacht Co	Occupation Executive VP		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Kathy J Straub		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2014	
Mailing Address 13190 Crisa Dr		Transaction ID : SA11AI.6051	
City Palm Beach Gardens	State FL	Zip Code 33410	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Homemaker	Occupation Homemaker		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) B. Karen Suder		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2014	
Mailing Address 342 Steeplechase Dr		Transaction ID : SA11AI.5460	
City Cranberry Twp	State PA	Zip Code 16066	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer York Risk Services Group	Occupation Insurance		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) C. James M Sweeney		Date of Receipt M M / D D / Y Y Y Y 08 / 22 / 2014	
Mailing Address 17 Barnstable Rd		Transaction ID : SA11AI.5590	
City Berkeley Heights	State NJ	Zip Code 07922	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer York Risk Services	Occupation Accountant		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

SUBTOTAL of Receipts This Page (optional).....	4600.00
TOTAL This Period (last page this line number only).....	4600.00

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

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

FOR LINE NUMBER: PAGE 83 OF 222
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Michelle Taylor

Mailing Address **77 N Lakeside Dr W**

City **Medford** State **NJ** Zip Code **08055**

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

Name of Employer **Taylor Design Group** Occupation **Owner**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 05 / 2014

Transaction ID : SA11AI.5911

Amount of Each Receipt this Period
1000.00

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

Mailing Address **2322 Riverton Rd**

City **Cinnaminson** State **NJ** Zip Code **08077**

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

Name of Employer **Parts Life Inc** Occupation **President**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 05 / 2014

Transaction ID : SA11AI.5886

Amount of Each Receipt this Period
1000.00

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

Mailing Address **27 Cedars Ave**

City **Harvey Cedars** State **NJ** Zip Code **08008**

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

Name of Employer **Long Beach Island BOE** Occupation **Teacher**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 11 / 2014

Transaction ID : SA11AI.5959

Amount of Each Receipt this Period
1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Michael Torpey

Mailing Address 15 W Front St
4th Fl

City State Zip Code
Trenton NJ 08608

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

Name of Employer Occupation
AFT Associates LLC Managing Partner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 26 / 2014

Transaction ID : SA11AI.6314

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Keith N Vanarsdale

Mailing Address 454 Elm Ave

City State Zip Code
Haddonfield NJ 08033

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

Name of Employer Occupation
University of Pennsylvania Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11AI.6474

Amount of Each Receipt this Period
250.00

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

Mailing Address 707 Frann Rd

City State Zip Code
Toms River NJ 08753

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

Name of Employer Occupation
Kelaher Van Dyke Moriarty Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1075.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 29 / 2014

Transaction ID : SA11AI.5814

Amount of Each Receipt this Period
1000.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) James Varrell		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 19 / 2014
Mailing Address 205 E Central Ave		Transaction ID : SA11AI.6175
City Moorestown	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer CFG Health Systems	Occupation Physician	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00	

Full Name (Last, First, Middle Initial) Joanne Veech		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 19 / 2014
Mailing Address 12 Tammy Hill Trl		Transaction ID : SA11AI.6125
City Randolph	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Township of Randolph	Occupation Deputy Major	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 280.00	

Full Name (Last, First, Middle Initial) Sarah A Vickroy		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 12 / 2014
Mailing Address 2010 Vanderbilt Ln Apt G		Transaction ID : SA11AI.5975
City Redondo Beach	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Think Geek Inc	Occupation Director of Planning	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	1800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
T Robin Visconi

Mailing Address 370 Tall Tree Ct

City Jackson State NJ Zip Code 08527

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

Name of Employer T Robin Visconi Occupation Fundraiser

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11AI.6921

Amount of Each Receipt this Period
750.00

In-kind - Fundraising

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

Mailing Address 14 Cliff Swallow Dr

City Medford State NJ Zip Code 08055

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

Name of Employer Pfizer Occupation Sales

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

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

Transaction ID : SA11AI.5437

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Robert F Waite Jr

Mailing Address 10 Cranberry Run

City Southampton State NJ Zip Code 08088

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

Name of Employer Robert F Waite Jr Occupation Charter Boat Captain

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
09 / 19 / 2014

Transaction ID : SA11AI.6065

Amount of Each Receipt this Period
500.00

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

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

1550.00

**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 87 OF 222			
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
	12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
M L Warner

Mailing Address 7 Bridle Path

City Southampton State NJ Zip Code 08088

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 05 / 2014

Transaction ID : SA11AI.5884

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 19 W 12th St

City Barnegat Light State NJ Zip Code 08006

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

Name of Employer Edwin Wellington Occupation Property Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 18 / 2014

Transaction ID : SA11AI.5381

Amount of Each Receipt this Period
 500.00

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

Mailing Address 19 W 12th St

City Barnegat Light State NJ Zip Code 08006

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

Name of Employer Edwin Wellington Occupation Property Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 05 / 2014

Transaction ID : SA11AI.5851

Amount of Each Receipt this Period
 175.00

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

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

1675.00

**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 88 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
L R Werner

Mailing Address **PO Box 3906**

City **Big Bear Lake** State **CA** Zip Code **92315**

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

Name of Employer **LR Werner** Occupation **Laywer**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 23 / 2014

Transaction ID : SA11AI.6208

Amount of Each Receipt this Period
225.00

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

Mailing Address **PO Box 65**

City **Seaside Heights** State **NJ** Zip Code **08751**

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

Name of Employer **Lucky Leo's** Occupation **Owner**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
08 / 29 / 2014

Transaction ID : SA11AI.5819

Amount of Each Receipt this Period
1000.00

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

Mailing Address **231 Haines Dr**

City **Moorestown** State **NJ** Zip Code **08057**

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

Name of Employer **JH Williams Enterprises Inc** Occupation **Owner**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 23 / 2014

Transaction ID : SA11AI.6231

Amount of Each Receipt this Period
500.00

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

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

1725.00

**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 89 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Bradd L Williamson

Mailing Address 10 Schermerhorn St

City State Zip Code
Brooklyn NY 11201

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

Name of Employer Occupation
Latham & Watkins LLP Partner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11AI.6401

Amount of Each Receipt this Period
500.00

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

Mailing Address 1301 Prospect Hill Rd

City State Zip Code
Villanova PA 19085

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

Name of Employer Occupation
Jewish Learning Venture Trustee

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 12 / 2014

Transaction ID : SA11AI.5994

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Leonard C Wilson Jr

Mailing Address 575 Route 9

City State Zip Code
Cedar Run NJ 08092

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

Name of Employer Occupation
Leonard C Wilosn Jr Landscaper

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 28 / 2014

Transaction ID : SA11AI.5664

Amount of Each Receipt this Period
500.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
JoAnn Winzinger

Mailing Address 1702 Marne Hwy

City Hainesport State NJ Zip Code 08036

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

Name of Employer Winzinger Construction Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 29 / 2014

Transaction ID : SA11AI.5808

Amount of Each Receipt this Period
500.00

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

Mailing Address 1702 Marne Hwy

City Hainesport State NJ Zip Code 08036

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

Name of Employer Winzinger Construction Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 19 / 2014

Transaction ID : SA11AI.6126

Amount of Each Receipt this Period
500.00

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

Mailing Address 2001 Hamilton St
Apt 317

City Philadelphia State PA Zip Code 19130

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 12 / 2014

Transaction ID : SA11AI.5989

Amount of Each Receipt this Period
500.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
John Yarsinsky

Mailing Address 9 Bentley Ct

City Marlon State NJ Zip Code 08053

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

Name of Employer Dynamic Defense Materials Occupation CFO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 05 / 2014

Transaction ID : SA11AI.5897

Amount of Each Receipt this Period
500.00

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

Mailing Address 116 Woodview Ln

City Cinnaminson State NJ Zip Code 08077

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

Name of Employer Techni Systems Occupation Construction Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 23 / 2014

Transaction ID : SA11AI.6235

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
George J Zallie

Mailing Address 1004 Brick Rd

City Cherry Hill State NJ Zip Code 08003

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

Name of Employer Zallie Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 15 / 2014

Transaction ID : SA11AI.5572

Amount of Each Receipt this Period
1000.00

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

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

1800.00

**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 92 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) George J Zallie		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 05 / 2014
Mailing Address 1004 Brick Rd		Transaction ID : SA11AI.5858
City Cherry Hill	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Zallie	Occupation President	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250.00	

Full Name (Last, First, Middle Initial) Freeman Zausner		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 23 / 2014
Mailing Address PO Box 728		Transaction ID : SA11AI.5305
City Waldoboro	State ME	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	210158.00

**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 93 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
AFLAC PAC

Mailing Address **WORLDWIDE HEADQUARTERS**
1932 WYNNNTON ROAD

City **COLUMBUS** State **GA** Zip Code **31999**

FEC ID number of contributing federal political committee. **C C00034157**

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
0	9		2	3		2	0	1	4

Transaction ID : SA11C.6216

Amount of Each Receipt this Period
 _____ 1000.00

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

Mailing Address **WORLDWIDE HEADQUARTERS**
1932 WYNNNTON ROAD

City **COLUMBUS** State **GA** Zip Code **31999**

FEC ID number of contributing federal political committee. **C C00034157**

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date
_____ 2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	4

Transaction ID : SA11C.6522

Amount of Each Receipt this Period
 _____ 1000.00

C. Full Name (Last, First, Middle Initial)
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

Mailing Address **7575 E FULTON ROAD**
ATTN: SCOTT SMOES 56-3S

City **ADA** State **MI** Zip Code **49355**

FEC ID number of contributing federal political committee. **C C00034884**

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
0	9		3	0		2	0	1	4

Transaction ID : SA11C.6418

Amount of Each Receipt this Period
 _____ 1000.00

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

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

_____ 3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
AMERICANS FOR REPUBLICAN LEADERSHIP PAC

Mailing Address PO BOX 225

City State Zip Code
COLONIA NJ 07067

FEC ID number of contributing federal political committee. **C** C00383422

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 16 / 2014

Transaction ID : SA11C.6001

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
ANDY HARRIS FOR CONGRESS

Mailing Address PO BOX 604

City State Zip Code
BEL AIR MD 21014

FEC ID number of contributing federal political committee. **C** C00435974

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 16 / 2014

Transaction ID : SA11C.5515

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
ANDY HARRIS FOR CONGRESS

Mailing Address PO BOX 604

City State Zip Code
BEL AIR MD 21014

FEC ID number of contributing federal political committee. **C** C00435974

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 12 / 2014

Transaction ID : SA11C.5563

Amount of Each Receipt this Period
 1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 222
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
AUTOMOTIVE FREE INTERNATIONAL TRADE PAC

Mailing Address 1625 PRINCE STREET
SUITE 225

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00250399

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 26 / 2014

Transaction ID : SA11C.6299

Amount of Each Receipt this Period
5000.00

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

Mailing Address PO BOX 538

City WAUSAU State WI Zip Code 54402

FEC ID number of contributing federal political committee. **C** C00506535

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
 08 / 12 / 2014

Transaction ID : SA11C.5558

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Barneгат GOP Finance Committee

Mailing Address 31 Fifth St

City Barneгат State NJ Zip Code 08005

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
200.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 22 / 2014

Transaction ID : SA11C.5598

Amount of Each Receipt this Period
200.00

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

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

6200.00

**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 96 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Berkeley Twp Republican Municipal Committee

Mailing Address 16 Beaumont Ct

City Toms River State NJ Zip Code 08757

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 28 / 2014

Transaction ID : SA11C.5657

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
BRADY FOR CONGRESS

Mailing Address PO BOX 8277

City THE WOODLANDS State TX Zip Code 77387

FEC ID number of contributing federal political committee. **C** C00311043

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
 07 / 16 / 2014

Transaction ID : SA11C.5512

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Bramnick for Assembly

Mailing Address 279 Watchung Fork

City Westfield State NJ Zip Code 07090

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 26 / 2014

Transaction ID : SA11C.6248

Amount of Each Receipt this Period
1000.00

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

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

2200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
BRETT PAC-THE LEADERSHIP PAC OF U.S. REPRESENTATIVE BRETT GUTHRIE

Mailing Address **504 DEREK AVENUE**

City **ELIZABETHTOWN** State **KY** Zip Code **42701**

FEC ID number of contributing federal political committee. **C C00483487**

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
07 / 16 / 2014

Transaction ID : SA11C.5510

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Bucco for Assembly

Mailing Address **5 River Rd**

City **Flanders** State **NJ** Zip Code **07836**

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **100.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 26 / 2014

Transaction ID : SA11C.6332

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Bucco for Senate

Mailing Address **PO Box 220**

City **Succasunna** State **NJ** Zip Code **07876**

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **100.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11C.6490

Amount of Each Receipt this Period
100.00

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

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

1200.00

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

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

FOR LINE NUMBER: PAGE 98 OF 222
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Burlington County Republican Committee

Mailing Address 223 High St

City State Zip Code
Mt Holly NJ 08060

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
121.75

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11C.6930

Amount of Each Receipt this Period
 121.75

In-kind - Direct Mail Services

B. Full Name (Last, First, Middle Initial)
Burlington County Republican Women PAC

Mailing Address PO Box 1523

City State Zip Code
Mt Laurel NJ 08054

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

Name of Employer Occupation

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
 09 / 26 / 2014

Transaction ID : SA11C.6263

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Burlington County Young Republicans

Mailing Address PO Box 1441

City State Zip Code
Mt. Laurel NJ 08054

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

Name of Employer Occupation

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
 09 / 26 / 2014

Transaction ID : SA11C.6262

Amount of Each Receipt this Period
 500.00

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

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

1121.75

**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 99 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. BUSINESS-INDUSTRY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address 888 16TH STREET, NW

City State Zip Code
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C** C00001727

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
 09 / 19 / 2014

Transaction ID : SA11C.6089

Amount of Each Receipt this Period
1000.00

B. Cinnaminson Republican Municipal Committee

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 2005

City State Zip Code
Cinnaminson NJ 08077

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 22 / 2014

Transaction ID : SA11C.5610

Amount of Each Receipt this Period
500.00

C. Citizens for Conservatism

Full Name (Last, First, Middle Initial)
Mailing Address 230 Main St

City State Zip Code
Toms River NJ 08753

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
200.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 28 / 2014

Transaction ID : SA11C.5649

Amount of Each Receipt this Period
200.00

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

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

1700.00

**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 100 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Committee for Responsible Government NJ

