Image#	20180	41391	0801	3212
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04/13/2018 06 : 19

PAGE 1 / 13

FEC FORM 3		ND DIS		ECEIPTS EMENTS			Office Use Only
1. NAME OF COMMITTEE (in	ı full)	TYPE OR PRINT	•	Example: If typin over the lines.	g, type	12FE4M5	
Lonegan for C	ongress						
		5 Halifax Ct					
ADDRESS (number ar	nd street)						
Check if dit than previo reported. (A	usly	Marlton					08053
2. FEC IDENTIFIC		JMBER ▼	CITY	`	S	STATE 🔺	ZIP CODE
C C0055528	84		3. IS THIS REPORT	× NEW (N)	OR	AMEND (A)	DED STATE ▼ DISTRICT
	eports: 5 Quarterly F	Report (Q1)	(b) 12-Day P	RE-Election Repo Primary (12P Convention (General (1 Special (1	
	o Quarterly R er 15 Quarter	eport (Q2) Iy Report (Q3)	Election	on /	D D /	Y Y Y Y	in the State of
January	y 31 Year-En	d Report (YE)	(c) 30-Day P	OST -Election Rep General (30G		Runoff (30)R) Special (30S)
Termina	ation Report	(TER)	Election	on/	D D /	Y Y Y Y	in the State of
5. Covering Period		M / D D / 01	Y Y Y Y 2018	through	M M 03	/ D D / 31	Y Y Y Y 2018
I certify that I have a Type or Print Name		Curtis, Elizabet		knowledge and	belief it is tru	ue, correct and	d complete.
Signature of Treasure		is, Elizabeth, , ,		[Electronically]	Filed] D	ate	/ D D / Y Y Y Y 11 2018
· · · · · · · · · · · · · · · · · · ·	false, errone	eous, or incomplete	e information m	ay subject the per	son signing th	his Report to th	ne penalties of 52 U.S.C. §30109
Office Use Only							FEC FORM 3 (Revised 05/2016)

		FEC Form 3 (Revised 05/2016)	SUMMARY PAGE of Receipts and Disbursements	PAGE 2 / 13
		or Type Committee Name egan for Congress		
R	leport	t Covering the Period: From:	01 / 01 / Y Y Y Y 01 01 To:	M 03 / D D / Y Y Y Y 31 / 2018
			COLUMN A This Period	COLUMN B Election Cycle-to-Date
6.	Net	Contributions (other than loans)	<u>.</u>	
	(a)	Total Contributions (other than loans) (from Line 11(e))	0.00	741348.94
	(b)	Total Contribution Refunds (from Line 20(d))	0.00	12375.00
	(c)	Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	728973.94
7.	Net	Operating Expenditures		
	(a)	Total Operating Expenditures (from Line 17)	0.00	1241932.28
	(b)	Total Offsets to Operating Expenditures (from Line 14)	0.00	722.29
	(c)	Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	0.00	1241209.99
8.		sh on Hand at Close of porting Period (from Line 27)	0.00	
9.	the	ots and Obligations Owed TO Committee (Itemize all on ledule C and/or Schedule D)	0.00	
10.	the	ots and Obligations Owed BY Committee (Itemize all on nedule C and/or Schedule D)	342452.23	

For further information contact:

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

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

Image# 201804139108013214		
DE	TAILED SUMMARY PAGE	
FEC Form 3 (Revised 05/2016)	of Receipts	PAGE 3 / 13
Write or Type Committee Name		
Lonegan for Congress		
Report Covering the Period: From:	/ D D / Y Y Y Y 01 / 2018 To:	M M / D D / Y Y Y Y 03 31 2018
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		700000.04
from individuals	0.00	723933.94
(b) Political Party Committees	0.00	65.00
(c) Other Political Committees	0.00	14750.00
(such as PACs)	· · · · · · · · · · · · · · · · · · ·	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(d) The Candidate	0.00	2600.00
(e) TOTAL CONTRIBUTIONS (other than loans)		
(add Lines 11(a)(iii), (b), (c), and (d))	0.00	741348.94
12. TRANSFERS FROM OTHER		
AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the	0.00	406500.00
Candidate	7 7 7	496500.00
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	496500.00
14. OFFSETS TO OPERATING EXPENDITURES		
(Refunds, Rebates, etc.)	0.00	722.29
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	25100.59
16. TOTAL RECEIPTS (add Lines	, , , , , , , , , , , , , , , , , , , ,	7 7 7 7 7 7 7
11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	0.00	1263671.82
(Sandy Termine Entor Ellipsigo Himmini	7 7 7	

