

# 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

Lonegan for Congress

ADDRESS (number and street)

5 Halifax Ct

Check if different than previously reported. (ACC)

Marlton

NJ

08053

2. FEC IDENTIFICATION NUMBER ▼

C C00555284

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

NJ

03

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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 Elizabeth Curtis

Signature of Treasurer Elizabeth Curtis

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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  
**Lonigan for Congress**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	31983.40	49021.71
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	4200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	31983.40	44821.71
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	33017.68	53792.54
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	33017.68	53792.54
8. Cash on Hand at Close of Reporting Period (from Line 27).....	393.71	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	349437.10	

**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

**Lonegan for Congress**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	7523.00	16840.00
(ii) Unitemized.....	24460.40	32181.71
(iii) TOTAL of contributions from individuals ▶	31983.40	49021.71
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	31983.40	49021.71
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	31983.40	49021.71

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	33017.68	53792.54
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	4200.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	4200.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	33017.68	57992.54

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1427.99
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	31983.40
25. SUBTOTAL (add Line 23 and Line 24).....	33411.39
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	33017.68
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	393.71

**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 5 OF 38
	<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)  
**Longan for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jack Albrecht**

Mailing Address 5607 Military Ct

City State Zip Code  
Fairfield CA 94533

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

Name of Employer Occupation  
Self Officer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**200.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**03 / 11 / 2015**

**Transaction ID : SA11AI.4619**

Amount of Each Receipt this Period  
**50.00**

**B.** Full Name (Last, First, Middle Initial)  
**De Ette Berner**

Mailing Address 718 LA PORTADA ST

City State Zip Code  
SOUTH PASADENA CA 91030

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**213.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**03 / 13 / 2015**

**Transaction ID : SA11AI.4620**

Amount of Each Receipt this Period  
**113.00**

**C.** Full Name (Last, First, Middle Initial)  
**MRS Susan Brunoff**

Mailing Address 334 W Cedar St

City State Zip Code  
New Holland PA 17557-1202

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  
**210.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**02 / 18 / 2015**

**Transaction ID : SA11AI.4622**

Amount of Each Receipt this Period  
**70.00**

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

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

**233.00**

**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 38
	<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)  
**Longan for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Helen Decker**

Mailing Address **PO Box 170009**

City **Arlington** State **TX** Zip Code **76003**

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 **200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 21 / 2015**

**Transaction ID : SA11AI.4624**

Amount of Each Receipt this Period  
**200.00**

**B.** Full Name (Last, First, Middle Initial)  
**Helen Decker**

Mailing Address **PO Box 170009**

City **Arlington** State **TX** Zip Code **76003**

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 **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 17 / 2015**

**Transaction ID : SA11AI.4626**

Amount of Each Receipt this Period  
**200.00**

**C.** Full Name (Last, First, Middle Initial)  
**MS Victoria I Ford**

Mailing Address **4303 Forest Park Rd**

City **Jacksonville** State **FL** Zip Code **32210-6027**

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 **450.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 12 / 2015**

**Transaction ID : SA11AI.4627**

Amount of Each Receipt this Period  
**200.00**

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

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

**600.00**

**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 38
	<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)  
**Longan for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Philip Gibbs**

Mailing Address 232 Fellowship Rd

City Moorestown State NJ Zip Code 08053

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

Name of Employer Self Occupation Business Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 17 / 2015

**Transaction ID : SA11AI.4628**

Amount of Each Receipt this Period  
 1500.00

**B.** Full Name (Last, First, Middle Initial)  
**MR J Kern Hamilton**

Mailing Address 800 Blossom Hill Rd Unit E324

City Los Gatos State CA Zip Code 95032-3568

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 Y Y  
 01 / 16 / 2015

**Transaction ID : SA11AI.4630**

Amount of Each Receipt this Period  
 200.00

**C.** Full Name (Last, First, Middle Initial)  
**Tatnall Hillman**

Mailing Address PO Box 332

City Chilmark State MA Zip Code 02535

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 Y Y  
 03 / 17 / 2015

**Transaction ID : SA11AI.4631**

Amount of Each Receipt this Period  
 2400.00

**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 8 OF 38
	<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)  
**Longan for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mariann F Holmes**

Mailing Address 130 Marina Dr

City State Zip Code  
Bullard TX 75757

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  
210.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 16 / 2015

