PAGE 1 / 13

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An A	uthorized Comn	nittee	Offic	e Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT		mple: If typing, type the lines.	12FE4M5	
Lonegan for Cong	ress				1
ADDRESS (number and stre	5 Halifax Ct				
▼					
Check if differen than previously	t Marlton		1	NJ 0805	53
reported. (ACC)		CITY ▲		STATE ▲	ZIP CODE ▲
. FEC IDENTIFICATION	ON NUMBER ▼				
C C00555284		3. IS THIS	x NEW	AMENDED	STATE ▼ DISTRICT
		REPORT	(N) OR	(A)	NJ 03
TYPE OF BEROE	OT (O)				
(a) Quarterly Report		(b) 12-Day PRE -E	Election Report for the	ne:	
			Primary (12P)	General (12G)	Runoff (12R)
April 15 Qua	arterly Report (Q1)	П	Convention (12C)	Special (12S)	
July 15 Quai	rterly Report (Q2)				
October 15	Quarterly Report (Q3)	Election on	M M / D D	/ Y Y Y Y	in the State of
January 31	Year-End Report (YE)	(c) 30-Day POST	-Election Report for	the:	
			•	Runoff (30R)	Special (209)
			General (30G)	nulioli (30h)	Special (30S)
Termination I	Report (TER)	Election on	M M / D D	/ Y Y Y Y	in the State of
5. Covering Period	01 01 /	2021 Y	through	M / D D / Y 03 31	y y y 2021
, and the second					
certify that I have exami			wledge and belief it	is true, correct and cor	nplete.
ype or Print Name of Tre	Curtis, Elizabe	łΠ, , ,			
	Curtis, Elizabeth, , ,			M M /	D D / Y Y Y Y
Signature of Treasurer		I	Electronically Filed]	Date 04	01 2021
IOTE: Submission of false,	, erroneous, or incomplet	e information may su	ıbject the person sign	ing this Report to the pe	nalties of 52 U.S.C. §3010
Office					EC EODM 2
Use					EC FORM 3 (Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

PAGE 2 / 13

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name Lonegan for Congress

2021 2021 03 01 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 741348.94 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 12375.00 (from Line 20(d)) (c) Net Contributions (other than loans) 0.00 728973.94 (subtract Line 6(b) from Line 6(a)) 7. Net Operating Expenditures (a) Total Operating Expenditures 0.00 1241932.28 (from Line 17) (b) Total Offsets to Operating 722.29 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 0.00 1241209.99 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 0.00 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 342452.23 Schedule C and/or Schedule D).....

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 05/2016)

PAGE 3 / 13

Write or Type Committee Name Lonegan for Congress 01 2021 03 31 2021 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)	0.00	275000.48	
	(ii) Unitemized	0.00	448933.46	
	(iii) TOTAL of contributions from individuals	0.00	723933.94	
((b) Political Party Committees	0.00	65.00	
((c) Other Political Committees (such as PACs)	0.00	14750.00	
	(d) The Candidate(e) TOTAL CONTRIBUTIONS	0.00	2600.00	
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	741348.94	
	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00	
	LOANS:			
((a) Made or Guaranteed by the Candidate	0.00	496500.00	
((b) All Other Loans	0.00	0.00	
((c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	496500.00	
	OFFSETS TO OPERATING			
	EXPENDITURES Refunds, Rebates, etc.)	0.00	722.29	
	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	25100.59	
-	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) Carry Total to Line 24, page 4)	0.00	1263671.82	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 13

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	0.00	1241932.28
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	12375.00
		0.00	0.00
	(b) Political Party Committees(c) Other Political Committees	7 7 8.00	3.00
	(such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	12375.00
21.	OTHER DISBURSEMENTS	0.00	0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	0.00	1254307.28
	III. CASH SUI	MMARY	
23.	CASH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	0.00
24	TOTAL RECEIPTS THIS PERIOD (from Line 1	6, page 3)	0.00
25.	SUBTOTAL (add Line 23 and Line 24)		0.00
26.	TOTAL DISBURSEMENTS THIS PERIOD (from	m Line 22)	0.00
27.	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)		0.00

SCHEDULE C (FEC Form 3) LOANS

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

PAGE 5 OF
FOR LINE NUMBER:
(check only one)

