PAGE 1 / 13

### REPORT OF RECEIPTS **AND DISBURSEMENTS**

PONIVI 3	For An Auth	orized Com	mittee			Office Use Only
NAME OF TOO COMMITTEE (in full)	YPE OR PRINT ▼		ample: If typing, er the lines.	type	12FE4M5	
Lonegan for Congress						I
ADDRESS (number and street)	5 Halifax Ct					
Charle if different						
Check if different than previously reported. (ACC)	Marlton				NJ (	08053
2. FEC IDENTIFICATION NUM	MBER ▼	CITY ▲		S	TATE ▲	ZIP CODE ▲
C C00555284	_	. IS THIS REPORT	NEW (N)	OR	AMENDE (A)	STATE ▼ DISTRICT  NJ  03  03
4. TYPE OF REPORT (Choo	se One) (b)	12-Day <b>PRF</b>	-Election Report	for the		
(a) Quarterly Reports:		12 Day TTL		ioi tiic.	ı	
April 15 Quarterly Rep	port (Q1)	Ш	Primary (12P)		General (12	PG) Runoff (12R)
			Convention (12	C)	Special (12	S)
July 15 Quarterly Rep	oort (Q2)		M M /	D D /	Y Y Y Y	in the
October 15 Quarterly	Report (Q3)	Election on				State of
January 31 Year-End	Report (YE) (c)	30-Day <b>POS</b>	T-Election Repo	rt for the:		
		ΪП	General (30G)		Runoff (30F	R) Special (30S)
			deficial (50d)		Hulloli (30)	Special (303)
Termination Report (T	ER)	Election on	M M /	D D /	YYYY	in the State of
5. Covering Period 10	/ 01 / Y	<sup>Y</sup> 2019	through	M M 12	/ D D /	Y Y Y Y Y 2019
I certify that I have examined this  Type or Print Name of Treasurer	Report and to the Curtis, Elizabeth, ,		nowledge and be	lief it is tru	e, correct and	complete.
Curtis, Signature of Treasurer	Elizabeth, , ,		[Electronically Fil	ed] Da	ate 01	/ D D / Y Y Y Y Y Y 2020
NOTE: Submission of false, erroneou	us, or incomplete in	formation may	subject the perso	n signing th	is Report to the	e penalties of 52 U.S.C. §30109
Office						
Use Only						FEC 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

2019 10 2019 12 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

496500.00

Write or Type Committee Name

Luilegaii iui Culigiess	Lonegan	for	Congress
-------------------------	---------	-----	----------

10 12 2019 01 2019 31 Report Covering the Period: To: From: **COLUMN B COLUMN A** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 0.00 275000.48 (i) Itemized (use Schedule A)...... 448933.46 0.00 (ii) Unitemized..... (iii) TOTAL of contributions 0.00 723933.94 from individuals ..... 0.00 65.00 Political Party Committees..... Other Political Committees 0.00 14750.00 (such as PACs)..... 0.00 2600.00 (d) The Candidate ..... TOTAL CONTRIBUTIONS (other than loans) 0.00 (add Lines 11(a)(iii), (b), (c), and (d)).. 741348.94 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES ..... 13. LOANS: (a) Made or Guaranteed by the

		Candidate
	(b)	All Other Loans TOTAL LOANS (add Lines 13(a) and (b))
14.	EXF	FSETS TO OPERATING PENDITURES funds, Rebates, etc.)
15.		HER RECEIPTS idends, Interest, etc.)

(Carry Total to Line 24, page 4).....

16. **TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15)

0.00	0.00
0.00	496500.00
0.00	722.29
0.00	25100.59
0.00	1263671.82

0.00

**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
	<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>	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

FOR LINE NUMBER: (check only one)

**PAGE** 

5

13a

13

OF

13b Transaction ID: SC/10.4502 NAME OF COMMITTEE (In Full) Lonegan for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary Lonegan, Steven, , , General Mailing Address Other (specify)  $\blacktriangledown$ 212 Lărch Ave City State ZIP Code Personal Funds of the Candidate NJ 07603 Bogota Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 100000.00 0.00 50000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D09D M 05M ž014 Y12/31/2014 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 50000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