Mailing Address 2123 Edgar Rd

City	State	Zip Code
Point Pleasant Beach	NJ	08742

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

Name of Employer	Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 28 / 2014

Transaction ID : SA11C.5655

Amount of Each Receipt this Period

125.00

B. Full Name (Last, First, Middle Initial)
Committee to Elect Amato for Mayor

Mailing Address 338 Pine Tree Dr

City	State	Zip Code
Bayville	NJ	08721

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

Name of Employer	Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 28 / 2014

Transaction ID : SA11C.5651

Amount of Each Receipt this Period

200.00

C. Full Name (Last, First, Middle Initial)
Committee to Re-Elect Thomas Kelaher

Mailing Address 230 Main St

City	State	Zip Code
Toms River	NJ	08753

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

Name of Employer	Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 29 / 2014

Transaction ID : SA11C.5842

Amount of Each Receipt this Period

200.00

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

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

525.00

**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 101 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
CONSERVATIVE OPPORTUNITIES FOR A NEW AMERICA PAC

Mailing Address 110 W LOUISIANA AVENUE
SUITE 312

City MIDLAND State TX Zip Code 79701

FEC ID number of contributing federal political committee. **C** C00409458

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
 09 / 23 / 2014

Transaction ID : SA11C.6211

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
CONSERVATIVE OPPURTUNITY LEADERSHIP AND ENTERPRISE PAC (COLE PAC)

Mailing Address 12176 CHANCERY STATION CIRCLE

City RESTON State VA Zip Code 20190

FEC ID number of contributing federal political committee. **C** C00404392

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 12 / 2014

Transaction ID : SA11C.5556

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
CONSERVATIVE OPPURTUNITY LEADERSHIP AND ENTERPRISE PAC (COLE PAC)

Mailing Address 12176 CHANCERY STATION CIRCLE

City RESTON State VA Zip Code 20190

FEC ID number of contributing federal political committee. **C** C00404392

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
 09 / 30 / 2014

Transaction ID : SA11C.6396

Amount of Each Receipt this Period
2000.00

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Council of Insurance Agents & Brokers

Mailing Address 701 Pennsylvania Ave NW
Ste 750

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 18 / 2014

Transaction ID : SA11C.5523

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
CULAC THE PAC OF CREDIT UNION NATIONAL ASSOCIATION

Mailing Address 601 PENNSYLVANIA AVENUE, NW
SOUTH BUILDING, SUITE 600

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00007880

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 15 / 2014

Transaction ID : SA11C.5566

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
DELOITTE POLITICAL ACTION COMMITTEE

Mailing Address P.O. BOX 365

City WASHINGTON State DC Zip Code 20044

FEC ID number of contributing federal political committee. **C** C00211318

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 23 / 2014

Transaction ID : SA11C.6213

Amount of Each Receipt this Period
2000.00

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

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

12000.00

**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 103 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
DOUG LAMALFA COMMITTEE

Mailing Address 2150 RIVER PLAZA DR., #150

City State Zip Code
SACRAMENTO CA 95833

FEC ID number of contributing federal political committee. **C** C00509422

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 12 / 2014

Transaction ID : SA11C.5560

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
Election Fund of Doug Cabana

Mailing Address 104 Elcock Ave

City State Zip Code
Boonton NJ 07005

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
80.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11C.6357

Amount of Each Receipt this Period
80.00

C. Full Name (Last, First, Middle Initial)
Election Fund of Ed Rochford

Mailing Address PO Box 108

City State Zip Code
Convent Station NJ 07961

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
80.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 19 / 2014

Transaction ID : SA11C.6077

Amount of Each Receipt this Period
80.00

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

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

2160.00

**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 104 OF 222
<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
ERNST & YOUNG POLITICAL ACTION COMMITTEE

Mailing Address 1101 NEW YORK AVENUE, NW

City	State	Zip Code
WASHINGTON	DC	20005

FEC ID number of contributing federal political committee. **C** C00227744

Name of Employer	Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		30		2014

Transaction ID : SA11C.6523

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
Evesham Young Republicans

Mailing Address PO Box 1213

City	State	Zip Code
Marlton	NJ	08053

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

Name of Employer	Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		26		2014

Transaction ID : SA11C.6260

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
EXELON CORPORATION POLITICAL ACTION COMMITTEE (EXELON PAC)

Mailing Address 101 CONSTITUTION AVENUE NW
SUITE 400 EAST

City	State	Zip Code
WASHINGTON	DC	20001

FEC ID number of contributing federal political committee. **C** C00141218

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
08		15		2014

Transaction ID : SA11C.5568

Amount of Each Receipt this Period
1000.00

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

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

6500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
FRIENDS OF JIM SAXTON

Mailing Address **PO BOX 795**

City **MOUNT HOLLY** State **NJ** Zip Code **08060**

FEC ID number of contributing federal political committee. **C C00197699**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y
08 / 12 / 2014

Transaction ID : SA11C.5557

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
FRIENDS OF JIM SAXTON

Mailing Address **PO BOX 795**

City **MOUNT HOLLY** State **NJ** Zip Code **08060**

FEC ID number of contributing federal political committee. **C C00197699**

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
08 / 28 / 2014

Transaction ID : SA11C.5668

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Friends of Lyon for Freeholder

Mailing Address **PO Box 193**

City **Towaco** State **NJ** Zip Code **07082**

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 19 / 2014

Transaction ID : SA11C.6202

Amount of Each Receipt this Period
1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 222
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
FRIENDS OF SAM JOHNSON

Mailing Address P.O. BOX 860096

City PLANO State TX Zip Code 75086

FEC ID number of contributing federal political committee. **C** C00250720

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 16 / 2014

Transaction ID : SA11C.5519

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
GENERAL DYNAMICS CORPORATION POLITICAL ACTION COMMITTEE (GDC PAC)

Mailing Address 2941 FAIRVIEW PARK DR.
SUITE 100

City FALLS CHURCH State VA Zip Code 22042

FEC ID number of contributing federal political committee. **C** C00078451

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 05 / 2014

Transaction ID : SA11C.5527

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
GOP GENERATION Y FUND

Mailing Address PO BOX 9055

City PEORIA State IL Zip Code 61612

FEC ID number of contributing federal political committee. **C** C00448191

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11C.6436

Amount of Each Receipt this Period
 5000.00

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

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

7000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
GREATER TOMORROW POLITICAL ACTION COMMITTEE

Mailing Address 600 PENNSYLVANIA AVENUE SE STE 330

City State Zip Code
WASHINGTON DC 20003

FEC ID number of contributing federal political committee. **C** C00526715

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
 08 / 12 / 2014

Transaction ID : SA11C.5554

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Hainesport Republican Club

Mailing Address PO Box 1

City State Zip Code
Hainesport NJ 08036

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 28 / 2014

Transaction ID : SA11C.5647

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
HUDSON FOR CONGRESS

Mailing Address PO BOX 5053

City State Zip Code
CONCORD NC 28027

FEC ID number of contributing federal political committee. **C** C00504522

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
 07 / 16 / 2014

Transaction ID : SA11C.5505

Amount of Each Receipt this Period
1000.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
HUMANE SOCIETY LEGISLATIVE FUND

Mailing Address 519 C STREET NE

City State Zip Code
WASHINGTON DC 20002

FEC ID number of contributing federal political committee. **C C90009358**

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
 09 / 30 / 2014

Transaction ID : SA11C.6381

Amount of Each Receipt this Period
1000.00

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

Mailing Address 100 LUNA PARK DRIVE
STE. 156

City State Zip Code
ALEXANDRIA VA 22305

FEC ID number of contributing federal political committee. **C C00525238**

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
 09 / 19 / 2014

Transaction ID : SA11C.6204

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
JOHN S FUND

Mailing Address PO BOX 853

City State Zip Code
EDWARDSVILLE IL 62025

FEC ID number of contributing federal political committee. **C C00390831**

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
 09 / 26 / 2014

Transaction ID : SA11C.6311

Amount of Each Receipt this Period
1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
LUKE MESSER FOR CONGRESS

Mailing Address P.O. BOX 917

City State Zip Code
SHELBYVILLE IN 46176

FEC ID number of contributing federal political committee. **C** C00460667

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11C.5529

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mt Laurel Republican County Committee

Mailing Address 1200 S Church St Ste 13

City State Zip Code
Mt Laurel NJ 08054

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 19 / 2014

Transaction ID : SA11C.6038

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Nancy Munoz for Assembly

Mailing Address 121 Oak Ridge Ave

City State Zip Code
Summit NJ 07901

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
80.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 19 / 2014

Transaction ID : SA11C.6040

Amount of Each Receipt this Period
80.00

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

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

1580.00

**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 110 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION PAC

Mailing Address 1325 MASSACHUSETTS AVE., NW

City WASHINGTON State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11C.6388

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
NFIB SAFE TRUST

Mailing Address 1201 F St NW Ste 200

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00101105**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
833.06

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11C.6390

Amount of Each Receipt this Period
833.06

C. Full Name (Last, First, Middle Initial)
NFIB SAFE TRUST

Mailing Address 1201 F St NW Ste 200

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00101105**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1347.06

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11C.6929

Amount of Each Receipt this Period
514.00

In-kind - Fundraiser

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

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

3847.06

**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 111 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
PAC of Cherry Hill

Mailing Address **PO Box 8442**

City **Cherry Hill** State **NJ** Zip Code **08002**

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

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 28 / 2014

Transaction ID : SA11C.5666

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
PANCAKE POLITICAL ACTION COMMITTEE

Mailing Address **1340 HAMLET AVENUE**

City **CLEARWATER** State **FL** Zip Code **33756**

FEC ID number of contributing federal political committee. **C C00482463**

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 26 / 2014

Transaction ID : SA11C.6252

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
PAT MEEHAN FOR CONGRESS

Mailing Address **50 S. PROVIDENCE ROAD**

City **MEDIA** State **PA** Zip Code **19063**

FEC ID number of contributing federal political committee. **C C00466870**

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11C.6349

Amount of Each Receipt this Period

2000.00

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) Positive Direction for Toms River		Date of Receipt M M / D D / Y Y Y Y 08 / 28 / 2014	
Mailing Address 230 Main St		Transaction ID : SA11C.5658	
City Toms River	State NJ	Zip Code 08753	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00	
Name of Employer	Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 200.00		

Full Name (Last, First, Middle Initial) Positive Direction for Toms River		Date of Receipt M M / D D / Y Y Y Y 08 / 29 / 2014	
Mailing Address 230 Main St		Transaction ID : SA11C.5844	
City Toms River	State NJ	Zip Code 08753	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 800.00	
Name of Employer	Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address P.O. BOX 425		Transaction ID : SA11C.6420	
City ROSWELL	State GA	Zip Code 30077	
FEC ID number of contributing federal political committee. C C00386755		Amount of Each Receipt this Period 2000.00	
Name of Employer	Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
PROSPERITY ACTION INC.

Mailing Address 1006 PENDLETON STREET

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00377689

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 16 / 2014

Transaction ID : SA11C.5508

Amount of Each Receipt this Period
5000.00

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

Mailing Address 430 N Michigan Ave

City State Zip Code
Chicago IL 60611

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 15 / 2014

Transaction ID : SA11C.5564

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
RECREATIONAL FISHING ALLIANCE PAC

Mailing Address PO BOX 171 RT 9
5738 ROUTE 9

City State Zip Code
NEW GREYNA NJ 08224

FEC ID number of contributing federal political committee. **C** C00363812

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1340.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11C.6934

Amount of Each Receipt this Period
1340.00

In-kind - Fundraiser

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

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

11340.00

**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 114 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Regular Republican Organization

Mailing Address 17 1st Ln

City Seaside Park State NJ Zip Code 08752

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2014

Transaction ID : SA11C.5653

Amount of Each Receipt this Period
 75.00

B. Full Name (Last, First, Middle Initial)
Regular Republican Organization of Mantoloking

Mailing Address 991 Barnegat Ln

City Matoloking State NJ Zip Code 08738

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11C.6438

Amount of Each Receipt this Period
 300.00

C. Full Name (Last, First, Middle Initial)
Regular Republican Organization of Ocean Twp

Mailing Address 17 Sea Girt Ln

City Waretown State NJ Zip Code 08758

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 15 / 2014

Transaction ID : SA11C.5570

Amount of Each Receipt this Period
 250.00

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

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

625.00

**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 115 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Republican Club of Mansfield Twp

Mailing Address 16 Sylvan View Dr

City Columbus State NJ Zip Code 08022

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 29 / 2014

Transaction ID : SA11C.5803

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
REPUBLICAN MAINSTREET PARTNERSHIP PAC

Mailing Address C/O G&W 2201 WISCONSIN AVE., NW
SUITE 320

City WASHINGTON State DC Zip Code 20007

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 04 / 2014

Transaction ID : SA11C.5525

Amount of Each Receipt this Period
5000.00

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

Mailing Address PO Box 3080

City New Gretna State NJ Zip Code 08224

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 16 / 2014

Transaction ID : SA11C.5503

Amount of Each Receipt this Period
1000.00

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

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

6500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
RFA PAC

Mailing Address **PO Box 3080**

City **New Gretna** State **NJ** Zip Code **08224**

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 19 / 2014

Transaction ID : SA11C.6064

Amount of Each Receipt this Period
500.00

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

Mailing Address **610 S Boulevard**

City **Tampa** State **FL** Zip Code **33606**

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11C.6383

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
SCALISE FOR CONGRESS

Mailing Address **PO BOX 23219**

City **JEFFERSON** State **LA** Zip Code **70183**

FEC ID number of contributing federal political committee. **C C00394957**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11C.6378

Amount of Each Receipt this Period
2000.00

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

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

7500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Senator Kyrillos Committee

Mailing Address **PO Box 225**

City **Colonia** State **NJ** Zip Code **07067**

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

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
 M M / D D / Y Y Y Y
08 / 28 / 2014

Transaction ID : SA11C.5645

Amount of Each Receipt this Period

800.00

B. Full Name (Last, First, Middle Initial)
SHEET METAL WORKER'S INTERNATIONAL ASSOCIATION POLITICAL ACTION LEAGUE PAL

Mailing Address **1750 NEW YORK AVE NW**

City **WASHINGTON** State **DC** Zip Code **20006**

FEC ID number of contributing federal political committee. **C C70001136**

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
 M M / D D / Y Y Y Y
09 / 05 / 2014

Transaction ID : SA11C.5903

Amount of Each Receipt this Period

1000.00

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

Mailing Address **12 Hidden Acres Dr**

City **Tabernacle** State **NJ** Zip Code **08088**

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

Name of Employer **County of Burlington** Occupation **PT**

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
 M M / D D / Y Y Y Y
08 / 22 / 2014

Transaction ID : SA11C.5612

Amount of Each Receipt this Period

50.00

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

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

1850.00

**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 118 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
SMAC PAC

Mailing Address **PO Box 2212300**

City **Chantilly** State **VA** Zip Code **20153**

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

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 26 / 2014

Transaction ID : SA11C.6254

Amount of Each Receipt this Period

3500.00

B. Full Name (Last, First, Middle Initial)
SPEAK UP AMERICA POLITICAL ACTION COMMITTEE

Mailing Address **PO BOX 2485**

City **SPRINGFIELD** State **VA** Zip Code **22152**

FEC ID number of contributing federal political committee. **C C00376756**

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11C.6525

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Stafford Township Republican Club