**Transaction ID : SA11AI.4633**

Amount of Each Receipt this Period  
70.00

**B.** Full Name (Last, First, Middle Initial)  
**Barbara Jarvis**

Mailing Address 13923 Duncannon Dr

City State Zip Code  
Houston TX 77015

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  
200.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 18 / 2015

**Transaction ID : SA11AI.4637**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**Eugene Kelton**

Mailing Address 2312 Amhurst St

City State Zip Code  
Fort Collins CO 80525

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 Y Y  
01 / 08 / 2015

**Transaction ID : SA11AI.4638**

Amount of Each Receipt this Period  
250.00

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

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

420.00



**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 38
	<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)  
**Longan for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Eugene Kelton**

Mailing Address 2312 Amhurst St

City Fort Collins State CO Zip Code 80525

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 Y Y  
**03 / 23 / 2015**

**Transaction ID : SA11Al.4640**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**MS Marjorie R Lindsey**

Mailing Address 10202 Dutch Iris Dr

City Bakersfield State CA Zip Code 93311-3770

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 **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 21 / 2015**

**Transaction ID : SA11Al.4641**

Amount of Each Receipt this Period  
**200.00**

**C.** Full Name (Last, First, Middle Initial)  
**MS Marjorie R Lindsey**

Mailing Address 10202 Dutch Iris Dr

City Bakersfield State CA Zip Code 93311-3770

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 **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 12 / 2015**

**Transaction ID : SA11Al.4642**

Amount of Each Receipt this Period  
**100.00**

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

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

**550.00**

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

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

FOR LINE NUMBER: PAGE 10 OF 38  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Longan for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR Richard R Olander**

Mailing Address 1742 N Fitzgerald Ln

City State Zip Code  
Hanford CA 93230-7901

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  
220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 23 / 2015

**Transaction ID : SA11Al.4643**

Amount of Each Receipt this Period  
70.00

**B.** Full Name (Last, First, Middle Initial)  
**H Carl Recknagel**

Mailing Address 375 State Rd 67

City State Zip Code  
Dousman WI 53118

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  
200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2015

**Transaction ID : SA11Al.4645**

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
**Edward Ridge**

Mailing Address 1642 Gibson Rd

City State Zip Code  
Bensalem PA 19020

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  
200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 24 / 2015

**Transaction ID : SA11Al.4647**

Amount of Each Receipt this Period  
200.00

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

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

470.00

**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 38
	<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)  
**Longan for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR Kenneth Rose**

Mailing Address 39773 N 107th Way

City State Zip Code  
Scottsdale AZ 85262-4952

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  
200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 10 / 2015

**Transaction ID : SA11AI.4649**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**John Siefert Jr.**

Mailing Address 740 Randall Dr

City State Zip Code  
Troy MI 48085

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 04 / 2015

**Transaction ID : SA11AI.4650**

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
**MRS Melia Skandalakis**

Mailing Address 5460 E El Jardin St

City State Zip Code  
Long Beach CA 90815-4153

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

Name of Employer Occupation  
Best Efforts Best Efforts

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2015

**Transaction ID : SA11AI.4654**

Amount of Each Receipt this Period  
50.00

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

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

350.00

**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 38
	<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)  
**Longan for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR Kenneth Snowe**

Mailing Address 203 Lenox Ave

City Pompton Lakes State NJ Zip Code 07442-1302

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

Name of Employer SELF Occupation FINANCIAL ADVISOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 09 / 2015**

**Transaction ID : SA11Al.4655**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Joyce Southern**

Mailing Address 4527 Gaynor Dr

City Charlotte State NC Zip Code 28211

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 **200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 15 / 2015**

**Transaction ID : SA11Al.4656**

Amount of Each Receipt this Period  
**200.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR Robert H Walker**

Mailing Address 411 Forest St

City Lewisburg State TN Zip Code 37091-3738

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

Name of Employer Best Efforts Occupation Best Efforts

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 24 / 2015**

**Transaction ID : SA11Al.4658**

Amount of Each Receipt this Period  
**150.00**

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

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

**450.00**

**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 38
	<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)  
**Longan for Congress**

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

Mailing Address 103 Mineral Springs Rd

City Highland Mills State NY Zip Code 10930

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 **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 10 / 2015**

**Transaction ID : SA11AI.4662**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Jean Warren**

Mailing Address 2410 NW Grand Cir

City Oklahoma City State OK Zip Code 73116

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 **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 21 / 2015**