X 13a

		100			
NAME OF COMMITTEE (In Full) Lonegan for Congress		Transaction ID : SC/10.4502			
LOAN SOURCE Full Name (Last, First, N	liddle Initial)	Memo Item Election: 2014			
Lonegan, Steven, , ,	Wello ite				
Mailing Address 212 Larch Ave	General Other (specify) ▼				
City	State	ZIP Code Personal Funds of the Candidate			
Bogota	NJ	07603			
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period			
100000.00	ļ,	0.00 50000.00			
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)			
M05M / D09D / Y 2014 Y	M M / D D	/ ^Y 12/31/2014			
List All Endorsers or Guarantors (if any)	to Loan Source				
Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City	ZIP Code	Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)	'	Name of Employer			
Mailing Address		Occupation			
	1	Amount Guaranteed			
City	ZIP Code	Outstanding:			
3. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City	ZIP Code	Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)	'	Name of Employer			
Mailing Address		Occupation			
		Amount			
City	ZIP Code	Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)	50000 00			
		, , , , ,			
TOTALS This Period (last page in this line or	nly)	————			
Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.			

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

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

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

PAGE 7
FOR LINE NUMBER: (check only one)

×	13a
	13b

		100
NAME OF COMMITTEE (In Full) Lonegan for Congress		Transaction ID : SC/10.4499
LOAN SOURCE Full Name (Last, First	t, Middle Initial)	Memo Item Election: 2014
Lonegan, Steven, , ,	rimary General	
Mailing Address 212 Larch Ave	Other (specify) ▼	
City	State	ZIP Code Personal Funds of the Candidate
Bogota	NJ	07603
Original Amount of Loan	Cumulative F	Payment To Date Balance Outstanding at Close of This Period
100000.00	,	0.00 100000.00
TERMS Date Incurred		Date Due Interest Rate Secured: (If none, enter 0)
M05 ^M / P16 ^D / Y Z014 Y	M M / D	□ / Y12/31/2014
List All Endorsers or Guarantors (if a	ny) to Loan Source	e
1. Full Name (Last, First, Middle Initia	l)	Name of Employer
Mailing Address		Occupation
		Amount
City	te ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	te ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	1	Name of Employer
Mailing Address		Occupation
		Amount
City	te ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	'	Name of Employer
Mailing Address		Occupation
		Amount
City	te ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optic	onal)	100000.00
TOTALS This Period (last page in this line	e only)	
Carry outstanding balance only to LINE 3	3. Schedule D. for t	his 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

PAGE 8
FOR LINE NUMBER: (check only one)

X 13a

				138
NAME OF COMMITTEE (In Full) Lonegan for Congress			Tra	ansaction ID : SC/10.4501
LOAN SOURCE Full Name (Last, First, Mid	☐ Memo			
Lonegan, Steven, , ,		Primary General		
Mailing Address	Other (specify)			
212 Larch Ave		— Ctrior (opcorry) •		
City	State	ZIP Code		Personal Funds of the Candida
Bogota	NJ	07603		1 ordenar i ando or ano candida
Original Amount of Loan	Cumulative Pay	yment To Da	ate	Balance Outstanding at Close of This Per
100000.00	2		0.00	100000.00
TERMS Date Incurred	D	ate Due	Interes (If none	st Rate Secured:
M05M / P23P / Y Ž014 Y	M M / D D	[/] 12/3	1/2Ŏ14 ^Ÿ	0.00 % (apr) Yes
List All Endorsers or Guarantors (if any) to	Loan Source			
1. Full Name (Last, First, Middle Initial)		١	lame of Employer	
Mailing Address		(Occupation	
		A	mount	
City	ZIP Code		Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initial)		١	lame of Employer	
Mailing Address		(Occupation	
			mount	
City State	ZIP Code		Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initial)	•	١	lame of Employer	
Mailing Address		(Occupation	
		<i>F</i>	mount	
City State	ZIP Code		Guaranteed Outstanding:	y
4. Full Name (Last, First, Middle Initial)		1	lame of Employer	
Mailing Address		(Occupation	
			mount	
City	ZIP Code		Guaranteed Outstanding:	, , , , , ,
	1			
SUBTOTALS This Period This Page (optional)			······	100000.00
TOTALS This Period (last page in this line only	')		·····•	250000.00
Carry outstanding balance only to LINE 3. Sch	edule D for this	s line. If no	Schedule D. carn	v forward to appropriate line of Summan

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 9 OF
FOR LINE NUMBER:
(check only one)