Mailing Address **PO Box 129**

City **Manahawkin** State **NJ** Zip Code **08050**

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

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 29 / 2014

Transaction ID : SA11C.5822

Amount of Each Receipt this Period

1000.00

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

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

5500.00

**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 119 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. STAND TALL AMERICA PAC (STAPAC)		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address PO BOX 2382		Transaction ID : SA11C.6385
City State Zip Code AMARILLO TX 79105	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00404418	Name of Employer Occupation	Amount of Each Receipt this Period 1000.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) B. SUPPORTING CONSERVATIVES OF TODAY AND TOMORROW (SCOTT PAC)		Date of Receipt M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address PO BOX 905		Transaction ID : SA11C.6218
City State Zip Code NEWTON NJ 07860	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C C00453324	Name of Employer Occupation	Amount of Each Receipt this Period 2500.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) C. TACO POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 6405 METCALF AVENUE, SUITE 503		Transaction ID : SA11C.6392
City State Zip Code SHAWNEE MISSION KS 66202	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00330118	Name of Employer Occupation	Amount of Each Receipt this Period 1000.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	4500.00
TOTAL This Period (last page this line number only).....	4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
THE BOEING COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1200 WILSON BLVD

City ARLINGTON State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00142711

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11C.6394

Amount of Each Receipt this Period
 5000.00

B. Full Name (Last, First, Middle Initial)
VOLUNTEERS FOR SHIMKUS

Mailing Address PO BOX 661

City COLLINSVILLE State IL Zip Code 62234

FEC ID number of contributing federal political committee. **C** C00258855

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 699.09

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11C.6931

Amount of Each Receipt this Period
 699.09

In-kind - Travel

C. Full Name (Last, First, Middle Initial)
WAKEFERN FOOD CORP. POLITICAL ACTION COMMITTEE

Mailing Address 33 NORTHFIELD AVENUE

City EDISON State NJ Zip Code 08818

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 05 / 2014

Transaction ID : SA11C.5866

Amount of Each Receipt this Period
 1000.00

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

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

6699.09

**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 121 OF 222
	<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)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
WHOLESALE-DISTRIBUTOR PAC OF THE NATIONAL ASSOCIATION OF WHOLESALE-DISTRIBUTORS

Mailing Address 1325 G STREET, N.W. SUITE 1000

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00109306

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014

Transaction ID : SA11C.6250

Amount of Each Receipt this Period
 1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

1000.00

117047.90

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 222
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Young Guns Day II 2014

Mailing Address 228 S Washington St
Ste 115

City Alexandria State VA Zip Code 22314

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4451.79

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 16 / 2014

Transaction ID : SA12.6432

Amount of Each Receipt this Period
4451.79

Transfer of Joint Fundraising Proceeds

B. Full Name (Last, First, Middle Initial)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C C00075820**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 16 / 2014

Transaction ID : SA12.6432.0

Amount of Each Receipt this Period
5000.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Young Guns Day II 2014

Mailing Address 228 S Washington St
Ste 115

City Alexandria State VA Zip Code 22314

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
9548.71

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA12.6428

Amount of Each Receipt this Period
5096.92

Transfer of Joint Fundraising Proceeds

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

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

9548.71

**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 123 OF 222
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) ANN PAC		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2014
Mailing Address P.O. BOX 3535		Transaction ID : SA12.6428.0
City BALLWIN	State MO	Zip Code 63022
FEC ID number of contributing federal political committee. C C00531764	Amount of Each Receipt this Period 181.82	
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 181.82	
		[MEMO ITEM]

Full Name (Last, First, Middle Initial) JOBS, ECONOMY AND BUDGET FUND (JEB FUND)		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2014
Mailing Address PO BOX 30844		Transaction ID : SA12.6428.1
City BETHESDA	State MD	Zip Code 20824
FEC ID number of contributing federal political committee. C C00420695	Amount of Each Receipt this Period 5000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	
		[MEMO ITEM]

Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	9548.71

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 124 OF 222	
<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TOM MACARTHUR FOR CONGRESS INC.

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

Mailing Address **77 EAST WATER STREET #24**

City **TOMS RIVER** State **NJ** Zip Code **08753**

FEC ID number of contributing federal political committee. **C H4NJ03130**

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		09		2014

Transaction ID : SA13A.6528

Amount of Each Receipt this Period
1000000.00

Candidate Loan

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

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

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

1000000.00

1000000.00

**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 125 OF 222	
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. American Express		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address PO Box 1270		Amount of Each Disbursement this Period 10702.62 Transaction ID : SB17.6553
City Newark	State NJ Zip Code 07101	
Purpose of Disbursement Credit Card	Candidate Name	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. Avis Rent a Car		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address		Amount of Each Disbursement this Period 355.65 Transaction ID : SB17.6553.0 [MEMO ITEM]
City Garden City	State NY Zip Code 11530	
Purpose of Disbursement Candidate Travel	Candidate Name	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. NWL Lodging		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 1001 LaFayette Dr		Amount of Each Disbursement this Period 754.99 Transaction ID : SB17.6553.1 [MEMO ITEM]
City Parmington	State PA Zip Code 15437	
Purpose of Disbursement Candidate Travel	Candidate Name	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).....	10702.62
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 126 OF 222	
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. United Airlines		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 1200 E Algonquin Rd		Amount of Each Disbursement this Period 747.00
City Arlington Heights	State IL	
Zip Code 60005	Purpose of Disbursement Candidate Travel	Transaction ID : SB17.6553.3
Candidate Name	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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. United Airlines		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 1200 E Algonquin Rd		Amount of Each Disbursement this Period 747.00
City Arlington Heights	State IL	
Zip Code 60005	Purpose of Disbursement Candidate Travel	Transaction ID : SB17.6553.4
Candidate Name	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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Hyatt Regency		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 400 New Jersey Ave NW		Amount of Each Disbursement this Period 472.41
City Washington	State DC	
Zip Code 20001	Purpose of Disbursement Candidate Travel	Transaction ID : SB17.6553.5
Candidate Name	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)	[MEMO ITEM]
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 127 OF 222	
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Hyatt Regency		Date of Disbursement MM / DD / YYYY 07 / 29 / 2014
Mailing Address 400 New Jersey Ave NW		Amount of Each Disbursement this Period 582.74
City Washington	State DC Zip Code 20001	
Purpose of Disbursement Candidate Travel	Candidate Name	Transaction ID : SB17.6553.6
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Hyatt Regency		Date of Disbursement MM / DD / YYYY 07 / 29 / 2014
Mailing Address 400 New Jersey Ave NW		Amount of Each Disbursement this Period 87.60
City Washington	State DC Zip Code 20001	
Purpose of Disbursement Candidate Travel	Candidate Name	Transaction ID : SB17.6553.9
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) c. Hyatt Regency		Date of Disbursement MM / DD / YYYY 07 / 29 / 2014
Mailing Address 400 New Jersey Ave NW		Amount of Each Disbursement this Period 1097.02
City Washington	State DC Zip Code 20001	
Purpose of Disbursement Candidate Travel	Candidate Name	Transaction ID : SB17.6553.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

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 128 OF 222			
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Hyatt Regency		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 400 New Jersey Ave NW		Amount of Each Disbursement this Period 1152.60
City Washington	State DC	
Zip Code 20001	Purpose of Disbursement Candidate Travel	Transaction ID : SB17.6553.11
Candidate Name	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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Amtrak		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 60 Massachusetts Ave NE		Amount of Each Disbursement this Period 1094.00
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement Candidate Travel	Transaction ID : SB17.6553.16
Candidate Name	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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. Amtrak		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 60 Massachusetts Ave NE		Amount of Each Disbursement this Period 450.00
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement Candidate Travel	Transaction ID : SB17.6553.19
Candidate Name	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)	[MEMO ITEM]
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 129 OF 222	
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. US Postmaster		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 680 US Hwy 130		Amount of Each Disbursement this Period 19.60
City Trenton	State NJ	
Zip Code 08650	Purpose of Disbursement Postage	Transaction ID : SB17.6553.20
Candidate Name	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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. VoterTrove		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 3180 18th St #100		Amount of Each Disbursement this Period 850.00
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Research	Transaction ID : SB17.6553.23
Candidate Name	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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. US Postmaster		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 680 US Hwy 130		Amount of Each Disbursement this Period 6.29
City Trenton	State NJ	
Zip Code 08650	Purpose of Disbursement Postage	Transaction ID : SB17.6553.25
Candidate Name	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)	[MEMO ITEM]
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 130 OF 222	
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Hyatt Regency		Date of Disbursement MM / DD / YYYY 07 / 29 / 2014
Mailing Address 400 New Jersey Ave NW		Amount of Each Disbursement this Period 45.40
City Washington	State DC	
Zip Code 20001	Purpose of Disbursement Travel	Transaction ID : SB17.6553.30
Candidate Name	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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement MM / DD / YYYY 07 / 29 / 2014
Mailing Address 2 Route 37 W		Amount of Each Disbursement this Period 118.74
City Toms River	State NJ	
Zip Code 08753	Purpose of Disbursement Office Supplies	Transaction ID : SB17.6553.35
Candidate Name	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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Shoprite		Date of Disbursement MM / DD / YYYY 07 / 29 / 2014
Mailing Address 445 Atlantic City Blvd		Amount of Each Disbursement this Period 62.59
City Bayville	State NJ	
Zip Code 08721	Purpose of Disbursement Office Supplies	Transaction ID : SB17.6553.36
Candidate Name	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)	[MEMO ITEM]
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 131 OF 222	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Tony's Pizza		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 340 Atlantic City Blvd		Amount of Each Disbursement this Period 35.00
City Bayville	State NJ Zip Code 08721	
Purpose of Disbursement Volunteer Cost	Candidate Name	Transaction ID : SB17.6553.37
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. US Postmaster		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 680 US Hwy 130		Amount of Each Disbursement this Period 980.00
City Trenton	State NJ Zip Code 08650	
Purpose of Disbursement Postage	Candidate Name	Transaction ID : SB17.6553.38
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) c. US Postmaster		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 680 US Hwy 130		Amount of Each Disbursement this Period 5.60
City Trenton	State NJ Zip Code 08650	
Purpose of Disbursement Postage	Candidate Name	Transaction ID : SB17.6553.39
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

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 132 OF 222	
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Tony's Pizza			Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 340 Atlantic City Blvd			Amount of Each Disbursement this Period 35.75
City Bayville	State NJ	Zip Code 08721	
Purpose of Disbursement Volunteer Cost		Candidate Name	Transaction ID : SB17.6553.41
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:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. US Postmaster			Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 680 US Hwy 130			Amount of Each Disbursement this Period 5.60
City Trenton	State NJ	Zip Code 08650	
Purpose of Disbursement Postage		Candidate Name	Transaction ID : SB17.6553.42
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:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) c. Hyatt Regency			Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 400 New Jersey Ave NW			Amount of Each Disbursement this Period 467.41
City Washington	State DC	Zip Code 20001	
Purpose of Disbursement Travel		Candidate Name	Transaction ID : SB17.6553.43
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:	[MEMO ITEM]

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 133 OF 222	
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. American Express		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address PO Box 1270		Amount of Each Disbursement this Period 2802.68
City Newark	State NJ Zip Code 07101	
Purpose of Disbursement Credit Card	Candidate Name	Transaction ID : SB17.6671
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Comcast		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address PO Box 69		Amount of Each Disbursement this Period 104.60
City Newark	State NJ Zip Code 07101	
Purpose of Disbursement Utilities	Candidate Name	Transaction ID : SB17.6671.0 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. Baker's Water Street Bar		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 4 Robbins Pkwy		Amount of Each Disbursement this Period 110.15
City Toms River	State NJ Zip Code 08753	
Purpose of Disbursement Food/Beverage	Candidate Name	Transaction ID : SB17.6671.2 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	2802.68
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 134 OF 222			
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Angles Cafe Grill		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 2373 Route 9		Amount of Each Disbursement this Period 500.00
City Toms River	State NJ	
Zip Code 08755	Purpose of Disbursement Food/Beverage	Transaction ID : SB17.6671.3
Candidate Name	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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Mastoris Diner		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 144 US Hwy 130		Amount of Each Disbursement this Period 269.38
City Bordentown	State NJ	
Zip Code 08505	Purpose of Disbursement Food/Beverage	Transaction ID : SB17.6671.4
Candidate Name	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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. US Postmaster		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 680 US Hwy 130		Amount of Each Disbursement this Period 3.43
City Trenton	State NJ	
Zip Code 08650	Purpose of Disbursement Postage	Transaction ID : SB17.6671.10
Candidate Name	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)	[MEMO ITEM]
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 135 OF 222	
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. VoterTrove		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 3180 18th St #100		Amount of Each Disbursement this Period 850.00
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Research	Candidate Name	Transaction ID : SB17.6671.11
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:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. WaWa		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 1180 Hwy 70		Amount of Each Disbursement this Period 13.75
City Whiting	State NJ Zip Code 08759	
Purpose of Disbursement Food/Beverage	Candidate Name	Transaction ID : SB17.6671.13
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:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) c. Tony's Pizza		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 340 Atlantic City Blvd		Amount of Each Disbursement this Period 235.98
City Bayville	State NJ Zip Code 08721	
Purpose of Disbursement Volunteer Cost	Candidate Name	Transaction ID : SB17.6671.15
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:	[MEMO ITEM]

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 136 OF 222	
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Tony's Pizza		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 340 Atlantic City Blvd		Amount of Each Disbursement this Period 19.21
City Bayville	State NJ Zip Code 08721	
Purpose of Disbursement Volunteer Cost	Candidate Name	Transaction ID : SB17.6671.16
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 2 Route 37 W		Amount of Each Disbursement this Period 60.98
City Toms River	State NJ Zip Code 08753	
Purpose of Disbursement Office Supplies	Candidate Name	Transaction ID : SB17.6671.18
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Microsoft		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 1 Microsoft Way		Amount of Each Disbursement this Period 117.69
City Redmond	State WA Zip Code 98052	
Purpose of Disbursement Equipment	Candidate Name	Transaction ID : SB17.6671.23
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

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 137 OF 222			
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Tony's Pizza			Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014		
Mailing Address 340 Atlantic City Blvd			Amount of Each Disbursement this Period 13.72		
City Bayville	State NJ	Zip Code 08721	Transaction ID : SB17.6671.24		
Purpose of Disbursement Volunteer Cost		Candidate Name	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:		[MEMO ITEM]			

Full Name (Last, First, Middle Initial) B. Tony's Pizza			Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014		
Mailing Address 340 Atlantic City Blvd			Amount of Each Disbursement this Period 21.80		
City Bayville	State NJ	Zip Code 08721	Transaction ID : SB17.6671.25		
Purpose of Disbursement Volunteer Cost		Candidate Name	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:		[MEMO ITEM]			