**Transaction ID : SA11AI.4663**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

**350.00**

**7523.00**

**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 14 OF 38			
	<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)  
**Lonegan for Congress**

Full Name (Last, First, Middle Initial) <b>A. Capitol Caging Corp</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2015
Mailing Address 504 SHAW ROAD SUITE 217		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.4596</b>
City STERLING State VA Zip Code 20166	Purpose of Disbursement Fundraising Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Capitol Caging Corp</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2015
Mailing Address 504 SHAW ROAD SUITE 217		Amount of Each Disbursement this Period 356.35 <b>Transaction ID : SB17.4603</b>
City STERLING State VA Zip Code 20166	Purpose of Disbursement Fundraising Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Capitol Caging Corp</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2015
Mailing Address 504 SHAW ROAD SUITE 217		Amount of Each Disbursement this Period 93.45 <b>Transaction ID : SB17.4606</b>
City STERLING State VA Zip Code 20166	Purpose of Disbursement Fundraising Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	699.80
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 38		
	<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)  
**Lonegan for Congress**

Full Name (Last, First, Middle Initial) <b>A. Colortree Marketing Resources</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2015
Mailing Address PO Box 28960		Amount of Each Disbursement this Period 1549.03
City Henrico	State VA	
Zip Code 23228	Purpose of Disbursement Fundraising	<b>Transaction ID : SB17.4574</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Colortree Marketing Resources</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2015
Mailing Address PO Box 28960		Amount of Each Disbursement this Period 4161.70
City Henrico	State VA	
Zip Code 23228	Purpose of Disbursement Fundraising	<b>Transaction ID : SB17.4575</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Consolidated Mailing Services</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2015
Mailing Address 504 Shaw Rd Suite 206		Amount of Each Disbursement this Period 3260.22
City Sterling	State VA	
Zip Code 20166	Purpose of Disbursement Fundraising	<b>Transaction ID : SB17.4581</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8970.95
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 38			
	<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)  
**Lonegan for Congress**

**A. Consolidated Mailing Services**

Full Name (Last, First, Middle Initial)

Mailing Address 504 Shaw Rd  
Suite 206

City Sterling State VA Zip Code 20166

Purpose of Disbursement Fundraising

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 03 / 26 / 2015

Amount of Each Disbursement this Period: 6696.67

Transaction ID : SB17.4582

Category/Type: 001

**B. Department of the Treasury**

Full Name (Last, First, Middle Initial)

Mailing Address Internal Revenue Service Center

City Ogden State UT Zip Code 84201

Purpose of Disbursement Tax Payment

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 03 / 03 / 2015

Amount of Each Disbursement this Period: 1545.00

Transaction ID : SB17.4607

Category/Type: 001

**C. Donor Precision LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1900 N Culpepper Street

City Arlington State VA Zip Code 22207

Purpose of Disbursement Fundraising

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 01 / 22 / 2015

Amount of Each Disbursement this Period: 446.61

Transaction ID : SB17.4585

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional)..... 8688.28

**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 17 OF 38			
	<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)  
**Lonegan for Congress**

Full Name (Last, First, Middle Initial) <b>A. Donor Precision LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2015
Mailing Address 1900 N Culpepper Street		Amount of Each Disbursement this Period 317.51 <b>Transaction ID : SB17.4588</b>
City Arlington	State VA	
Zip Code 22207	Purpose of Disbursement Fundraising	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Donor Precision LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2015
Mailing Address 1900 N Culpepper Street		Amount of Each Disbursement this Period 195.24 <b>Transaction ID : SB17.4589</b>
City Arlington	State VA	
Zip Code 22207	Purpose of Disbursement Fundraising	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Donor Precision LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2015
Mailing Address 1900 N Culpepper Street		Amount of Each Disbursement this Period 663.86 <b>Transaction ID : SB17.4590</b>
City Arlington	State VA	
Zip Code 22207	Purpose of Disbursement Fundraising	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1176.61
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 38	
	<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)  
**Lonegan for Congress**

Full Name (Last, First, Middle Initial) <b>A. First Virginia Community Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2015
Mailing Address 11325 Random Hills Rd		Amount of Each Disbursement this Period 54.95
City Fairfax	State VA	
Zip Code 22030	Purpose of Disbursement Fundraising	<b>Transaction ID : SB17.4591</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. First Virginia Community Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2015
Mailing Address 11325 Random Hills Rd		Amount of Each Disbursement this Period 25.50
City Fairfax	State VA	
Zip Code 22030	Purpose of Disbursement Fundraising	<b>Transaction ID : SB17.4592</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. First Virginia Community Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2015
Mailing Address 11325 Random Hills Rd		Amount of Each Disbursement this Period 150.00
City Fairfax	State VA	
Zip Code 22030	Purpose of Disbursement Fundraising	<b>Transaction ID : SB17.4593</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	230.45
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 38			
	<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)  
**Lonegan for Congress**