### : 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

13

			Detailed Surfimary	rage	13b		
NAME OF COMMITTEE (In Full)		Transaction ID : SC/10.4499					
Lonegan for Congress							
, , , , , , , , , , , , , , , , , , , ,	LOAN SOURCE Full Name (Last, First, Middle Initial)  Memo Item Election: 2014						
Lonegan, Steven, , ,				Primary  General			
Mailing Address 212 Larch Ave				Other (specify)			
212 Laidh Ave							
City	State	ZIP Code	)	Personal Funds of the Cand	lidata		
Bogota	NJ	07603		1 Craonal Funda of the Gand			
Original Amount of Loan	Cumulative Pay	ment To D	ate I	Balance Outstanding at Close of This P	eriod		
100000.00			0.00	100000.00			
TERMS Date Incurred	D	ate Due	Interest I		_		
M05 <sup>M</sup> / P16 <sup>D</sup> / Y Ž014 Y	M M / D D	/ Y40/A	(If none, e	enter 0)			
M05 <sup>M</sup> / D16 <sup>D</sup> / Y Z014 Y		12/3	31/2014 <sup>Y</sup>	% (apr) Yes	No		
List All Endorsers or Guarantors (if any) to	o Loan Source						
1. Full Name (Last, First, Middle Initial)		1	Name of Employer				
Mailing Address		(	Occupation				
			Amount				
City State	ZIP Code		Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address		(	Occupation				
			Amount Guaranteed				
City	ZIP Code		Outstanding:	9 9			
3. Full Name (Last, First, Middle Initial)	'	1	Name of Employer				
Mailing Address		(	Occupation				
			Amount				
City	ZIP Code		Guaranteed Outstanding:	y y			
4. Full Name (Last, First, Middle Initial)		1	Name of Employer				
Mailing Address			Occupation				
			Amount				
City State	ZIP Code		Guaranteed Outstanding:	7 7 7			
					$\overline{}$		
SUBTOTALS This Period This Page (optional)							
TOTALS This Period (last page in this line only	/)		······•	9 9			
Carry outstanding balance only to LINE 3, Sch	nedule D, for this	line. If no	Schedule D. carry	forward to appropriate line of Summa	ary.		

# SCHEDULE C (FEC Form 3) LOANS

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

PAGE 8 OF
FOR LINE NUMBER:
(check only one)

**X** 13a

13

		135
NAME OF COMMITTEE (In Full)  Lonegan for Congress		Transaction ID : SC/10.4501
LOAN SOURCE Full Name (Last, First, N	Middle Initial)	Memo Item   Election: 2014
Lonegan, Steven, , ,	Memo Item    Clection: 2014	
Mailing Address 212 Larch Ave	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		0.00 100000.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M05M / D23D / Y Ž01Ă Y	M M / D D	/ Y12/31/2014
List All Endorsers or Guarantors (if any	) to Loan Source	
1. 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
		Amount Guaranteed
City	ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)	<u>,                                      </u>	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 State	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional	.l)	100000.00
TOTALS This Period (last page in this line o	nly)	250000.00
Carry outstanding balance only to LINE 3, S	Schedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

**Excluding Loans** 

(Use separate schedule(s) for each numbered line)

PAGE 9 OF FOR LINE NUMBER: (check only one)

	9
X	10

13

NAME OF COMMITTEE (In Full)

_onegan for Congres	SS		
A. Full Name (Last, First, Middle Initial) of E Base Connect, Inc.	Nature of Debt (Purpose): Fundraising		
Mailing Address 1155 15th St NW Suite 410	-		
City Washington	State DC	Zip Code 20005	
Outstanding Balance Beginning This Perio	d	·	Transaction ID : SD10.4539
5725.37			
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 Crec	ditor	Nature of Debt (Purpose): Fundraising
Mailing Address 1155 15th St NW Suite 410			
City Washington	State DC	Zip Code 20005	
Outstanding Balance Beginning This Perio			Transaction ID : SD10.4524
30605.27			Transaction ID: 3D10.4524
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
0.00	30605.27		
C. Full Name (Last, First, Middle Initial) of I		ditor	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 : SD10.4541
225.62			
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
0.00		0.00	225.62
) SUBTOTALS This Period This Page (option	al)		36556.26
) TOTALS This Period (last page this line nu			
TOTAL OUTSTANDING LOANS from Sche			
ADD 2) and 3) and carry forward to approp	oriate line of	Summary Page (last page only)	