	9
X	10

NAME OF COMMITTEE (In Full)	
Lonegan for Congress	

Lonegan for Congres	5			
A. Full Name (Last, First, Middle Initial) of [Debtor or Cred	itor	Nature of Debt (Purpose):	
Base Connect, Inc.	Base Connect, Inc.			
Mailing Address 1155 15th St NW Suite 410				
City	State	Zip Code		
Washington	DC	20005		
Outstanding Balance Beginning This Perio	d		Transaction ID : SD10.4539	
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period	
0.00		0.00	5725.37	
B. Full Name (Last, First, Middle Initial) of D Base Connect, Inc.	ebtor or Credi	tor	Nature of Debt (Purpose): Fundraising	
Mailing Address 1155 15th St NW Suite 410				
City	State	Zip Code		
Washington	DC	20005		
Amount Incurred This Period 0.00		Payment This Period 0.00	Outstanding Balance at Close of This Period 30605.27	
C. Full Name (Last, First, Middle Initial) of Consolidated Mailing Service		litor	Nature of Debt (Purpose): Fundraising	
Mailing Address 504 Shaw Rd Suite 206				
City	State	Zip Code		
Sterling	VA	20166		
Outstanding Balance Beginning This Perio	d		Transaction ID : SD10.4541	
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period	
0.00		0.00	225.62	
1) SUBTOTALS This Period This Page (option	al)		36556.26	
2) TOTALS This Period (last page this line nur	P) TOTALS This Period (last page this line number only)			
3) TOTAL OUTSTANDING LOANS from Sche	dule C (last pa	age only)	>	
4) ADD 2) and 3) and carry forward to approp	oriate line of S	ummary Page (last page only)	>	

Excluding Loans

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2)

3)

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luding Loans			numb	ered line)	x 10
ME OF COMMITTEE (In Full)					
onegan for Congress	3				
A. Full Name (Last, First, Middle Initial) of De	btor or Credi	tor			ebt (Purpose):
Consolidated Mailing Services				Fundraisin	g
Mailing Address 504 Shaw Rd Suite 206					
City	State	Zip Code			
Sterling	VA	20166			
Outstanding Balance Beginning This Period				Transacti	on ID : SD10.4552
5769.48					
Amount Incurred This Period		Payment This Period		Outstandi	ng Balance at Close of This Period
0.00		0.0	20		5760 40
0.00		, , , , ,	50		5769.48
B. Full Name (Last, First, Middle Initial) of Deb	tor or Credit	or		Nature of D	Pebt (Purpose):
Consolidated Mailing Services				Fundraisin	
Mailing Address 504 Shaw Rd Suite 206					
City	State	Zip Code			
Sterling	VA	20166			
Outstanding Balance Beginning This Period				Transacti	on ID : SD10.4555
5532.90					
Amount Incurred This Period		Payment This Period		Outstandi	ng Balance at Close of This Period
		0.0	20		5532.90
0.00		,	50		3332.90
C. Full Name (Last, First, Middle Initial) of De	btor or Credi	itor			ebt (Purpose):
Consolidated Mailing Services				Fundraisin	g
Mailing Address 504 Shaw Rd Suite 206					
City	State	Zip Code			
Sterling	VA	20166			
Outstanding Balance Beginning This Period				Transact	ion ID : SD10.4583
9421.05					
Amount Incurred This Period		Payment This Period		Outstandi	ng Balance at Close of This Period
			,	Guiotariai	
0.00		7 0.0	00		9421.05
SUBTOTALS This Period This Page (optional))				20723.43
TOTALS This Period (last page this line number	per only)		···· •		
TOTAL OUTSTANDING LOANS from Schedu	ile C (last pa	ge only)	···· •		7
ADD 2) and 3) and carry forward to appropri	ate line of Su	ummary Page (last page or	nly) >		7 7 7

PAGE

FOR LINE NUMBER:

(check only one)

(Use separate schedule(s)

for each

10 OF

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 11 OF
FOR LINE NUMBER:
(check only one)

	9
X	10

13

NAME OF COMMITTEE (In Full)