Full Name (Last, First, Middle Initial) c. American Express			Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014		
Mailing Address PO Box 1270			Amount of Each Disbursement this Period 13585.12		
City Newark	State NJ	Zip Code 07101	Transaction ID : SB17.6755		
Purpose of Disbursement Credit Card		Candidate Name	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).....	13585.12
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 138 OF 222	
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Comcast		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address PO Box 69		Amount of Each Disbursement this Period 457.54
City Newark	State NJ	
Zip Code 07101	Purpose of Disbursement Utilities	Transaction ID : SB17.6755.0
Candidate Name	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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Baker's Water Street Bar		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 4 Robbins Pkwy		Amount of Each Disbursement this Period 200.78
City Toms River	State NJ	
Zip Code 08753	Purpose of Disbursement Food/Beverage	Transaction ID : SB17.6755.1
Candidate Name	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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Amtrak		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 60 Massachusetts Ave NE		Amount of Each Disbursement this Period 1236.00
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement Candidate Travel	Transaction ID : SB17.6755.3
Candidate Name	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)	[MEMO ITEM]
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 139 OF 222	
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Angles Cafe Grill		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 2373 Route 9		Amount of Each Disbursement this Period 2166.55
City Toms River	State NJ	
Zip Code 08755	Purpose of Disbursement Food/Beverage	Transaction ID : SB17.6755.5
Candidate Name	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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Ramblewood Country Club		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 200 Country Club Pkwy		Amount of Each Disbursement this Period 511.70
City Mt Laurel	State NJ	
Zip Code 08054	Purpose of Disbursement	Transaction ID : SB17.6755.6
Candidate Name	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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. AT&T		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 255 Route 37 E		Amount of Each Disbursement this Period 127.10
City Toms River	State NJ	
Zip Code 08753	Purpose of Disbursement Telecommunications	Transaction ID : SB17.6755.8
Candidate Name	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)	[MEMO ITEM]
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 140 OF 222	
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. VoterTrove		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 3180 18th St #100		Amount of Each Disbursement this Period 850.00
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Research	Candidate Name	Transaction ID : SB17.6755.9
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:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 2 Route 37 W		Amount of Each Disbursement this Period 140.63
City Toms River	State NJ Zip Code 08753	
Purpose of Disbursement Office Supplies	Candidate Name	Transaction ID : SB17.6755.11
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:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) c. Tony's Pizza		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 340 Atlantic City Blvd		Amount of Each Disbursement this Period 17.33
City Bayville	State NJ Zip Code 08721	
Purpose of Disbursement Volunteer Cost	Candidate Name	Transaction ID : SB17.6755.12
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:	[MEMO ITEM]

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 141 OF 222	
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. US Postmaster		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 680 US Hwy 130		Amount of Each Disbursement this Period 6.49
City Trenton	State NJ	
Zip Code 08650	Purpose of Disbursement Postage	Transaction ID : SB17.6755.13
Candidate Name	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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Amtrak		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 60 Massachusetts Ave NE		Amount of Each Disbursement this Period 1084.00
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement Candidate Travel	Transaction ID : SB17.6755.14
Candidate Name	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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Tony's Pizza		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 340 Atlantic City Blvd		Amount of Each Disbursement this Period 23.43
City Bayville	State NJ	
Zip Code 08721	Purpose of Disbursement Volunteer Cost	Transaction ID : SB17.6755.16
Candidate Name	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)	[MEMO ITEM]
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 142 OF 222	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. US Postmaster		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 680 US Hwy 130		Amount of Each Disbursement this Period 245.00
City Trenton	State NJ	
Zip Code 08650	Purpose of Disbursement Postage	Transaction ID : SB17.6755.17
Candidate Name	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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 2 Route 37 W		Amount of Each Disbursement this Period 67.19
City Toms River	State NJ	
Zip Code 08753	Purpose of Disbursement Office Supplies	Transaction ID : SB17.6755.18
Candidate Name	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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Shoprite		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 445 Atlantic City Blvd		Amount of Each Disbursement this Period 73.25
City Bayville	State NJ	
Zip Code 08721	Purpose of Disbursement Office Supplies	Transaction ID : SB17.6755.19
Candidate Name	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)	[MEMO ITEM]
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 143 OF 222	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Wenzel Strategies		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 4223 Elmway Dr		Amount of Each Disbursement this Period 4496.42
City Toledo	State OH Zip Code 43614	
Purpose of Disbursement Auto Calls	Candidate Name	Transaction ID : SB17.6755.20
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 2 Route 37 W		Amount of Each Disbursement this Period 761.11
City Toms River	State NJ Zip Code 08753	
Purpose of Disbursement Office Supplies	Candidate Name	Transaction ID : SB17.6755.21
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) c. Shoprite		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 445 Atlantic City Blvd		Amount of Each Disbursement this Period 40.88
City Bayville	State NJ Zip Code 08721	
Purpose of Disbursement Office Supplies	Candidate Name	Transaction ID : SB17.6755.22
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

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 144 OF 222	
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. US Postmaster		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 680 US Hwy 130		Amount of Each Disbursement this Period 49.00
City Trenton	State NJ	
Zip Code 08650	Purpose of Disbursement Postage	Transaction ID : SB17.6755.23
Candidate Name	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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Tony's Pizza		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 340 Atlantic City Blvd		Amount of Each Disbursement this Period 35.15
City Bayville	State NJ	
Zip Code 08721	Purpose of Disbursement Volunteer Cost	Transaction ID : SB17.6755.24
Candidate Name	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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. New Golden Dawn Diner		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 90 Nassau St		Amount of Each Disbursement this Period 600.00
City Princeton	State NJ	
Zip Code 08542	Purpose of Disbursement Food/Beverage	Transaction ID : SB17.6755.25
Candidate Name	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)	[MEMO ITEM]
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 145 OF 222	
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Tony's Pizza		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 340 Atlantic City Blvd		Amount of Each Disbursement this Period 3600.00 Transaction ID : SB17.6755.27
City Bayville State NJ Zip Code 08721	Purpose of Disbursement Volunteer Cost	
Candidate Name	Category/Type	[MEMO ITEM]
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 The Hop Bus Stop LLC		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2014
Mailing Address 162 Wells Mills Rd		Amount of Each Disbursement this Period 600.00 Transaction ID : SB17.6742
City Waretown State NJ Zip Code 08758	Purpose of Disbursement Event Cost	
Candidate Name	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. Baseline Research		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 11 Stoney Hill Rd		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.6567
City New Hope State PA Zip Code 18938	Purpose of Disbursement Research	
Candidate Name	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).....	3600.00
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 146 OF 222			
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Baseline Research			Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2014	
Mailing Address 11 Stoney Hill Rd			Amount of Each Disbursement this Period 3000.00	
City New Hope	State PA	Zip Code 18938	Transaction ID : SB17.6743	
Purpose of Disbursement Research		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) B. Thomas Bonfonti			Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2014	
Mailing Address 31 Barbara Ct			Amount of Each Disbursement this Period 1935.39	
City Waretown	State NJ	Zip Code 08758	Transaction ID : SB17.5671	
Purpose of Disbursement Payroll		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. Thomas Bonfonti			Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014	
Mailing Address 31 Barbara Ct			Amount of Each Disbursement this Period 139.22	
City Waretown	State NJ	Zip Code 08758	Transaction ID : SB17.5714	
Purpose of Disbursement Travel		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:				

SUBTOTAL of Disbursements This Page (optional).....	5074.61
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 147 OF 222	
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Thomas Bonfonti		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014
Mailing Address 31 Barbara Ct		Amount of Each Disbursement this Period 1935.40 Transaction ID : SB17.6575
City Waretown	State NJ	
Zip Code 08758	Purpose of Disbursement Payroll	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) B. Thomas Bonfonti		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2014
Mailing Address 31 Barbara Ct		Amount of Each Disbursement this Period 112.81 Transaction ID : SB17.6660
City Waretown	State NJ	
Zip Code 08758	Purpose of Disbursement Office Expense	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 08 / 27 / 2014
Mailing Address 2 Route 37 W		Amount of Each Disbursement this Period 112.81 Transaction ID : SB17.6660.0 [MEMO ITEM]
City Toms River	State NJ	
Zip Code 08753	Purpose of Disbursement Office Supplies	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:	

SUBTOTAL of Disbursements This Page (optional).....	2048.21
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 148 OF 222	
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Thomas Bonfonti		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address 31 Barbara Ct		Amount of Each Disbursement this Period 1935.39 Transaction ID : SB17.6684
City Waretown	State NJ	
Zip Code 08758	Purpose of Disbursement Payroll	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) B. Bridge Majority LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address 2 W Windsor Ave		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.5685
City Alexandria	State VA	
Zip Code 22301	Purpose of Disbursement Fundraising	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. Bridge Majority LLC		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address 2 W Windsor Ave		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.6707
City Alexandria	State VA	
Zip Code 22301	Purpose of Disbursement Fundraising	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:	

SUBTOTAL of Disbursements This Page (optional).....	7935.39
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 149 OF 222	
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Bridge Majority LLC		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 2 W Windsor Ave		Amount of Each Disbursement this Period 4500.00 Transaction ID : SB17.6750
City Alexandria	State VA	
Zip Code 22301	Purpose of Disbursement Fundraising	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) B. Brittany Brinkman		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2014
Mailing Address 1 Windsor Ct		Amount of Each Disbursement this Period 815.39 Transaction ID : SB17.5672
City Jackson	State NJ	
Zip Code 08527	Purpose of Disbursement Payroll	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. Brittany Brinkman		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014
Mailing Address 1 Windsor Ct		Amount of Each Disbursement this Period 815.39 Transaction ID : SB17.6576
City Jackson	State NJ	
Zip Code 08527	Purpose of Disbursement Payroll	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:	

SUBTOTAL of Disbursements This Page (optional).....	6130.78
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 150 OF 222	
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Brittany Brinkman		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address 1 Windsor Ct		Amount of Each Disbursement this Period 815.39 Transaction ID : SB17.6685
City Jackson	State NJ	
Zip Code 08527	Purpose of Disbursement Payroll	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) B. Burlington County Republican Committee		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 223 High St		Amount of Each Disbursement this Period 16452.00 Transaction ID : SB17.6759
City Mt Holly	State NJ	
Zip Code 08060	Purpose of Disbursement Rent/Utilities	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. Burlington County Republican Committee		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 223 High St		Amount of Each Disbursement this Period 121.75 Transaction ID : SB17.6938
City Mt Holly	State NJ	
Zip Code 08060	Purpose of Disbursement In-kind - Direct Mail Services	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:	

SUBTOTAL of Disbursements This Page (optional).....	17389.14
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 151 OF 222		
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Capitol Copy Service		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014
Mailing Address 116 W State St		Amount of Each Disbursement this Period 1128.79
City Trenton	State NJ	
Zip Code 08608	Purpose of Disbursement Printing	Transaction ID : SB17.6556
Candidate Name	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. Capitol Copy Service		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2014
Mailing Address 116 W State St		Amount of Each Disbursement this Period 453.74
City Trenton	State NJ	
Zip Code 08608	Purpose of Disbursement Printing	Transaction ID : SB17.6610
Candidate Name	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. Capitol Copy Service		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2014
Mailing Address 116 W State St		Amount of Each Disbursement this Period 2320.11
City Trenton	State NJ	
Zip Code 08608	Purpose of Disbursement Printing	Transaction ID : SB17.6657
Candidate Name	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).....	3902.64
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 152 OF 222		
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Capitol Copy Service		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2014
Mailing Address 116 W State St		Amount of Each Disbursement this Period 465.88
City Trenton	State NJ	
Zip Code 08608	Purpose of Disbursement Printing	Transaction ID : SB17.6658
Candidate Name	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. Capitol Copy Service		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 116 W State St		Amount of Each Disbursement this Period 1874.18
City Trenton	State NJ	
Zip Code 08608	Purpose of Disbursement Printing	Transaction ID : SB17.6681
Candidate Name	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. Capitol Copy Service		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address 116 W State St		Amount of Each Disbursement this Period 658.61
City Trenton	State NJ	
Zip Code 08608	Purpose of Disbursement Printing	Transaction ID : SB17.6701
Candidate Name	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).....	2998.67
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 153 OF 222	
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Capitol Copy Service		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2014
Mailing Address 116 W State St		Amount of Each Disbursement this Period 42.93
City Trenton	State NJ	
Zip Code 08608	Purpose of Disbursement Printing	Transaction ID : SB17.6744
Candidate Name	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. Caplin & Drysdale Chartered		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2014
Mailing Address 1 Thomas Cir NW Ste 1100		Amount of Each Disbursement this Period 2470.00
City Washington	State DC	
Zip Code 20005	Purpose of Disbursement Legal Fees	Transaction ID : SB17.5707
Candidate Name	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. Caplin & Drysdale Chartered		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2014
Mailing Address 1 Thomas Cir NW Ste 1100		Amount of Each Disbursement this Period 9956.00
City Washington	State DC	
Zip Code 20005	Purpose of Disbursement Legal Fees	Transaction ID : SB17.6608
Candidate Name	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).....	12468.93
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 154 OF 222			
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Catch Digital Strategy			Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2014
Mailing Address PO Box 7833			Amount of Each Disbursement this Period 201.28 Transaction ID : SB17.5706
City Capistrano Beach	State CA	Zip Code 92624	
Purpose of Disbursement Website	Candidate Name		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. Catch Digital Strategy			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014
Mailing Address PO Box 7833			Amount of Each Disbursement this Period 1250.00 Transaction ID : SB17.6598
City Capistrano Beach	State CA	Zip Code 92624	
Purpose of Disbursement Website	Candidate Name		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. Maria Chappa			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 51 Eileen Dr			Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.6926
City Cedar Grove	State NJ	Zip Code 07009	
Purpose of Disbursement In-kind - Travel	Candidate Name		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).....	2451.28
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 155 OF 222			
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Chris Mottola Consulting Inc			Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014		
Mailing Address 1382 Lafayette St			Amount of Each Disbursement this Period 90054.99		
City Cape May	State NJ	Zip Code 08204	Transaction ID : SB17.6683		
Purpose of Disbursement Production		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) B. Chris Russell Consulting			Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014		
Mailing Address 1704 Maxwell Dr Ste 202			Amount of Each Disbursement this Period 3081.60		
City Wall	State NJ	Zip Code 07719	Transaction ID : SB17.5687		
Purpose of Disbursement Production		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. Chris Russell Consulting			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014		
Mailing Address 1704 Maxwell Dr Ste 202			Amount of Each Disbursement this Period 7500.00		
City Wall	State NJ	Zip Code 07719	Transaction ID : SB17.5704		
Purpose of Disbursement Political Strategy Consulting		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:					