Full Name (Last, First, Middle Initial) <b>A. First Virginia Community Bank</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2015		
Mailing Address 11325 Random Hills Rd			Amount of Each Disbursement this Period 39.48		
City Fairfax	State VA	Zip Code 22030	Transaction ID : SB17.4594		
Purpose of Disbursement Fundraising		001	Category/ Type		
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. First Virginia Community Bank</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2015		
Mailing Address 11325 Random Hills Rd			Amount of Each Disbursement this Period 10.00		
City Fairfax	State VA	Zip Code 22030	Transaction ID : SB17.4597		
Purpose of Disbursement Fundraising		001	Category/ Type		
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>c. First Virginia Community Bank</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2015		
Mailing Address 11325 Random Hills Rd			Amount of Each Disbursement this Period 62.37		
City Fairfax	State VA	Zip Code 22030	Transaction ID : SB17.4598		
Purpose of Disbursement Fundraising		001	Category/ Type		
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	111.85
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 38	
	<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)  
**Lonegan for Congress**

Full Name (Last, First, Middle Initial) <b>A. First Virginia Community Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2015
Mailing Address 11325 Random Hills Rd		Amount of Each Disbursement this Period 25.00 <b>Transaction ID : SB17.4599</b>
City Fairfax	State VA	
Zip Code 22030	Purpose of Disbursement Fundraising	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. First Virginia Community Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2015
Mailing Address 11325 Random Hills Rd		Amount of Each Disbursement this Period 40.80 <b>Transaction ID : SB17.4600</b>
City Fairfax	State VA	
Zip Code 22030	Purpose of Disbursement Fundraising	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. First Virginia Community Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2015
Mailing Address 11325 Random Hills Rd		Amount of Each Disbursement this Period 35.90 <b>Transaction ID : SB17.4601</b>
City Fairfax	State VA	
Zip Code 22030	Purpose of Disbursement Fundraising	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	101.70
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 38		
	<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)  
**Lonegan for Congress**

Full Name (Last, First, Middle Initial) <b>A. First Virginia Community Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2015
Mailing Address 11325 Random Hills Rd		Amount of Each Disbursement this Period 25.25
City Fairfax	State VA	
Zip Code 22030	Purpose of Disbursement Fundraising	<b>Transaction ID : SB17.4602</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. First Virginia Community Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2015
Mailing Address 11325 Random Hills Rd		Amount of Each Disbursement this Period 11.88
City Fairfax	State VA	
Zip Code 22030	Purpose of Disbursement Fundraising	<b>Transaction ID : SB17.4604</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. GoDaddy.com</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2015
Mailing Address 14455 N Hayden Rd Ste 219		Amount of Each Disbursement this Period 18.17
City Scottsdale	State AZ	
Zip Code 83515	Purpose of Disbursement Website Services	<b>Transaction ID : SB17.4611</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	55.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 38	
	<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)  
**Lonegan for Congress**

Full Name (Last, First, Middle Initial) <b>A. GoDaddy.com</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2015
Mailing Address 14455 N Hayden Rd Ste 219		Amount of Each Disbursement this Period 77.12 <b>Transaction ID : SB17.4612</b>
City Scottsdale	State AZ	
Zip Code 83515	Purpose of Disbursement Website Services	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Google Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 1600 Amphitheatre Parkway		Amount of Each Disbursement this Period 10.00 <b>Transaction ID : SB17.4609</b>
City Mountain View	State CA	
Zip Code 94043	Purpose of Disbursement Website Services	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. HostGator.com LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2015
Mailing Address 5005 Mitchelldale Ste 100		Amount of Each Disbursement this Period 49.95 <b>Transaction ID : SB17.4610</b>
City Houston	State TX	
Zip Code 77092	Purpose of Disbursement Web Hosting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	77.12
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 38		
	<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)  
**Lonegan for Congress**

Full Name (Last, First, Middle Initial)