of Disbursements PAGE 4 / 13 FEC Form 3 (Revised 05/2016) COLUMN A COLUMN B **II. DISBURSEMENTS Total This Period Election Cycle-to-Date** 0.00 1241932.28 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER 0.00 0.00 AUTHORIZED COMMITTEES 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed 0.00 0.00 by the Candidate..... 0.00 0.00 (b) Of All Other Loans (c) TOTAL LOAN REPAYMENTS 0.00 0.00 (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: Individuals/Persons Other (a) 0.00 12375.00 Than Political Committees 0.00 0.00 (b) Political Party Committees..... Other Political Committees (c) 0.00 0.00 (such as PACs) (d) TOTAL CONTRIBUTION REFUNDS 0.00 12375.00 (add Lines 20(a), (b), and (c))..... 0.00 0.00 21. OTHER DISBURSEMENTS 22. TOTAL DISBURSEMENTS 0.00 1254307.28 (add Lines 17, 18, 19(c), 20(d), and 21)

DETAILED SUMMARY PAGE

III. CASH SUMMARY

Image# 201804139108013215

23.	CASH ON HAND AT BEGINNING OF REPORTING PERIOD		7		7	_	0.00
24	TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)		7		7	-	0.00
25.	SUBTOTAL (add Line 23 and Line 24)		7		7	-	0.00
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)		,		7	-	0.00
27.	CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)		7		7	-	0.00

	_				PAGE 5 OF 13
SCHEDULE C (FEC Form 3) .OANS			Use separate schedule for each category of the Detailed Summary Pag	he (check only one) × 13a	
AME OF COMMITTEE (In Full) onegan for Congress				Transac	ction ID : SC/10.4502
LOAN SOURCE Full Name (I	_ast, First, Mic	ddle Initial)		Memo Item	Election: 2014
Lonegan, Steven, , ,					Primary General
Mailing Address 212 Larch Ave					Other (specify) ▼
City		State	ZIP Code	9	
Bogota		NJ	07603		Personal Funds of the Candidate
Original Amount of Loan		Cumulative Pa	yment To D	Date Bala	ance Outstanding at Close of This Perio
1(00000.00			0.00	50000.00
TERMS Date Incurred		E	Date Due	Interest Rate (If none, enter	
M05M / D09D / Y 2	2014 Y	M M / D D	/ ^Y 12/3		
List All Endorsers or Guaran	tors (if any) t	o Loan Source			
1. Full Name (Last, First, Mic	Idle Initial)			Name of Employer	
Mailing Address				Occupation	
				Amount	
City	State	ZIP Code		Guaranteed Outstanding:	g
2. Full Name (Last, First, Mide	dle Initial)			Name of Employer	
Mailing Address				Occupation	
				Amount	
City	State	ZIP Code		Guaranteed Outstanding:	9 · · · 9 · · · * ·
3. Full Name (Last, First, Mide	dle Initial)			Name of Employer	
Mailing Address				Occupation	
				Amount	
City	State	ZIP Code		Guaranteed Outstanding:	y y
4. Full Name (Last, First, Mide	dle Initial)			Name of Employer	
Mailing Address				Occupation	
				Amount	
City	State	ZIP Code		Guaranteed Outstanding:	y
UBTOTALS This Period This Pa OTALS This Period (last page in					7 7 50000.00
					ward to appropriate line of Summary.