SUBTOTAL of Disbursements This Page (optional).....	100636.59
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 156 OF 222			
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Chris Russell Consulting		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2014
Mailing Address 1704 Maxwell Dr Ste 202		Amount of Each Disbursement this Period 9489.11 Transaction ID : SB17.6548
City Wall State NJ Zip Code 07719	Purpose of Disbursement Production 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 Other (specify) State: District:	

Full Name (Last, First, Middle Initial) B. Chris Russell Consulting		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2014
Mailing Address 1704 Maxwell Dr Ste 202		Amount of Each Disbursement this Period 16560.39 Transaction ID : SB17.6570
City Wall State NJ Zip Code 07719	Purpose of Disbursement Production 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 Other (specify) State: District:	

Full Name (Last, First, Middle Initial) c. Chris Russell Consulting		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2014
Mailing Address 1704 Maxwell Dr Ste 202		Amount of Each Disbursement this Period 33664.34 Transaction ID : SB17.6653
City Wall State NJ Zip Code 07719	Purpose of Disbursement Production 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 Other (specify) State: District:	

SUBTOTAL of Disbursements This Page (optional).....	59713.84
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 157 OF 222	
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Chris Russell Consulting		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2014
Mailing Address 1704 Maxwell Dr Ste 202		Amount of Each Disbursement this Period 7500.00
City Wall State NJ Zip Code 07719	Category/Type	
Purpose of Disbursement Public Relations Consulting		Transaction ID : SB17.6666
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. Chris Russell Consulting		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2014
Mailing Address 1704 Maxwell Dr Ste 202		Amount of Each Disbursement this Period 53826.72
City Wall State NJ Zip Code 07719	Category/Type	
Purpose of Disbursement Production/PR Consulting		Transaction ID : SB17.6724
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. Chris Russell Consulting		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2014
Mailing Address 1704 Maxwell Dr Ste 202		Amount of Each Disbursement this Period 15442.24
City Wall State NJ Zip Code 07719	Category/Type	
Purpose of Disbursement Production		Transaction ID : SB17.6751
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).....	76768.96
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 OF 222			
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. First Fidelity Land LLC			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 6050 Kennedy Blvd E			Amount of Each Disbursement this Period 702.15 Transaction ID : SB17.5670
City West New York	State NJ	Zip Code 07093	
Purpose of Disbursement Rent/Utilities	Candidate Name		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. First Fidelity Land LLC			Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 6050 Kennedy Blvd E			Amount of Each Disbursement this Period 764.97 Transaction ID : SB17.6564
City West New York	State NJ	Zip Code 07093	
Purpose of Disbursement Rent/Utilities	Candidate Name		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. First Fidelity Land LLC			Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 6050 Kennedy Blvd E			Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.6568
City West New York	State NJ	Zip Code 07093	
Purpose of Disbursement Utilities	Candidate Name		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).....	1492.12
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 159 OF 222	
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. First Fidelity Land LLC		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2014
Mailing Address 6050 Kennedy Blvd E		Amount of Each Disbursement this Period 675.00 Transaction ID : SB17.6668
City West New York State NJ Zip Code 07093	Purpose of Disbursement Rent	
Candidate Name	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. First Fidelity Land LLC		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2014
Mailing Address 6050 Kennedy Blvd E		Amount of Each Disbursement this Period 375.66 Transaction ID : SB17.6723
City West New York State NJ Zip Code 07093	Purpose of Disbursement Utilities	
Candidate Name	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. Fitzsimmons Communications		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014
Mailing Address PO Box 353		Amount of Each Disbursement this Period 4000.00 Transaction ID : SB17.6592
City Matawan State NJ Zip Code 07747	Purpose of Disbursement Telecommunications	
Candidate Name	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).....	5050.66
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 160 OF 222			
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Ronald R Gravino		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address PO Box 225		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.6928
City Colonia	State NJ	
Zip Code 07067	Purpose of Disbursement In-kind - Compliance Consulting	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) B. Chris Griswold		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2014
Mailing Address 9 East 5th St		Amount of Each Disbursement this Period 2358.66 Transaction ID : SB17.5673
City Barnegat Light	State NJ	
Zip Code 08006	Purpose of Disbursement Payroll	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. Chris Griswold		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014
Mailing Address 9 East 5th St		Amount of Each Disbursement this Period 2358.66 Transaction ID : SB17.6577
City Barnegat Light	State NJ	
Zip Code 08006	Purpose of Disbursement Payroll	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:	

SUBTOTAL of Disbursements This Page (optional).....	7217.32
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 161 OF 222	
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Chris Griswold			Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014	
Mailing Address 9 East 5th St			Amount of Each Disbursement this Period 2358.66	
City Barnegat Light	State NJ	Zip Code 08006	Transaction ID : SB17.6686	
Purpose of Disbursement Payroll	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) B. Hal Brown			Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014	
Mailing Address 21 Stonewyck Dr			Amount of Each Disbursement this Period 631.30	
City Hillsborough	State NJ	Zip Code 08844	Transaction ID : SB17.6702	
Purpose of Disbursement Event Cost-Photography	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. Jeffrey Hein			Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2014	
Mailing Address 1303 Leguene Ave			Amount of Each Disbursement this Period 3244.79	
City Forked River	State NJ	Zip Code 08731	Transaction ID : SB17.5674	
Purpose of Disbursement Payroll	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:				

SUBTOTAL of Disbursements This Page (optional).....	6234.79
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 162 OF 222	
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Jeffrey Hein		Date of Disbursement MM / DD / YYYY 07 / 18 / 2014
Mailing Address 1303 Leguene Ave		Amount of Each Disbursement this Period 451.31
City Forked River	State NJ	
Zip Code 08731	Purpose of Disbursement Travel	Transaction ID : SB17.5701
Candidate Name	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. Tony's Pizza		Date of Disbursement MM / DD / YYYY 07 / 18 / 2014
Mailing Address 340 Atlantic City Blvd		Amount of Each Disbursement this Period 21.00
City Bayville	State NJ	
Zip Code 08721	Purpose of Disbursement Volunteer Cost	Transaction ID : SB17.5701.0
Candidate Name	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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Staples		Date of Disbursement MM / DD / YYYY 07 / 18 / 2014
Mailing Address 2 Route 37 W		Amount of Each Disbursement this Period 57.21
City Toms River	State NJ	
Zip Code 08753	Purpose of Disbursement Office Supplies	Transaction ID : SB17.5701.1
Candidate Name	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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	451.31
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 163 OF 222	
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Baker's Water Street Bar			Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2014	
Mailing Address 4 Robbins Pkwy			Amount of Each Disbursement this Period 62.00	
City Toms River	State NJ	Zip Code 08753	Transaction ID : SB17.5701.2	
Purpose of Disbursement Food/Beverage		Category/ Type	[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. Verizon Wireless			Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2014	
Mailing Address PO Box 5029			Amount of Each Disbursement this Period 160.00	
City Wallingford	State CT	Zip Code 06492	Transaction ID : SB17.5701.3	
Purpose of Disbursement Telecommunications		Category/ Type	[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. Jeffrey Hein			Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2014	
Mailing Address 1303 Leguene Ave			Amount of Each Disbursement this Period 219.77	
City Forked River	State NJ	Zip Code 08731	Transaction ID : SB17.6566	
Purpose of Disbursement Office Expense		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:				

SUBTOTAL of Disbursements This Page (optional).....	219.77
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 164 OF 222	
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Shoprite		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2014
Mailing Address 445 Atlantic City Blvd		Amount of Each Disbursement this Period 3244.80
City Bayville	State NJ Zip Code 08721	
Purpose of Disbursement Office Supplies	Candidate Name	Transaction ID : SB17.6566.0
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:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2014
Mailing Address PO Box 5029		Amount of Each Disbursement this Period 80.00
City Wallingford	State CT Zip Code 06492	
Purpose of Disbursement Telecommunications	Candidate Name	Transaction ID : SB17.6566.1
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:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) c. Jeffrey Hein		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014
Mailing Address 1303 Leguene Ave		Amount of Each Disbursement this Period 3244.80
City Forked River	State NJ Zip Code 08731	
Purpose of Disbursement Payroll	Candidate Name	Transaction ID : SB17.6578
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).....	3244.80
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 165 OF 222			
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Jeffrey Hein			Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014		
Mailing Address 1303 Leguene Ave			Amount of Each Disbursement this Period 3244.79		
City Forked River	State NJ	Zip Code 08731	Transaction ID : SB17.6687		
Purpose of Disbursement Payroll		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) B. Horizon Blue Cross Blue Shield of NJ			Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2014		
Mailing Address PO Box 1738			Amount of Each Disbursement this Period 3564.82		
City Newark	State NJ	Zip Code 07101	Transaction ID : SB17.5708		
Purpose of Disbursement Insurance		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. Horizon Blue Cross Blue Shield of NJ			Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2014		
Mailing Address PO Box 1738			Amount of Each Disbursement this Period 3885.62		
City Newark	State NJ	Zip Code 07101	Transaction ID : SB17.6659		
Purpose of Disbursement Health Insurance		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:					

SUBTOTAL of Disbursements This Page (optional).....	10695.23
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 166 OF 222	
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Horizon Blue Cross Blue Shield of NJ		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address PO Box 1738		Amount of Each Disbursement this Period 3725.22
City Newark	State NJ Zip Code 07101	
Purpose of Disbursement Health Insurance	Candidate Name	Transaction ID : SB17.6756
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Hospitality Management Services Inc		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2014
Mailing Address 3 Executive Campus Ste 110		Amount of Each Disbursement this Period 3453.26
City Cherry Hill	State NJ Zip Code 08002	
Purpose of Disbursement Event Cost	Candidate Name	Transaction ID : SB17.6725
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. Intego Insurance		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2014
Mailing Address 333 W Commercial St		Amount of Each Disbursement this Period 13.11
City East Rochester	State NY Zip Code 14445	
Purpose of Disbursement Insurance	Candidate Name	Transaction ID : SB17.5695
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	7191.59
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 167 OF 222			
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Intego Insurance			Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014		
Mailing Address 333 W Commercial St			Amount of Each Disbursement this Period 163.74		
City East Rochester	State NY	Zip Code 14445	Transaction ID : SB17.5711		
Purpose of Disbursement Insurance		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) B. Intego Insurance			Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014		
Mailing Address 333 W Commercial St			Amount of Each Disbursement this Period 13.11		
City East Rochester	State NY	Zip Code 14445	Transaction ID : SB17.6574		
Purpose of Disbursement Insurance		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. Intego Insurance			Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2014		
Mailing Address 333 W Commercial St			Amount of Each Disbursement this Period 170.28		
City East Rochester	State NY	Zip Code 14445	Transaction ID : SB17.6663		
Purpose of Disbursement Insurance		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:					

SUBTOTAL of Disbursements This Page (optional).....	347.13
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 168 OF 222			
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Intego Insurance			Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 333 W Commercial St			Amount of Each Disbursement this Period 176.85 Transaction ID : SB17.6753
City East Rochester	State NY	Zip Code 14445	
Purpose of Disbursement Insurance		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) B. Noriko Kowalewski			Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2014
Mailing Address 14 Seagull Point			Amount of Each Disbursement this Period 2306.04 Transaction ID : SB17.5675
City Bayville	State NJ	Zip Code 08721	
Purpose of Disbursement Payroll		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. Noriko Kowalewski			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014
Mailing Address 14 Seagull Point			Amount of Each Disbursement this Period 2306.04 Transaction ID : SB17.6579
City Bayville	State NJ	Zip Code 08721	
Purpose of Disbursement Payroll		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:			

SUBTOTAL of Disbursements This Page (optional).....	4788.93
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 169 OF 222			
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Noriko Kowalewski			Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014		
Mailing Address 14 Seagull Point			Amount of Each Disbursement this Period 2306.04		
City Bayville	State NJ	Zip Code 08721	Transaction ID : SB17.6688		
Purpose of Disbursement Payroll		Category/ Type			
Candidate Name					
Office Sought:	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. Adam Lester			Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2014		
Mailing Address 410 Kettle Creek Rd Apt 5			Amount of Each Disbursement this Period 2306.04		
City Toms River	State NJ	Zip Code 08753	Transaction ID : SB17.5676		
Purpose of Disbursement Payroll		Category/ Type			
Candidate Name					
Office Sought:	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. Adam Lester			Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014		
Mailing Address 410 Kettle Creek Rd Apt 5			Amount of Each Disbursement this Period 310.84		
City Toms River	State NJ	Zip Code 08753	Transaction ID : SB17.6572		
Purpose of Disbursement Travel		Category/ Type			
Candidate Name					
Office Sought:	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).....	4922.92
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 170 OF 222			
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address PO Box 5029		Amount of Each Disbursement this Period 177.00
City Wallingford	State CT	
Zip Code 06492	Purpose of Disbursement Telecommunications	Transaction ID : SB17.6572.0
Candidate Name	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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Adam Lester		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014
Mailing Address 410 Kettle Creek Rd Apt 5		Amount of Each Disbursement this Period 2306.04
City Toms River	State NJ	
Zip Code 08753	Purpose of Disbursement Payroll	Transaction ID : SB17.6580
Candidate Name	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. Adam Lester		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2014
Mailing Address 410 Kettle Creek Rd Apt 5		Amount of Each Disbursement this Period 220.64
City Toms River	State NJ	
Zip Code 08753	Purpose of Disbursement Office Expense	Transaction ID : SB17.6664
Candidate Name	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).....	2526.68
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 171 OF 222	
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Adam Lester		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address 410 Kettle Creek Rd Apt 5		Amount of Each Disbursement this Period 2306.04
City Toms River	State NJ Zip Code 08753	
Purpose of Disbursement Payroll	Category/Type	Transaction ID : SB17.6689
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. Adam Lester		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address 410 Kettle Creek Rd Apt 5		Amount of Each Disbursement this Period 332.32
City Toms River	State NJ Zip Code 08753	
Purpose of Disbursement Travel	Category/Type	Transaction ID : SB17.6719
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 09 / 17 / 2014
Mailing Address PO Box 5029		Amount of Each Disbursement this Period 110.00
City Wallingford	State CT Zip Code 06492	
Purpose of Disbursement Telecommunications	Category/Type	Transaction ID : SB17.6719.0 [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).....	2638.36
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 172 OF 222	
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Frank Luna		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2014
Mailing Address 100 Ocean Ave Apt 14		Amount of Each Disbursement this Period 4449.44
City Bradley Beach	State NJ	
Zip Code 07720	Purpose of Disbursement Payroll	Transaction ID : SB17.5677
Candidate Name	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. Frank Luna		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014
Mailing Address 100 Ocean Ave Apt 14		Amount of Each Disbursement this Period 4665.88
City Bradley Beach	State NJ	
Zip Code 07720	Purpose of Disbursement Payroll	Transaction ID : SB17.6581
Candidate Name	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. Frank Luna		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address 100 Ocean Ave Apt 14		Amount of Each Disbursement this Period 4508.27
City Bradley Beach	State NJ	
Zip Code 07720	Purpose of Disbursement Payroll	Transaction ID : SB17.6690
Candidate Name	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).....	13623.59
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 173 OF 222	
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. McClain Signs		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address 1203 Main St		Amount of Each Disbursement this Period 1136.88
City Asbury Park	State NJ	
Zip Code 07721	Purpose of Disbursement Printing	Transaction ID : SB17.5690
Candidate Name	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. Mike Thompson Entertainment		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2014
Mailing Address 162 Wells Mills Rd		Amount of Each Disbursement this Period 100.00
City Waretown	State NJ	
Zip Code 08758	Purpose of Disbursement Event Cost	Transaction ID : SB17.6741
Candidate Name	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. National Research Inc		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2014
Mailing Address 146 State Route 34 Ste 250		Amount of Each Disbursement this Period 26000.00
City Holmdel	State NJ	
Zip Code 07733	Purpose of Disbursement Survey	Transaction ID : SB17.5696
Candidate Name	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).....	27236.88
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 174 OF 222	
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. National Research Inc		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2014
Mailing Address 146 State Route 34 Ste 250		Amount of Each Disbursement this Period 9500.00
City Holmdel State NJ Zip Code 07733	Purpose of Disbursement Survey Candidate Name 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)		Transaction ID : SB17.6609
State: District:		