**A. Integram**

Mailing Address 22695 Commerce Center Ct

City Dulles State VA Zip Code 20166

Purpose of Disbursement Fundraising

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 29 / 2015

Amount of Each Disbursement this Period: 4826.59

Transaction ID : SB17.4576

Category/Type: 001

Full Name (Last, First, Middle Initial)

**B. Integram**

Mailing Address 22695 Commerce Center Ct

City Dulles State VA Zip Code 20166

Purpose of Disbursement Fundraising

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 06 / 2015

Amount of Each Disbursement this Period: 516.47

Transaction ID : SB17.4578

Category/Type: 001

Full Name (Last, First, Middle Initial)

**C. Integram**

Mailing Address 22695 Commerce Center Ct

City Dulles State VA Zip Code 20166

Purpose of Disbursement Fundraising

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 06 / 2015

Amount of Each Disbursement this Period: 1483.53

Transaction ID : SB17.4579

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional)..... 6826.59

**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 24 OF 38	
	<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)  
**Lonegan for Congress**

Full Name (Last, First, Middle Initial)

**A. Integram**

Mailing Address 22695 Commerce Center Ct

City Dulles State VA Zip Code 20166

Purpose of Disbursement Fundraising

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 26 / 2015

Amount of Each Disbursement this Period: 3884.81

Transaction ID : SB17.4577

Category/Type: 001

Full Name (Last, First, Middle Initial)

**B. Intuit**

Mailing Address 2632 Marine Way

City Mountain View State CA Zip Code 94043

Purpose of Disbursement Payroll Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 28 / 2015

Amount of Each Disbursement this Period: 30.95

Transaction ID : SB17.4613

Category/Type: 001

Full Name (Last, First, Middle Initial)

**C. Intuit**

Mailing Address 2632 Marine Way

City Mountain View State CA Zip Code 94043

Purpose of Disbursement Payroll Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 29 / 2015

Amount of Each Disbursement this Period: 28.00

Transaction ID : SB17.4614

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional)..... 3943.76

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 38			
	<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)  
**Lonegan for Congress**

Full Name (Last, First, Middle Initial) <b>A. Legacy Lists Inc. - Mgmt</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2015
Mailing Address 1155- 15th St NW		Amount of Each Disbursement this Period 1721.10
City Washington	State DC	
Zip Code 20005	Purpose of Disbursement Fundraising	Transaction ID : SB17.4580
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Simpkins Escrow LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2015
Mailing Address 29243 St Just Dr		Amount of Each Disbursement this Period 196.88
City UNIONVILLE	State VA	
Zip Code 22567	Purpose of Disbursement Fundraising	Transaction ID : SB17.4595
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Simpkins Escrow LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address 29243 St Just Dr		Amount of Each Disbursement this Period 209.81
City UNIONVILLE	State VA	
Zip Code 22567	Purpose of Disbursement Fundraising	Transaction ID : SB17.4605
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2127.79
<b>TOTAL</b> This Period (last page this line number only).....	33010.20

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4502**  
Lonegan for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Steven Lonegan	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 212 Larch Ave	

City	State	ZIP Code
Bogota	NJ	07603

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	0.00	50000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 05 / D 09 / Y 2014	M / D / Y 12/31/2014	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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	50000.00
<b>TOTALS</b> This Period (last page in this line only).....	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : SC/10.4502

(Current loan amount of 50000.00 from a balance of 100000.00 has been forgiven per candidate letter dated 11/24/2014)

Form/Schedule:

Transaction ID:

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4499**  
**Lonegan for Congress**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Steven Lonegan</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 212 Larch Ave	

City	State	ZIP Code
Bogota	NJ	07603

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

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
05 / 16 / 2014	12/31/2014	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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	100000.00
<b>TOTALS</b> 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) **Transaction ID : SC/10.4501**  
**Lonegan for Congress**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Steven Lonegan</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 212 Larch Ave	

City	State	ZIP Code
Bogota	NJ	07603

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

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
05 / 23 / 2014	12/31/2014	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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	100000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	250000.00

**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)	PAGE 30 OF 38
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

**Lonegan for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Base Connect, Inc.</b>	Nature of Debt (Purpose): Fundraising
Mailing Address 1155 15th St NW Suite 410	
City State Zip Code Washington DC 20005	

Outstanding Balance Beginning This Period 1442.93	<b>Transaction ID : SD10.4507</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1442.93

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Base Connect, Inc.</b>	Nature of Debt (Purpose): Fundraising
Mailing Address 1155 15th St NW Suite 410	
City State Zip Code Washington DC 20005	

