

**HAND  
DELIVERED**

Page 1 of 41 -  
LEGISLATIVE RESOURCE CENTER

2014 MAY 30 PM 3:08

OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES

(Office Use Only)

A \$200 penalty shall be assessed against any  
individual who files more than 30 days late.

<b>UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT</b>		<b>FORM B</b> For New Members, Candidates, and New Employees	
Name: <u>Thomas C. MacArthur</u>		Daytime Telephone: _____	
FILER STATUS	<input type="checkbox"/> New Member of or Candidate for U.S. House of Representatives	State: <u>N.J.</u> District: <u>3</u>	<input type="checkbox"/> Check if Amendment
	Candidates - Date of Election: <u>11/04/2014</u>		
<input type="checkbox"/> New Officer or Employee	Employing Office: _____		Period Covered: January 1, _____ to _____

**PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS**

A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <u>or</u> b. Make more than \$200 in unearned income from any reportable asset during the reporting period?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	F. Do you have any reportable agreements or arrangements with an outside entity?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"**  
**THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE**

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS**

TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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**Name: Thomas C MacArthur**

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**Name:** Thomas C. MacArthur

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**SCHEDULE A - ASSETS & "UNEARNED INCOME"**

Name: Thomas C. MacArthur

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BLOCK A		BLOCK B										BLOCK C							BLOCK D									
Assets and/or Income Sources		Value of Asset										Type of Income							Amount of Income									

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**SCHEDULE A - ASSETS & "UNEARNED INCOME"**

Name: **Thomas C. MacArthur**

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BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset		BLOCK C Type of Income		BLOCK D Amount of Income	
						Current Year	Preceding Year
IT YOUNG INNOVATIONS INC							
	EIF						
	<input checked="" type="checkbox"/> NONE						
	<input type="checkbox"/> \$1-\$1,000						
	<input type="checkbox"/> \$1,001-\$15,000						
	<input type="checkbox"/> \$15,001-\$50,000						
	<input type="checkbox"/> \$50,001-\$100,000						
	<input type="checkbox"/> \$100,001-\$250,000						
	<input type="checkbox"/> \$250,001-\$500,000						
	<input type="checkbox"/> \$500,001-\$1,000,000						
	<input type="checkbox"/> \$1,000,001-\$5,000,000						
	<input type="checkbox"/> \$5,000,001-\$25,000,000						
	<input type="checkbox"/> \$25,000,001-\$50,000,000						
	<input type="checkbox"/> Over \$50,000,000						
	<input type="checkbox"/> \$1,000,000						
	<input type="checkbox"/> NONE						
	<input type="checkbox"/> DIVIDENDS						
	<input type="checkbox"/> RENT						
	<input type="checkbox"/> INTEREST						
	<input checked="" type="checkbox"/> CAPITAL GAINS						
	<input type="checkbox"/> EXCEPTED/BLIND TRUST						
	<input type="checkbox"/> TAX-DEFERRED						
	<input type="checkbox"/> OTHER TYPE OF INCOME						
	<input checked="" type="checkbox"/> NONE						
	<input type="checkbox"/> \$1-\$200						
	<input type="checkbox"/> \$201-\$1,000						
	<input type="checkbox"/> \$1,001-\$2,500						
	<input type="checkbox"/> \$2,501-\$5,000						
	<input type="checkbox"/> \$5,001-\$15,000						
	<input type="checkbox"/> \$15,001-\$50,000						
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	<input type="checkbox"/> \$1,000,001-\$5,000,000						
	<input type="checkbox"/> Over \$5,000,000						
	<input type="checkbox"/> Spouse/DC Income Over \$1,000,000						
	<input type="checkbox"/> NONE						
	<input type="checkbox"/> \$1-\$200						
	<input checked="" type="checkbox"/> \$201-\$1,000						
	<input type="checkbox"/> \$1,001-\$2,500						
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	<input type="checkbox"/> \$1,000,001-\$5,000,000						
	<input type="checkbox"/> Over \$5,000,000						
	<input type="checkbox"/> Spouse/DC Income Over \$1,000,000						

# **SCHEDULE D - LIABILITIES**

Name: **Thomas C. MacArthur**

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. \*Column K is for liabilities held solely by your spouse or dependent child.

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
				\$10,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)
Example	First Bank of Wilmington, DE	5/95	Mortgage on Rental Property, Dover, DE				X							
	UBS BANK USA	07/2010	Securities Backed Variable Rate Loan								X			

## **SCHEDULE E - POSITIONS**

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions listed in Schedule C; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

Position	Name of Organization
Vice President/Treasurer/Secy/Director	IGH CHARITABLE FOUNDATION, INC.
MEMBER	NORTH STAR REALTY LLC (SINGLE MEMBER LLC, NO ASSETS, NO ACTIVITY)

Use additional sheets if more space is required.



# **SCHEDULE F – AGREEMENTS**

Name: **Thomas C. MacArthur** Page **41** of **41**

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement

# **SCHEDULE J – COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE**

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Source (Name and City/State)	Brief Description of Duties
<i>Example:</i> Doe Jones & Smith, Hometown, Homestate	Accounting Services
YORK RISK SERVICES GROUP INC, PARSIPPANY, NJ	RESIDUAL STOCK OPTION INCOME RE: 2010 SALE, PREVIOUS EMPLOYMENT ENDED 2010