Full Name (Last, First, Middle Initial) B. National Research Inc		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address 146 State Route 34 Ste 250		Amount of Each Disbursement this Period 18000.00
City Holmdel State NJ Zip Code 07733	Purpose of Disbursement Survey Candidate Name 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)		Transaction ID : SB17.6708
State: District:		

Full Name (Last, First, Middle Initial) c. Harrison Neely		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2014
Mailing Address 41 Sayre Dr		Amount of Each Disbursement this Period 3244.79
City Princeton State NJ Zip Code 08540	Purpose of Disbursement Payroll Candidate Name 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)		Transaction ID : SB17.5678
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	30744.79
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 175 OF 222			
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Harrison Neely		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014
Mailing Address 41 Sayre Dr		Amount of Each Disbursement this Period 3244.80 Transaction ID : SB17.6582
City Princeton	State NJ	
Zip Code 08540	Purpose of Disbursement Payroll	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) B. Harrison Neely		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address 41 Sayre Dr		Amount of Each Disbursement this Period 3244.79 Transaction ID : SB17.6691
City Princeton	State NJ	
Zip Code 08540	Purpose of Disbursement Payroll	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. Harrison Neely		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address 41 Sayre Dr		Amount of Each Disbursement this Period 545.07 Transaction ID : SB17.6715
City Princeton	State NJ	
Zip Code 08540	Purpose of Disbursement Travel	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:	

SUBTOTAL of Disbursements This Page (optional).....	7034.66
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 176 OF 222	
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Staples		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address 2 Route 37 W		Amount of Each Disbursement this Period 514.00
City Toms River State NJ Zip Code 08753	Purpose of Disbursement Office Supplies	
Candidate Name	Category/Type	Transaction ID : SB17.6715.0 [MEMO ITEM]
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. Tony's Pizza		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address 340 Atlantic City Blvd		Amount of Each Disbursement this Period 399.18
City Bayville State NJ Zip Code 08721	Purpose of Disbursement Volunteer Cost	
Candidate Name	Category/Type	Transaction ID : SB17.6715.1 [MEMO ITEM]
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. NFIB SAFE TRUST		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 1201 F St NW Ste 200		Amount of Each Disbursement this Period 514.00
City Washington State DC Zip Code 20004	Purpose of Disbursement In-kind - Fundraiser	
Candidate Name	Category/Type	Transaction ID : SB17.6939
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).....	514.00
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 177 OF 222	
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Caitlin O'Toole		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2014
Mailing Address 166 9th St		Amount of Each Disbursement this Period 2306.04 Transaction ID : SB17.5679
City Belford	State NJ	
Zip Code 07718	Purpose of Disbursement Payroll	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) B. Caitlin O'Toole		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014
Mailing Address 166 9th St		Amount of Each Disbursement this Period 2306.04 Transaction ID : SB17.6583
City Belford	State NJ	
Zip Code 07718	Purpose of Disbursement Payroll	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. Caitlin O'Toole		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2014
Mailing Address 166 9th St		Amount of Each Disbursement this Period 180.27 Transaction ID : SB17.6602
City Belford	State NJ	
Zip Code 07718	Purpose of Disbursement Travel	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:	

SUBTOTAL of Disbursements This Page (optional).....	4792.35
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 178 OF 222	
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2014
Mailing Address PO Box 5029		Amount of Each Disbursement this Period 71.96
City Wallingford	State CT Zip Code 06492	
Purpose of Disbursement Telecommunications	Candidate Name	Transaction ID : SB17.6602.0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Caitlin O'Toole		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address 166 9th St		Amount of Each Disbursement this Period 2306.04
City Belford	State NJ Zip Code 07718	
Purpose of Disbursement Payroll	Candidate Name	Transaction ID : SB17.6692
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. Caitlin O'Toole		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address 166 9th St		Amount of Each Disbursement this Period 136.08
City Belford	State NJ Zip Code 07718	
Purpose of Disbursement Travel	Candidate Name	Transaction ID : SB17.6716
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	2442.12
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 179 OF 222	
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address PO Box 5029		Amount of Each Disbursement this Period 2618.61 Transaction ID : SB17.6716.0
City Wallingford State CT Zip Code 06492	Purpose of Disbursement Telecommunications	
Candidate Name	Category/Type	[MEMO ITEM]
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. Ocean Tents & Party Rental		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address 1647 Route 38		Amount of Each Disbursement this Period 312.57 Transaction ID : SB17.6711
City Mt Holly State NJ Zip Code 08060	Purpose of Disbursement Event Cost-Rental	
Candidate Name	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. Jeffrey Olsen		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2014
Mailing Address 54 Chesterfield Dr		Amount of Each Disbursement this Period 2306.04 Transaction ID : SB17.5680
City Jackson State NJ Zip Code 08527	Purpose of Disbursement Payroll	
Candidate Name	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).....	2618.61
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 180 OF 222	
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Jeffrey Olsen			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014	
Mailing Address 54 Chesterfield Dr			Amount of Each Disbursement this Period 2306.04	
City Jackson	State NJ	Zip Code 08527	Transaction ID : SB17.6584	
Purpose of Disbursement Payroll		Candidate Name	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. Jeffrey Olsen			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014	
Mailing Address 54 Chesterfield Dr			Amount of Each Disbursement this Period 205.08	
City Jackson	State NJ	Zip Code 08527	Transaction ID : SB17.6599	
Purpose of Disbursement Travel		Candidate Name	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 08 / 13 / 2014	
Mailing Address PO Box 5029			Amount of Each Disbursement this Period 55.00	
City Wallingford	State CT	Zip Code 06492	Transaction ID : SB17.6599.0	
Purpose of Disbursement Telecommunications		Candidate Name	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:		[MEMO ITEM]		

SUBTOTAL of Disbursements This Page (optional).....	2511.12
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 181 OF 222	
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Jeffrey Olsen		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address 54 Chesterfield Dr		Amount of Each Disbursement this Period 2306.04 Transaction ID : SB17.6693
City Jackson	State NJ	
Zip Code 08527	Purpose of Disbursement Payroll	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) B. Jeffrey Olsen		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address 54 Chesterfield Dr		Amount of Each Disbursement this Period 218.52 Transaction ID : SB17.6717
City Jackson	State NJ	
Zip Code 08527	Purpose of Disbursement Travel	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. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address PO Box 5029		Amount of Each Disbursement this Period 55.00 Transaction ID : SB17.6717.0 [MEMO ITEM]
City Wallingford	State CT	
Zip Code 06492	Purpose of Disbursement Telecommunications	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:	

SUBTOTAL of Disbursements This Page (optional).....	2524.56
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 182 OF 222	
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Omega Media LLC		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address 2045 Burlington Columbus Rd		Amount of Each Disbursement this Period 500.00
City Burlington Twp	State NJ	
Zip Code 08016	Purpose of Disbursement	Transaction ID : SB17.6709
Candidate Name	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. Paycycle		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2014
Mailing Address 210 Portage Ave		Amount of Each Disbursement this Period 11850.60
City Palo Alto	State CA	
Zip Code 94306	Purpose of Disbursement Payroll Taxes	Transaction ID : SB17.5683
Candidate Name	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. Paycycle		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2014
Mailing Address 210 Portage Ave		Amount of Each Disbursement this Period 962.68
City Palo Alto	State CA	
Zip Code 94306	Purpose of Disbursement Payroll Taxes	Transaction ID : SB17.5684
Candidate Name	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).....	13313.28
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 183 OF 222	
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Paycycle		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014
Mailing Address 210 Portage Ave		Amount of Each Disbursement this Period 11850.60 Transaction ID : SB17.6587
City Palo Alto	State CA Zip Code 94306	
Purpose of Disbursement Payroll Taxes	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) B. Paycycle		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014
Mailing Address 210 Portage Ave		Amount of Each Disbursement this Period 962.68 Transaction ID : SB17.6588
City Palo Alto	State CA Zip Code 94306	
Purpose of Disbursement Payroll Taxes	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. Paycycle		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address 210 Portage Ave		Amount of Each Disbursement this Period 11850.60 Transaction ID : SB17.6696
City Palo Alto	State CA Zip Code 94306	
Purpose of Disbursement Payroll Taxes	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:		

SUBTOTAL of Disbursements This Page (optional).....	24663.88
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 184 OF 222		
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Paycycle		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address 210 Portage Ave		Amount of Each Disbursement this Period 962.68
City Palo Alto	State CA	
Zip Code 94306	Purpose of Disbursement Payroll Taxes	Transaction ID : SB17.6697
Candidate Name	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. Paycycle		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 210 Portage Ave		Amount of Each Disbursement this Period 5304.72
City Palo Alto	State CA	
Zip Code 94306	Purpose of Disbursement Payroll Taxes	Transaction ID : SB17.6747
Candidate Name	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. Paycycle		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 210 Portage Ave		Amount of Each Disbursement this Period 27.92
City Palo Alto	State CA	
Zip Code 94306	Purpose of Disbursement Payroll Taxes	Transaction ID : SB17.6748
Candidate Name	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).....	6295.32
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 185 OF 222	
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Political Communications Advertising		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2014
Mailing Address 37 W 39th St Ste 602		Amount of Each Disbursement this Period 30000.00 Transaction ID : SB17.5692
City New York State NY Zip Code 10018	Purpose of Disbursement Media 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)	Category/Type
State: District:		

Full Name (Last, First, Middle Initial) B. Political Communications Advertising		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014
Mailing Address 37 W 39th St Ste 602		Amount of Each Disbursement this Period 30000.00 Transaction ID : SB17.5698
City New York State NY Zip Code 10018	Purpose of Disbursement Media 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)	Category/Type
State: District:		

Full Name (Last, First, Middle Initial) C. Political Communications Advertising		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014
Mailing Address 37 W 39th St Ste 602		Amount of Each Disbursement this Period 30000.00 Transaction ID : SB17.5710
City New York State NY Zip Code 10018	Purpose of Disbursement Media 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)	Category/Type
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	90000.00
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 186 OF 222	
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Political Communications Advertising		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014
Mailing Address 37 W 39th St Ste 602		Amount of Each Disbursement this Period 30000.00 Transaction ID : SB17.6554
City New York	State NY Zip Code 10018	
Purpose of Disbursement Media	Candidate Name	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. Political Communications Advertising		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2014
Mailing Address 37 W 39th St Ste 602		Amount of Each Disbursement this Period 30000.00 Transaction ID : SB17.6569
City New York	State NY Zip Code 10018	
Purpose of Disbursement Media	Candidate Name	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. Political Communications Advertising		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2014
Mailing Address 37 W 39th St Ste 602		Amount of Each Disbursement this Period 80000.00 Transaction ID : SB17.6601
City New York	State NY Zip Code 10018	
Purpose of Disbursement Media	Candidate Name	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).....	140000.00
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 187 OF 222	
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Political Communications Advertising		M M / D D / Y Y Y Y 08 / 21 / 2014
Mailing Address 37 W 39th St Ste 602		Amount of Each Disbursement this Period
City New York	State NY	Zip Code 10018
Purpose of Disbursement Media	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Transaction ID : SB17.6656	

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Political Communications Advertising		M M / D D / Y Y Y Y 08 / 26 / 2014
Mailing Address 37 W 39th St Ste 602		Amount of Each Disbursement this Period
City New York	State NY	Zip Code 10018
Purpose of Disbursement Media	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Transaction ID : SB17.6662	

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Political Communications Advertising		M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 37 W 39th St Ste 602		Amount of Each Disbursement this Period
City New York	State NY	Zip Code 10018
Purpose of Disbursement Media	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Transaction ID : SB17.6678	

SUBTOTAL of Disbursements This Page (optional).....	267840.00
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 188 OF 222	
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. Political Communications Advertising		M M / D D / Y Y Y Y 09 / 12 / 2014	
Mailing Address 37 W 39th St Ste 602		Amount of Each Disbursement this Period	
City New York	State NY	Zip Code 10018	365150.00
Purpose of Disbursement Media		Category/ Type	Transaction ID : SB17.6700
Candidate Name			
Office Sought:	Disbursement For: 2014		
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)		
<input type="checkbox"/> President			
State:	District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. Political Communications Advertising		M M / D D / Y Y Y Y 09 / 18 / 2014	
Mailing Address 37 W 39th St Ste 602		Amount of Each Disbursement this Period	
City New York	State NY	Zip Code 10018	65000.00
Purpose of Disbursement Media		Category/ Type	Transaction ID : SB17.6745
Candidate Name			
Office Sought:	Disbursement For: 2014		
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)		
<input type="checkbox"/> President			
State:	District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. Political Communications Advertising		M M / D D / Y Y Y Y 09 / 26 / 2014	
Mailing Address 37 W 39th St Ste 602		Amount of Each Disbursement this Period	
City New York	State NY	Zip Code 10018	65000.00
Purpose of Disbursement Media		Category/ Type	Transaction ID : SB17.6754
Candidate Name			
Office Sought:	Disbursement For: 2014		
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)		
<input type="checkbox"/> President			
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	495150.00
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 189 OF 222	
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Michael Rebuck		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2014
Mailing Address 417 Chester Ave		Amount of Each Disbursement this Period 2306.04 Transaction ID : SB17.5681
City Moorestown	State NJ	
Zip Code 08057	Purpose of Disbursement Payroll	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) B. Michael Rebuck		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014
Mailing Address 417 Chester Ave		Amount of Each Disbursement this Period 2306.04 Transaction ID : SB17.6585
City Moorestown	State NJ	
Zip Code 08057	Purpose of Disbursement Payroll	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. Michael Rebuck		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014
Mailing Address 417 Chester Ave		Amount of Each Disbursement this Period 210.93 Transaction ID : SB17.6600
City Moorestown	State NJ	
Zip Code 08057	Purpose of Disbursement Travel	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:	