Exc

					separate	PAGE 10 OF 13
NEDTE ANID ADITIONIE				nedule(s)	FOR LINE NUMBER:	
10					r each bered line)	(check only one) 9
	ME OF COMMITTEE (In Full)				,	
	onegan for Congress	S				
	A. Full Name (Last, First, Middle Initial) of De		itor			ebt (Purpose):
	Consolidated Mailing Services				Fundraisin	g
-	Mailing Address 504 Shaw Rd Suite 206					
ŀ	City	State	Zip Code			
	Sterling	VA	20166			
	Outstanding Balance Beginning This Period				Transaction	on ID : SD10.4552
	5769.48					
	Amount Incurred This Period		Payment This Period		Outstandi	ng Balance at Close of This Perioc
	0.00		0.0	00		5769.48
ı	B. Full Name (Last, First, Middle Initial) of Deb	otor or Credit	tor		Nature of D	Pebt (Purpose):
	Consolidated Mailing Services				Fundraising	
	Mailing Address 504 Shaw Rd Suite 206					
İ	City	State	Zip Code			
	Sterling	VA	20166			
	Outstanding Balance Beginning This Period				Transaction	on ID : SD10.4555
	5532.90					
	Amount Incurred This Period		Payment This Period		Outstandi	ng Balance at Close of This Perioc
	0.00		0.0	00		5532.90
f	C. Full Name (Last, First, Middle Initial) of De	btor or Cred	itor		Nature of D	Pebt (Purpose):
	Consolidated Mailing Services				Fundraisin	
	Mailing Address 504 Shaw Rd Suite 206					
İ	City	State	Zip Code			
ļ	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 Perioc
	0.00		0.0	00		9421.05
1)	SUBTOTALS This Period This Page (optional	)		···· <b>•</b>		20723.43
2)	TOTALS This Period (last page this line numl	ber only) ·····		···· •		
3)	TOTAL OUTSTANDING LOANS from Schedu	ıle C (last pa	age only)	···· <b>•</b>		7
4)	) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)					

PAGE

10 OF

**Excluding Loans** 

(Use separate schedule(s) for each

PAGE FOR L (check

LINE NUMBER:		9
conly one)		9
	X	10

OF

13

numbered line) NAME OF COMMITTEE (In Full) onegan for Congress A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Fundraising **Consolidated Mailing Services** Mailing Address 504 Shaw Rd Suite 206 City State Zip Code VA 20166 Sterling Transaction ID: SD10.4811 Outstanding Balance Beginning This Period 14548.45 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 14548.45 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Fundraising Integram Mailing Address 22695 Commerce Center Ct City State Zip Code **Dulles** 20166 VA Outstanding Balance Beginning This Period Transaction ID: SD10.4548 7661.09 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 7661.09 0.00 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 DC Washington 20005 Outstanding Balance Beginning This Period Transaction ID: SD10.4514 1199.54 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 1199.54 0.00 1) SUBTOTALS This Period This Page (optional) ..... 23409.08 TOTALS This Period (last page this line number only) ..... TOTAL OUTSTANDING LOANS from Schedule C (last page only)-----

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

**Excluding Loans** 

(Use separate schedule(s) for each numbered line)

PAGE 12 OF FOR LINE NUMBER: (check only one)

	9
x	10

13

Exolution Evaluation			, 10
NAME OF COMMITTEE (In Full)  Lonegan for Congres	S		
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Legacy Lists Inc - Brokerage			Nature of Debt (Purpose): Fundraising
Mailing Address 1155 - 15th Street NW Suite 410			
City Washington	State DC	Zip Code 20005	
Outstanding Balance Beginning This Period		20003	Transaction ID : SD10.4538
5793.47			
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
0.00		0.00	5793.47
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Legacy Lists Inc - Brokerage			Nature of Debt (Purpose): Fundraising
Mailing Address 1155 - 15th Street NW Suite 410			
City Washington	State DC	Zip Code 20005	
Outstanding Balance Beginning This Period	d		Transaction ID : SD10.4547
1813.69			
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
0.00	l	0.00	1813.69
C. Full Name (Last, First, Middle Initial) of D Legacy Lists Inc Mgmt	ebtor or Cred	ditor	Nature of Debt (Purpose): Fundraising
Mailing Address 1155-15th St NW			
City Washington	State DC	Zip Code 20005	
Outstanding Balance Beginning This Period	<b>d</b>		Transaction ID : SD10.4535
1884.93			
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
0.00		0.00	1884.93
1) SUBTOTALS This Period This Page (optional	al)		9492.09
2) TOTALS This Period (last page this line num	nber only) ·····		
3) TOTAL OUTSTANDING LOANS from Sched	dule C (last p	age only)·····	
4) ADD 2) and 3) and carry forward to approp	riate line of S	Summary Page (last page only)	

**Excluding Loans** 

(Use separate schedule(s) for each numbered line)

PAGE 13 OF **FOF** (che

R LINE NUMBER:		
eck only one)		9
	v	10

13

NAME OF COMMITTEE (In Full) onegan for Congress A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Fundraising Legacy Lists Inc. - Mgmt Mailing Address 1155- 15th St NW State City Zip Code DC Washington 20005 Transaction ID: SD10.4540 Outstanding Balance Beginning This Period 2271.37 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2271.37 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City Zip Code State Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 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) SUBTOTALS This Period This Page (optional) ..... 2271.37 TOTALS This Period (last page this line number only) ..... 92452.23 TOTAL OUTSTANDING LOANS from Schedule C (last page only)-----250000.00 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) 342452.23