Longan for Congress

Lonegan for Congres	SS		
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Consolidated Mailing Services		Nature of Debt (Purpose): Fundraising	
Mailing Address 504 Shaw Rd Suite 206			
City Sterling	State VA	Zip Code 20166	
Outstanding Balance Beginning This Perio	d		Transaction ID : SD10.4811
14548.45	1		
Amount Incurred This Period	Payment This Period		Outstanding Balance at Close of This Period
0.00		0.00	14548.45
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Integram		Nature of Debt (Purpose): Fundraising	
Mailing Address 22695 Commerce Center C	t		_
City	State	Zip Code	
Dulles	VA	20166	
Outstanding Balance Beginning This Perio	d		Transaction ID : SD10.4548
7661.09			
Amount Incurred This Period	od Payment This Period		Outstanding Balance at Close of This Period
0.00		0.00	7661.09
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):	
Legacy Lists Inc - Brokerage		Fundraising	
Mailing Address 1155 - 15th Street NW Suite 410			
City	State	Zip Code	
Washington	DC	20005	
Outstanding Balance Beginning This Perio	d		Transaction ID : SD10.4514
1199.54			
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
0.00		0.00	1199.54
SUBTOTALS This Period This Page (option	al)		23409.08
TOTALS This Period (last page this line num	mber only) ····		
TOTAL OUTSTANDING LOANS from Sche	dule C (last p	page only)	
ADD 2) and 3) and carry forward to approp	oriate line of	Summary Page (last page only)	

Excluding Loans

Lonegan	for	Cono	iress
Luneyan	101		ロしつつ

Excluding Loans			numbered line)	x 10
NAME OF COMMITTEE (In Full)				
Lonegan for Congres	S			
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor				Debt (Purpose):
Legacy Lists Inc - Brokerage			Fundraisii	ng
Mailing Address 1155 - 15th Street NW Suite 410				
City	State	Zip Code		
Washington	DC	20005		
Outstanding Balance Beginning This Period	l		Transact	ion ID : SD10.4538
5793.47				
Amount Incurred This Period	1	Payment This Period	Outstand	ling Balance at Close of This Period
0.00		0.0	00	5793.47
B. Full Name (Last, First, Middle Initial) of De	btor or Cred	litor	Nature of I	Debt (Purpose):
Legacy Lists Inc - Brokerage			Fundraisir	
Mailing Address 1155 - 15th Street NW				
Suite 410 City	State	Zip Code		
Washington	DC	20005		
Outstanding Balance Beginning This Period			Transact	ion ID : SD10.4547
1813.69				
Amount Incurred This Period		Payment This Period	Outstand	ling Balance at Close of This Period
0.00		0.0	00	1813.69
C. Full Name (Last, First, Middle Initial) of De	ebtor or Cre	ditor	Nature of I	Debt (Purpose):
Legacy Lists Inc Mgmt			Fundraisi	ng
Mailing Address 1155-15th St NW				
City	State	Zin Codo		
Washington	DC	Zip Code 20005		
Outstanding Balance Beginning This Period	1	20000	Transac	etion ID : SD10.4535
1884.93				
7 7				
Amount Incurred This Period		Payment This Period	Outstand	ling Balance at Close of This Period
0.00	L	0.0	00	1884.93
SUBTOTALS This Period This Page (optional)	1)			0.400.00
1) SUBTOTALS This Period This Page (optional	''			9492.09
2) TOTALS This Period (last page this line num	ber only) ····		···· }	, , , , , , , , , , , , , , , , , , , ,
3) TOTAL OUTSTANDING LOANS from Sched	ule C (last p	page only)		
4) ADD 2) and 3) and carry forward to appropri	riate line of	Summary Page (last page or	nly) ▶	, , , , , , , , , , , , , , , , , , , ,
				7

PAGE 12 OF

FOR LINE NUMBER:

(check only one)

(Use separate schedule(s)

for each

13

Excluding Loans

PAGE 13 OF (Use separate schedule(s) FOR LINE NUMBER: for each (check only one) numbered line)

13 9 **X** 10

NAME OF COMMITTEE (In Full)			
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Legacy Lists Inc Mgmt Mailing Address 1155- 15th St NW			Nature of Debt (Purpose): Fundraising
City	State	Zip Code	_
Washington	DC	20005	
Outstanding Balance Beginning This Pe	eriod		Transaction ID: SD10.4540
2271.37			
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
0.00		0.00	2271.37
B. Full Name (Last, First, Middle Initial) of	Debtor or Cred	litor	Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	
Amount Incurred This Period C. Full Name (Last, First, Middle Initial) of	of Debtor or Cre	Payment This Period	Outstanding Balance at Close of This Period Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	
Outstanding Balance Beginning This Pe	eriod	Payment This Period	Outstanding Balance at Close of This Period
1) SUBTOTALS This Period This Page (opt	ional) ······		2271.37
2) TOTALS This Period (last page this line number only)		92452.23	
3) TOTAL OUTSTANDING LOANS from Sc	hedule C (last p	age only)	250000.00
4) ADD 2) and 3) and carry forward to app	ropriate line of	Summary Page (last page only)	342452.23