SUBTOTAL of Disbursements This Page (optional).....	4823.01
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 190 OF 222			
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014
Mailing Address PO Box 5029		Amount of Each Disbursement this Period 54.20
City Wallingford	State CT Zip Code 06492	
Purpose of Disbursement Telecommunications	Candidate Name	Transaction ID : SB17.6600.0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Michael Rebuck		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address 417 Chester Ave		Amount of Each Disbursement this Period 2306.04
City Moorestown	State NJ Zip Code 08057	
Purpose of Disbursement Payroll	Candidate Name	Transaction ID : SB17.6694
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. Michael Rebuck		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address 417 Chester Ave		Amount of Each Disbursement this Period 410.34
City Moorestown	State NJ Zip Code 08057	
Purpose of Disbursement Travel	Candidate Name	Transaction ID : SB17.6718
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	2716.38
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 191 OF 222	
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address PO Box 5029		Amount of Each Disbursement this Period 108.40
City Wallingford	State CT Zip Code 06492	
Purpose of Disbursement Telecommunications	Candidate Name	Transaction ID : SB17.6718.0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. RECREATIONAL FISHING ALLIANCE PAC		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address PO BOX 171 RT 9 5738 ROUTE 9		Amount of Each Disbursement this Period 1340.00
City NEW GREINA	State NJ Zip Code 08224	
Purpose of Disbursement In-kind - Fundraiser	Candidate Name	Transaction ID : SB17.6936
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. Won Kyu Rim		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014
Mailing Address 73 Sunrise Dr		Amount of Each Disbursement this Period 2000.00
City Whippany	State NJ Zip Code 07981	
Purpose of Disbursement General Campaign Consulting	Candidate Name	Transaction ID : SB17.6557
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	3340.00
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 192 OF 222	
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Won Kyu Rim		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2014
Mailing Address 73 Sunrise Dr		Amount of Each Disbursement this Period 2074.05 Transaction ID : SB17.6665
City Whippany	State NJ Zip Code 07981	
Purpose of Disbursement General Campaign Consulting	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) B. Ronald Gravino Consulting		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address PO Box 225		Amount of Each Disbursement this Period 4057.34 Transaction ID : SB17.5669
City Colonia	State NJ Zip Code 07067	
Purpose of Disbursement Payroll	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. Ronald Gravino Consulting		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address PO Box 225		Amount of Each Disbursement this Period 267.44 Transaction ID : SB17.5697
City Colonia	State NJ Zip Code 07067	
Purpose of Disbursement Office Expense	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:		

SUBTOTAL of Disbursements This Page (optional).....	6398.83
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 193 OF 222		
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Ronald Gravino Consulting		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address PO Box 225		Amount of Each Disbursement this Period 3882.49
City Colonia	State NJ	
Zip Code 07067	Purpose of Disbursement Compliance	Transaction ID : SB17.6565
Candidate Name	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. Ronald Gravino Consulting		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2014
Mailing Address PO Box 225		Amount of Each Disbursement this Period 548.32
City Colonia	State NJ	
Zip Code 07067	Purpose of Disbursement Office Expense	Transaction ID : SB17.6604
Candidate Name	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. Ronald Gravino Consulting		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2014
Mailing Address PO Box 225		Amount of Each Disbursement this Period 1789.53
City Colonia	State NJ	
Zip Code 07067	Purpose of Disbursement Event Cost	Transaction ID : SB17.6661
Candidate Name	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).....	6220.34
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 194 OF 222		
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Ronald Gravino Consulting		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address PO Box 225		Amount of Each Disbursement this Period 5545.99
City Colonia	State NJ	
Zip Code 07067	Purpose of Disbursement Compliance	Transaction ID : SB17.6670
Candidate Name	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. Ronald Gravino Consulting		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address PO Box 225		Amount of Each Disbursement this Period 4500.00
City Colonia	State NJ	
Zip Code 07067	Purpose of Disbursement Volunteer Costs	Transaction ID : SB17.6672
Candidate Name	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. Ronald Gravino Consulting		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2014
Mailing Address PO Box 225		Amount of Each Disbursement this Period 1168.95
City Colonia	State NJ	
Zip Code 07067	Purpose of Disbursement Insurance	Transaction ID : SB17.6698
Candidate Name	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).....	11214.94
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 195 OF 222	
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Jayson Schimmenti		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2014
Mailing Address 27 Goodfellow Dr		Amount of Each Disbursement this Period 2306.04 Transaction ID : SB17.5682
City Port Reading NJ Zip Code 07064	Purpose of Disbursement Payroll	
Candidate Name	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. Jayson Schimmenti		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014
Mailing Address 27 Goodfellow Dr		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.5713
City Port Reading NJ Zip Code 07064	Purpose of Disbursement Travel	
Candidate Name	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. Jayson Schimmenti		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014
Mailing Address 27 Goodfellow Dr		Amount of Each Disbursement this Period 2306.04 Transaction ID : SB17.6586
City Port Reading NJ Zip Code 07064	Purpose of Disbursement Payroll	
Candidate Name	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).....	4662.08
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 196 OF 222			
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Jayson Schimmenti			Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2014	
Mailing Address 27 Goodfellow Dr			Amount of Each Disbursement this Period 208.04	
City Port Reading	State NJ	Zip Code 07064	Transaction ID : SB17.6652	
Purpose of Disbursement Travel		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) B. Verizon Wireless			Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2014	
Mailing Address PO Box 5029			Amount of Each Disbursement this Period 48.66	
City Wallingford	State CT	Zip Code 06492	Transaction ID : SB17.6652.0	
Purpose of Disbursement Telecommunications		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:	[MEMO ITEM]			

Full Name (Last, First, Middle Initial) c. Jayson Schimmenti			Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014	
Mailing Address 27 Goodfellow Dr			Amount of Each Disbursement this Period 2306.04	
City Port Reading	State NJ	Zip Code 07064	Transaction ID : SB17.6695	
Purpose of Disbursement Payroll		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:				

SUBTOTAL of Disbursements This Page (optional).....	2514.04
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 197 OF 222	
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. The Prosper Group		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address 435 E Main St Room 250		Amount of Each Disbursement this Period 20733.57 Transaction ID : SB17.5688
City Greenwood	State IN Zip Code 46143	
Purpose of Disbursement Internet Media	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) B. The Prosper Group		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 435 E Main St Room 250		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.5703
City Greenwood	State IN Zip Code 46143	
Purpose of Disbursement Internet Consulting	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. The Prosper Group		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014
Mailing Address 435 E Main St Room 250		Amount of Each Disbursement this Period 40492.67 Transaction ID : SB17.6591
City Greenwood	State IN Zip Code 46143	
Purpose of Disbursement Internet Media	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:		

SUBTOTAL of Disbursements This Page (optional).....	66226.24
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 198 OF 222			
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. The Prosper Group		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address 435 E Main St Room 250		Amount of Each Disbursement this Period 45625.06 Transaction ID : SB17.6704
City Greenwood	State IN Zip Code 46143	
Purpose of Disbursement Internet Media	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) B. The Toms River Elks Lodge 1875		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address 600 Washington St		Amount of Each Disbursement this Period 350.00 Transaction ID : SB17.6713
City Toms River	State NJ Zip Code 08753	
Purpose of Disbursement Event Cost	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. Transxt		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2014
Mailing Address 190 Monroe NW 5th Fl		Amount of Each Disbursement this Period 93.82 Transaction ID : SB17.5712
City Grand Rapids	State MI Zip Code 49503	
Purpose of Disbursement CC Processing Fee	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:		

SUBTOTAL of Disbursements This Page (optional).....	46068.88
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 199 OF 222	
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Transact		M M / D D / Y Y Y Y 07 / 30 / 2014
Mailing Address 190 Monroe NW 5th Fl		Amount of Each Disbursement this Period
City Grand Rapids	State MI	Zip Code 49503
Purpose of Disbursement CC Processing Fee	Category/Type	
Candidate Name	Transaction ID : SB17.6555	
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)		Date of Disbursement
B. Transact		M M / D D / Y Y Y Y 08 / 06 / 2014
Mailing Address 190 Monroe NW 5th Fl		Amount of Each Disbursement this Period
City Grand Rapids	State MI	Zip Code 49503
Purpose of Disbursement CC Processing Fee	Category/Type	
Candidate Name	Transaction ID : SB17.6571	
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)		Date of Disbursement
C. Transact		M M / D D / Y Y Y Y 08 / 13 / 2014
Mailing Address 190 Monroe NW 5th Fl		Amount of Each Disbursement this Period
City Grand Rapids	State MI	Zip Code 49503
Purpose of Disbursement CC Processing Fee	Category/Type	
Candidate Name	Transaction ID : SB17.6603	
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).....	457.83
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 200 OF 222			
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)		Date of Disbursement										
A. Transact		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>18</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	08		18		2014
M M	/	D D	/	Y Y Y Y								
08		18		2014								
Mailing Address 190 Monroe NW 5th Fl		Amount of Each Disbursement this Period										
City Grand Rapids State MI Zip Code 49503		<table border="1"> <tr> <td>46.56</td> </tr> </table>	46.56									
46.56												
Purpose of Disbursement CC Processing Fee		Transaction ID : SB17.6651										
Candidate Name												
Office Sought:	Disbursement For: 2014											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
B. Transact		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>28</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	08		28		2014
M M	/	D D	/	Y Y Y Y								
08		28		2014								
Mailing Address 190 Monroe NW 5th Fl		Amount of Each Disbursement this Period										
City Grand Rapids State MI Zip Code 49503		<table border="1"> <tr> <td>30.14</td> </tr> </table>	30.14									
30.14												
Purpose of Disbursement CC Processing Fee		Transaction ID : SB17.6669										
Candidate Name												
Office Sought:	Disbursement For: 2014											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
C. Transact		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>04</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	09		04		2014
M M	/	D D	/	Y Y Y Y								
09		04		2014								
Mailing Address 190 Monroe NW 5th Fl		Amount of Each Disbursement this Period										
City Grand Rapids State MI Zip Code 49503		<table border="1"> <tr> <td>243.88</td> </tr> </table>	243.88									
243.88												
Purpose of Disbursement CC Processing Fee		Transaction ID : SB17.6679										
Candidate Name												
Office Sought:	Disbursement For: 2014											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

SUBTOTAL of Disbursements This Page (optional).....	<table border="1"> <tr> <td>320.58</td> </tr> </table>	320.58
320.58		
TOTAL This Period (last page this line number only).....	<table border="1"> <tr> <td></td> </tr> </table>	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 201 OF 222	
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Transact		M M / D D / Y Y Y Y 09 / 09 / 2014
Mailing Address 190 Monroe NW 5th Fl		Amount of Each Disbursement this Period
City Grand Rapids State MI Zip Code 49503		330.65
Purpose of Disbursement CC Processing Fee		Transaction ID : SB17.6699
Candidate Name		Category/Type
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Transact		M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address 190 Monroe NW 5th Fl		Amount of Each Disbursement this Period
City Grand Rapids State MI Zip Code 49503		79.34
Purpose of Disbursement CC Processing Fee		Transaction ID : SB17.6746
Candidate Name		Category/Type
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Transact		M M / D D / Y Y Y Y 09 / 24 / 2014
Mailing Address 190 Monroe NW 5th Fl		Amount of Each Disbursement this Period
City Grand Rapids State MI Zip Code 49503		110.51
Purpose of Disbursement CC Processing Fee		Transaction ID : SB17.6752
Candidate Name		Category/Type
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	520.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 202 OF 222			
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)		Date of Disbursement										
A. Transact		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>30</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	09		30		2014
M M	/	D D	/	Y Y Y Y								
09		30		2014								
Mailing Address 190 Monroe NW 5th Fl		Amount of Each Disbursement this Period										
City Grand Rapids State MI Zip Code 49503		<table border="1"> <tr> <td>26.54</td> </tr> </table>	26.54									
26.54												
Purpose of Disbursement CC Processing Fee		Transaction ID : SB17.6757										
Candidate Name												
Office Sought:	Disbursement For: 2014											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
B. Transact		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>30</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	09		30		2014
M M	/	D D	/	Y Y Y Y								
09		30		2014								
Mailing Address 190 Monroe NW 5th Fl		Amount of Each Disbursement this Period										
City Grand Rapids State MI Zip Code 49503		<table border="1"> <tr> <td>252.40</td> </tr> </table>	252.40									
252.40												
Purpose of Disbursement CC Processing Fee		Transaction ID : SB17.6758										
Candidate Name												
Office Sought:	Disbursement For: 2014											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
C. TREC		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>14</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	07		14		2014
M M	/	D D	/	Y Y Y Y								
07		14		2014								
Mailing Address 808 Lowell Ave		Amount of Each Disbursement this Period										
City Toms River State NJ Zip Code 08753		<table border="1"> <tr> <td>775.00</td> </tr> </table>	775.00									
775.00												
Purpose of Disbursement Printing		Transaction ID : SB17.5699										
Candidate Name												
Office Sought:	Disbursement For: 2014											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

SUBTOTAL of Disbursements This Page (optional).....	1053.94
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 203 OF 222			
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. TREC		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2014
Mailing Address 808 Lowell Ave		Amount of Each Disbursement this Period 1599.65 Transaction ID : SB17.6667
City Toms River State NJ Zip Code 08753	Purpose of Disbursement Mailer	
Candidate Name	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. TREC		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2014
Mailing Address 808 Lowell Ave		Amount of Each Disbursement this Period 4029.92 Transaction ID : SB17.6737
City Toms River State NJ Zip Code 08753	Purpose of Disbursement Printing	
Candidate Name	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. US Postmaster		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2014
Mailing Address 680 US Hwy 130		Amount of Each Disbursement this Period 42543.00 Transaction ID : SB17.6549
City Trenton State NJ Zip Code 08650	Purpose of Disbursement Postage	
Candidate Name	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).....	48172.57
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 204 OF 222		
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. US Postmaster		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014
Mailing Address 680 US Hwy 130		Amount of Each Disbursement this Period 40000.00 Transaction ID : SB17.6596
City Trenton	State NJ	
Zip Code 08650	Purpose of Disbursement Postage	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) B. US Postmaster		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014
Mailing Address 680 US Hwy 130		Amount of Each Disbursement this Period 1083.88 Transaction ID : SB17.6597
City Trenton	State NJ	
Zip Code 08650	Purpose of Disbursement Postage	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. US Postmaster		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2014
Mailing Address 680 US Hwy 130		Amount of Each Disbursement this Period 1346.60 Transaction ID : SB17.6607
City Trenton	State NJ	
Zip Code 08650	Purpose of Disbursement Postage	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:	