Outstanding Balance Beginning This Period 5725.37	<b>Transaction ID : SD10.4539</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5725.37

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Base Connect, Inc.</b>	Nature of Debt (Purpose): Fundraising
Mailing Address 1155 15th St NW Suite 410	
City State Zip Code Washington DC 20005	

Outstanding Balance Beginning This Period 30605.27	<b>Transaction ID : SD10.4524</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 30605.27

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	37773.57
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> 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 31 OF 38
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

**Lonegan for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Century Data Mailing Systems</b>	Nature of Debt (Purpose): Fundraising
Mailing Address 1155 - 15TH STREET NW SUITE 410	
City State Zip Code WASHINGTON DC 20005	

Outstanding Balance Beginning This Period 4333.74	<b>Transaction ID : SD10.4536</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4333.74

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Century Data Systems Corp</b>	Nature of Debt (Purpose): Fundraising
Mailing Address 1155 - 15th Street NW Suite 410	
City State Zip Code Washington DC 20005	

Outstanding Balance Beginning This Period 2767.50	<b>Transaction ID : SD10.4516</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2767.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Century Data Systems Corp</b>	Nature of Debt (Purpose): Fundraising
Mailing Address 1155 - 15th Street NW Suite 410	
City State Zip Code Washington DC 20005	

Outstanding Balance Beginning This Period 90.00	<b>Transaction ID : SD10.4554</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 90.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	7191.24
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> 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 32 OF 38
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Lonegan for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Colortree Marketing Resources</b>	Nature of Debt (Purpose): Fundraising
Mailing Address PO Box 28960	
City State Zip Code Henrico VA 23228	

Outstanding Balance Beginning This Period 1549.03	<b>Transaction ID : SD10.4518</b>	
Amount Incurred This Period 0.00	Payment This Period 1549.03	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Colortree Marketing Resources</b>	Nature of Debt (Purpose): Fundraising
Mailing Address PO Box 28960	
City State Zip Code Henrico VA 23228	

Outstanding Balance Beginning This Period 4161.70	<b>Transaction ID : SD10.4532</b>	
Amount Incurred This Period 0.00	Payment This Period 4161.70	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Consolidated Mailing Services</b>	Nature of Debt (Purpose): Fundraising
Mailing Address 504 Shaw Rd Suite 206	
City State Zip Code Sterling VA 20166	

Outstanding Balance Beginning This Period 5637.96	<b>Transaction ID : SD10.4519</b>	
Amount Incurred This Period 0.00	Payment This Period 3260.22	Outstanding Balance at Close of This Period 2377.74

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	2377.74
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	



**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**Lonegan for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Consolidated Mailing Services</b>		Nature of Debt (Purpose): Fundraising
Mailing Address 504 Shaw Rd Suite 206		
City State	Zip Code	
Sterling VA	20166	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.4537</b>	
<input type="text" value="122.26"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="122.26"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Consolidated Mailing Services</b>		Nature of Debt (Purpose): Fundraising
Mailing Address 504 Shaw Rd Suite 206		
City State	Zip Code	
Sterling VA	20166	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.4541</b>	
<input type="text" value="5144.76"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="5144.76"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Consolidated Mailing Services</b>		Nature of Debt (Purpose): Fundraising
Mailing Address 504 Shaw Rd Suite 206		
City State	Zip Code	
Sterling VA	20166	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.4552</b>	
<input type="text" value="12466.15"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="6696.67"/>	<input type="text" value="5769.48"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="11036.50"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**Lonegan for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Consolidated Mailing Services</b>	Nature of Debt (Purpose): Fundraising
Mailing Address 504 Shaw Rd Suite 206	
City State Zip Code Sterling VA 20166	

Outstanding Balance Beginning This Period 5532.90	<b>Transaction ID : SD10.4555</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5532.90

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Consolidated Mailing Services</b>	Nature of Debt (Purpose): Fundraising
Mailing Address 504 Shaw Rd Suite 206	
City State Zip Code Sterling VA 20166	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.4583</b>	
Amount Incurred This Period 9421.05	Payment This Period 0.00	Outstanding Balance at Close of This Period 9421.05

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Donor Precision LLC</b>	Nature of Debt (Purpose): Fundraising
Mailing Address 1900 N Culpepper Street	
City State Zip Code Arlington VA 22207	