SUBTOTAL of Disbursements This Page (optional).....	42430.48
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 205 OF 222			
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. US Postmaster			Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 680 US Hwy 130			Amount of Each Disbursement this Period 40000.00
City Trenton	State NJ	Zip Code 08650	
Purpose of Disbursement Postage		Category/ Type	Transaction ID : SB17.6682
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. US Postmaster			Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address 680 US Hwy 130			Amount of Each Disbursement this Period 21000.00
City Trenton	State NJ	Zip Code 08650	
Purpose of Disbursement Postage		Category/ Type	Transaction ID : SB17.6720
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. US Postmaster			Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2014
Mailing Address 680 US Hwy 130			Amount of Each Disbursement this Period 2260.07
City Trenton	State NJ	Zip Code 08650	
Purpose of Disbursement Postage		Category/ Type	Transaction ID : SB17.6735
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).....	63260.07
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 206 OF 222			
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. US Postmaster		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2014
Mailing Address 680 US Hwy 130		Amount of Each Disbursement this Period 2873.01 Transaction ID : SB17.6736
City Trenton	State NJ	
Zip Code 08650	Purpose of Disbursement Postage	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) B. US Postmaster		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 680 US Hwy 130		Amount of Each Disbursement this Period 2255.67 Transaction ID : SB17.6749
City Trenton	State NJ	
Zip Code 08650	Purpose of Disbursement Postage	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. Viking Fresh off the Hook		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address PO Box 787		Amount of Each Disbursement this Period 6089.37 Transaction ID : SB17.6705
City Barnegat Light	State NJ	
Zip Code 08006	Purpose of Disbursement Fundraising Event Cost- Catering	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:	

SUBTOTAL of Disbursements This Page (optional).....	11218.05
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 207 OF 222	
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. T Robin Visconi		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014
Mailing Address 370 Tall Tree Ct		Amount of Each Disbursement this Period 2189.24 Transaction ID : SB17.5702
City Jackson	State NJ	
Zip Code 08527	Purpose of Disbursement Fundraising	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) B. T Robin Visconi		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2014
Mailing Address 370 Tall Tree Ct		Amount of Each Disbursement this Period 2111.31 Transaction ID : SB17.6573
City Jackson	State NJ	
Zip Code 08527	Purpose of Disbursement Fundraising	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. T Robin Visconi		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 370 Tall Tree Ct		Amount of Each Disbursement this Period 21021.86 Transaction ID : SB17.6680
City Jackson	State NJ	
Zip Code 08527	Purpose of Disbursement Fundraising	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:	

SUBTOTAL of Disbursements This Page (optional).....	25322.41
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 208 OF 222	
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. T Robin Visconi		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 370 Tall Tree Ct		Amount of Each Disbursement this Period 750.00 Transaction ID : SB17.6927
City Jackson	State NJ	
Zip Code 08527	Purpose of Disbursement In-kind - Fundraising	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) B. VOLUNTEERS FOR SHIMKUS		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address PO BOX 661		Amount of Each Disbursement this Period 699.09 Transaction ID : SB17.6937
City COLLINSVILLE	State IL	
Zip Code 62234	Purpose of Disbursement In-kind - Travel	Category/ Type
Candidate Name	Office Sought: <input checked="" 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: IL District: 15	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1449.09
TOTAL This Period (last page this line number only).....	1864926.49

**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 209 OF 222	
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Berkeley Township Republican Municipal Committee			Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014	
Mailing Address 16 Beaumont Ct			Amount of Each Disbursement this Period 2000.00	
City Toms River	State NJ	Zip Code 08757	Transaction ID : SB21.6654	
Purpose of Disbursement Contribution		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) B. Brando for Brick			Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014	
Mailing Address PO Box 354			Amount of Each Disbursement this Period 600.00	
City Brick	State NJ	Zip Code 08723	Transaction ID : SB21.6594	
Purpose of Disbursement Contribution		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. Brando for Council			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2014	
Mailing Address 12 Commodore Dr			Amount of Each Disbursement this Period 600.00	
City Brick	State NJ	Zip Code 08723	Transaction ID : SB21.6551	
Purpose of Disbursement Contribution		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:				

SUBTOTAL of Disbursements This Page (optional).....	3200.00
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 210 OF 222	
	<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)
TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial) A. Evesham Young Republicans		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address PO Box 1213		Amount of Each Disbursement this Period 1200.00 Transaction ID : SB21.6677
City Marlton	State NJ	
Zip Code 08053	Purpose of Disbursement Contribution	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	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. STR Republican Club		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2014
Mailing Address 16 Hummel Dr		Amount of Each Disbursement this Period 300.00 Transaction ID : SB21.6739
City South Toms River	State NJ	
Zip Code 08757	Purpose of Disbursement Contribution	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	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	4700.00

**SCHEDULE C (FEC Form 3)
LOANS**

NAME OF COMMITTEE (In Full) **TOM MACARTHUR FOR CONGRESS INC.** Transaction ID : **SC/10.4105**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
THOMAS MACARTHUR
 Primary
 General
 Other (specify) ▼

Mailing Address
 77 EAST WATER STREET #24

City State ZIP Code
 TOMS RIVER NJ 08753

Original Amount of Loan 1000000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1000000.00
---------------------------------------	------------------------------------	-----------------------------------------------------------

TERMS

Date Incurred M 01 / D 03 / Y 2014	Date Due M / D / Y 12/31/2016	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)
LOANS

NAME OF COMMITTEE (In Full) **TOM MACARTHUR FOR CONGRESS INC.** Transaction ID : **SC/10.4106**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
THOMAS MACARTHUR Primary
 Mailing Address 77 EAST WATER STREET #24 General
 Other (specify) ▼

City State ZIP Code
 TOMS RIVER NJ 08753

Original Amount of Loan 1000000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1000000.00
---------------------------------------	------------------------------------	-----------------------------------------------------------

TERMS

Date Incurred M 03 / D 31 / Y 2014	Date Due M / D / Y 12/31/2016	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) 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)

Transaction ID : SC/10.4908

TOM MACARTHUR FOR CONGRESS INC.

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

[PERSONAL FUNDS]

Election: 2014

THOMAS MACARTHUR

Primary

General

Other (specify) ▼

Mailing Address

77 EAST WATER STREET #24

City

State

ZIP Code

TOMS RIVER

NJ

08753

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1000000.00

0.00

1000000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

06

20

2014

12/31/2016

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)
LOANS**

NAME OF COMMITTEE (In Full) **TOM MACARTHUR FOR CONGRESS INC.** Transaction ID : **SC/10.6528**

LOAN SOURCE Full Name (Last, First, Middle Initial) THOMAS MACARTHUR	[PERSONAL FUNDS]	Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 77 EAST WATER STREET #24		

City	State	ZIP Code
TOMS RIVER	NJ	08753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000000.00	0.00	1000000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 09 / D 09 / Y 2014	M M / D D / Y 12/31/2016	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	4000000.00

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:
(check only one)

9
 10

NAME OF COMMITTEE (In Full)

TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Anthony Adams

Mailing Address 242 Randall Ave

City State Zip Code
Mt Holly NJ 08060

Nature of Debt (Purpose):
Get-Out-the-Vote

Outstanding Balance Beginning This Period **Transaction ID : SD10.5216**
100.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 100.00 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Tyler Adams

Mailing Address 14 Manchester Rd

City State Zip Code
Eastampton NJ 08060

Nature of Debt (Purpose):
Get-Out-the-Vote

Outstanding Balance Beginning This Period **Transaction ID : SD10.5220**
100.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 100.00 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Charles Bunting

Mailing Address 21 Island Rd

City State Zip Code
Jobstown NJ 08041

Nature of Debt (Purpose):
Get-Out-the-Vote

Outstanding Balance Beginning This Period **Transaction ID : SD10.5224**
100.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 100.00 0.00

1) SUBTOTALS This Period This Page (optional)	0.00
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Stuart Campbell

Mailing Address 4 Easton Ln

City State Zip Code
Cinnaminson NJ 08077

Nature of Debt (Purpose):
Get-Out-the-Vote

Outstanding Balance Beginning This Period **Transaction ID : SD10.5230**
100.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 100.00 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Luke Hall

Mailing Address 254 S Church St

City State Zip Code
Moorestown NJ 08057

Nature of Debt (Purpose):
Get-Out-the-Vote

Outstanding Balance Beginning This Period **Transaction ID : SD10.5204**
100.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 100.00 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Andrew Hull

Mailing Address 997 Kensington Dr

City State Zip Code
Eastampton NJ 08060

Nature of Debt (Purpose):
Get-Out-the-Vote

Outstanding Balance Beginning This Period **Transaction ID : SD10.5226**
50.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 50.00 0.00

1) SUBTOTALS This Period This Page (optional)	0.00
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 217 OF 222
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Dante Key	Nature of Debt (Purpose): Get-Out-the-Vote
Mailing Address 11 Nottingham Way	
City State Zip Code Eastampton NJ 08060	

Outstanding Balance Beginning This Period 100.00	Transaction ID : SD10.5212	
Amount Incurred This Period 0.00	Payment This Period 100.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor THOMAS MACARTHUR	Nature of Debt (Purpose): Candidate Travel/ Meeting Expense
Mailing Address 77 EAST WATER STREET #24	
City State Zip Code TOMS RIVER NJ 08753	

Outstanding Balance Beginning This Period 1246.74	Transaction ID : SD10.4158	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1246.74

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor THOMAS MACARTHUR	Nature of Debt (Purpose): Candidate Travel/Meeting Expense
Mailing Address 77 EAST WATER STREET #24	
City State Zip Code TOMS RIVER NJ 08753	

Outstanding Balance Beginning This Period 1945.15	Transaction ID : SD10.5192	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1945.15

1) SUBTOTALS This Period This Page (optional)	3191.89
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
THOMAS MACARTHUR

Mailing Address 77 EAST WATER STREET #24

City State Zip Code
TOMS RIVER NJ 08753

Nature of Debt (Purpose):
Candidate Travel/Meeting Expense

Outstanding Balance Beginning This Period **0.00** Transaction ID : SD10.6942

Amount Incurred This Period **3038.67** Payment This Period **0.00** Outstanding Balance at Close of This Period **3038.67**

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Aaron Muse

Mailing Address 19 Bayleaf Dr

City State Zip Code
Lumberton NJ 08048

Nature of Debt (Purpose):
Get-Out-the-Vote

Outstanding Balance Beginning This Period **100.00** Transaction ID : SD10.5210

Amount Incurred This Period **0.00** Payment This Period **100.00** Outstanding Balance at Close of This Period **0.00**

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Ricardo Ortega

Mailing Address 10 Ardsley Pl

City State Zip Code
Hainesport NJ 08036

Nature of Debt (Purpose):
Get-Out-the-Vote

Outstanding Balance Beginning This Period **100.00** Transaction ID : SD10.5214

Amount Incurred This Period **0.00** Payment This Period **100.00** Outstanding Balance at Close of This Period **0.00**

1) SUBTOTALS This Period This Page (optional)	3038.67
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Joseph Paolini

Mailing Address 29 Windham Dr

City State Zip Code
Eastampton NJ 08060

Nature of Debt (Purpose):
Get-Out-the-Vote

Outstanding Balance Beginning This Period **Transaction ID : SD10.5218**
100.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 100.00 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Jessica Parrish

Mailing Address 20 Third St

City State Zip Code
Bordentown NJ 08505

Nature of Debt (Purpose):
Get-Out-the-Vote

Outstanding Balance Beginning This Period **Transaction ID : SD10.5206**
100.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 100.00 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Alex Robotin

Mailing Address 630 Chesterfield Arneytown Rd

City State Zip Code
Chesterfield NJ 08515

Nature of Debt (Purpose):
Get-Out-the-Vote

Outstanding Balance Beginning This Period **Transaction ID : SD10.5200**
150.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 150.00 0.00

1) SUBTOTALS This Period This Page (optional)	0.00
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 220 OF 222
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Andrew Robotin	Nature of Debt (Purpose): Get-Out-the-Vote
Mailing Address 630 Chesterfield Arneytown Rd	
City State Zip Code Chesterfield NJ 08515	

Outstanding Balance Beginning This Period 150.00	Transaction ID : SD10.5202	
Amount Incurred This Period 0.00	Payment This Period 150.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Chris Sander	Nature of Debt (Purpose): Get-Out-the-Vote
Mailing Address 7 Corsham Dr	
City State Zip Code Medford NJ 08055	

Outstanding Balance Beginning This Period 100.00	Transaction ID : SD10.5234	
Amount Incurred This Period 0.00	Payment This Period 100.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Betty Simon	Nature of Debt (Purpose): Get-Out-the-Vote
Mailing Address 19 Hunters Dr	
City State Zip Code Mt Laurel NJ 08054	

Outstanding Balance Beginning This Period 50.00	Transaction ID : SD10.5222	
Amount Incurred This Period 0.00	Payment This Period 50.00	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)	0.00
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Tyron Snead

Mailing Address 51 Beaumont Pl

City State Zip Code
Westampton NJ 08060

Nature of Debt (Purpose):
Get-Out-the-Vote

Outstanding Balance Beginning This Period **Transaction ID : SD10.5236**
50.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 50.00 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Barbara Sobotka

Mailing Address 47 Applegate Rd

City State Zip Code
Jobstown NJ 08041

Nature of Debt (Purpose):
Get-Out-the-Vote

Outstanding Balance Beginning This Period **Transaction ID : SD10.5208**
100.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 100.00 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Lisa Threston

Mailing Address 307 7th St

City State Zip Code
Riverton NJ 08077

Nature of Debt (Purpose):
Get-Out-the-Vote

Outstanding Balance Beginning This Period **Transaction ID : SD10.5228**
100.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 100.00 0.00

1) SUBTOTALS This Period This Page (optional)	0.00
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
T Robin Visconi

Mailing Address 370 Tall Tree Ct

City State Zip Code
Jackson NJ 08527

Nature of Debt (Purpose):
Fundraiser-Food/Beverage

Outstanding Balance Beginning This Period **0.00** **Transaction ID : SD10.6075**

Amount Incurred This Period **3875.06** Payment This Period **0.00** Outstanding Balance at Close of This Period **3875.06**

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Rachel Yee

Mailing Address 30 Carriage Dr

City State Zip Code
Eastampton NJ 08060

Nature of Debt (Purpose):
Get-Out-the-Vote

Outstanding Balance Beginning This Period **50.00** **Transaction ID : SD10.5232**

Amount Incurred This Period **0.00** Payment This Period **50.00** Outstanding Balance at Close of This Period **0.00**

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	3875.06
2) TOTALS This Period (last page this line number only)	10105.62
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	4000000.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	4010105.62