Outstanding Balance Beginning This Period 764.12	<b>Transaction ID : SD10.4522</b>	
Amount Incurred This Period 0.00	Payment This Period 764.12	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	14953.95
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> 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 35 OF 38
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Lonegan for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Donor Precision LLC</b>	Nature of Debt (Purpose): Fundraising
Mailing Address 1900 N Culpepper Street	
City State Zip Code Arlington VA 22207	

Outstanding Balance Beginning This Period 859.10	<b>Transaction ID : SD10.4533</b>	
Amount Incurred This Period 0.00	Payment This Period 859.10	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Integram</b>	Nature of Debt (Purpose): Fundraising
Mailing Address 22695 Commerce Center Ct	
City State Zip Code Dulles VA 20166	

Outstanding Balance Beginning This Period 516.47	<b>Transaction ID : SD10.4509</b>	
Amount Incurred This Period 0.00	Payment This Period 516.47	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Integram</b>	Nature of Debt (Purpose): Fundraising
Mailing Address 22695 Commerce Center Ct	
City State Zip Code Dulles VA 20166	

Outstanding Balance Beginning This Period 10194.93	<b>Transaction ID : SD10.4534</b>	
Amount Incurred This Period 0.00	Payment This Period 10194.93	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	0.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> 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)

**Lonegan for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Integram</b>	Nature of Debt (Purpose): Fundraising
Mailing Address 22695 Commerce Center Ct	
City State Zip Code Dulles VA 20166	

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">7661.09</div>	<b>Transaction ID : SD10.4548</b>
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">0.00</div>	Payment This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">0.00</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">7661.09</div>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Legacy Lists Inc - Brokerage</b>	Nature of Debt (Purpose): Fundraising
Mailing Address 1155 - 15th Street NW Suite 410	
City State Zip Code Washington DC 20005	

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">5403.74</div>	<b>Transaction ID : SD10.4514</b>
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">0.00</div>	Payment This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">0.00</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">5403.74</div>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Legacy Lists Inc - Brokerage</b>	Nature of Debt (Purpose): Fundraising
Mailing Address 1155 - 15th Street NW Suite 410	
City State Zip Code Washington DC 20005	

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">5793.47</div>	<b>Transaction ID : SD10.4538</b>
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">0.00</div>	Payment This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">0.00</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">5793.47</div>	

<b>1) SUBTOTALS</b> This Period This Page (optional) ..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">18858.30</div>
<b>2) TOTALS</b> This Period (last page this line number only) ..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </div>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only)..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </div>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </div>

**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)

**Lonegan for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Legacy Lists Inc - Brokerage</b>	Nature of Debt (Purpose): Fundraising
Mailing Address 1155 - 15th Street NW Suite 410	
City State Zip Code Washington DC 20005	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="2306.91"/>	<b>Transaction ID : SD10.4547</b>
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="2306.91"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Legacy Lists Inc. - Mgmt</b>	Nature of Debt (Purpose): Fundraising
Mailing Address 1155- 15th St NW	
City State Zip Code Washington DC 20005	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="1721.10"/>	<b>Transaction ID : SD10.4511</b>
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="1721.10"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="0.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Legacy Lists Inc. - Mgmt</b>	Nature of Debt (Purpose): Fundraising
Mailing Address 1155- 15th St NW	
City State Zip Code Washington DC 20005	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="2440.56"/>	<b>Transaction ID : SD10.4535</b>
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="2440.56"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional) ..... ▶	<input style="width:100%;" type="text" value="4747.47"/>
<b>2) TOTALS</b> This Period (last page this line number only) ..... ▶	<input style="width:100%;" type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only)..... ▶	<input style="width:100%;" type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input style="width:100%;" type="text"/>

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**Lonegan for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Legacy Lists Inc. - Mgmt</b>	Nature of Debt (Purpose): Fundraising
Mailing Address 1155- 15th St NW	
City State Zip Code Washington DC 20005	

Outstanding Balance Beginning This Period 2271.37	Transaction ID : SD10.4540	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2271.37

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Simpkins Escrow LLC</b>	Nature of Debt (Purpose): Fundraising
Mailing Address 29243 St Just Dr	
City State Zip Code UNIONVILLE VA 22567	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4584	
Amount Incurred This Period 226.96	Payment This Period 0.00	Outstanding Balance at Close of This Period 226.96

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	2498.33
2) <b>TOTALS</b> This Period (last page this line number only) .....	99437.10
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	250000.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	349437.10