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

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:

					PAGE 7 OF 13	
SCHEDULE C (FEC Form 3) LOANS			Use separate schedule for each category of th Detailed Summary Pag	P(S) FOR LINE NUMBER:		
AME OF COMM _onegan for	, ,			Transac	tion ID : SC/10.4499	
LOAN SOURC	E Full Name (Last, First, Steven, , ,	Middle Initial)		🗌 Memo Item	Election: 2014 X Primary General	
Mailing Addres 212 Larch Ave	S				Other (specify)	
City Bogota		State NJ	ZIP Code 07603	9	Personal Funds of the Candidate	
Original Amo	unt of Loan 100000.00	Cumulative Pa	ayment To D	Date Bala	nce Outstanding at Close of This Perio 100000.00	
TERMS	Date Incurred	M M / D C		Interest Rate (If none, enter 31/2014 ^v 0.0	0) 00 0/ / / / / / / / / / / / / / / / / /	
	sers or Guarantors (if ar (Last, First, Middle Initial)	y) to Loan Source		Name of Employer		
Mailing Ad	dress			Occupation		
City State ZIP Code				Amount Guaranteed Outstanding:		
2. Full Name	Last, First, Middle Initial)			Name of Employer		
Mailing Add	Iress			Occupation Amount		
City	State ZIP Code			Guaranteed Outstanding:		
3. Full Name	Last, First, Middle Initial)			Name of Employer		
Mailing Add	Iress			Occupation		
City	City State ZIP Code			Amount Guaranteed Outstanding:		
4. Full Name	Last, First, Middle Initial)			Name of Employer		
Mailing Add	Iress			Occupation		
City	Stat	e ZIP Code		Amount Guaranteed Outstanding:	y	
	s Period This Page (optior riod (last page in this line	-		H	100000.00	
Carry outstandin	g balance only to LINE 3,	Schedule D, for thi	is line. If no	o Schedule D, carry forw	vard to appropriate line of Summary.	

					PAGE 8 OF 13	
SCHEDULE C (FEC Form 3) LOANS			Use separate schedule for each category of t Detailed Summary Pag	e(s) FOR LINE NUMBER: he (check only one) X 13a		
ME OF COMMITTEE (In Full)				Transad	ction ID : SC/10.4501	
LOAN SOURCE Full Name Lonegan, Steven, , ,	e (Last, First, Mide	dle Initial)		Memo Item	Election: 2014 X Primary General	
Mailing Address 212 Larch Ave					Other (specify) V	
City Bogota		State NJ	ZIP Code 07603	•	Personal Funds of the Candidat	
Original Amount of Loan	100000.00	Cumulative Pa	yment To D	ate Bala	ance Outstanding at Close of This Peric 100000.00	
TERMS Date Incurred M05 ^M / P23 ^D /	ž014 ^v		Date Due	Interest Rate (If none, enter \$1/2Ŏ14 ^Ÿ 0.	00 1	
List All Endorsers or Guara 1. Full Name (Last, First, M		Loan Source		Name of Employer		
Mailing Address				Occupation		
City	City State ZIP Code			Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Mi	iddle Initial)			Name of Employer		
Mailing Address				Occupation Amount		
City	State	ZIP Code		Guaranteed Outstanding:		
3. Full Name (Last, First, Mi	iddle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	e ZIP Code		Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Mi	iddle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		
JBTOTALS This Period This	Page (optional)			······	100000.00	
)			· · · · · · · · · · · · · · · · · · ·	

SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS Excluding Loans NAME OF COMMITTEE (In Full) Lonegan for Congres A. Full Name (Last, First, Middle Initial) of De Base Connect, Inc. Mailing Address 1155 15th St NW Suite 410		ditor	(Use separate schedule(s) for each numbered line) Nature of D Fundraisin	PAGE 9 OF 13 FOR LINE NUMBER: (check only one) 9 X 10 Pebt (Purpose): 9	
City	State	Zip Code			
Washington	DC	20005			
Outstanding Balance Beginning This Period	1		Iransacti	on ID : SD10.4539	
5725.37					
Amount Incurred This Period		Payment This Period		ng Balance at Close of This Period	
0.00		0.	00	5725.37	
B. Full Name (Last, First, Middle Initial) of De Base Connect, Inc.	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Base Connect, Inc.				
Mailing Address 1155 15th St NW Suite 410	1				
City Washington	State DC	Zip Code 20005			
Outstanding Balance Beginning This Period 30605.27 Amount Incurred This Period 0.00		9 9		on ID : SD10.4524 ng Balance at Close of This Period 30605.27	
C. Full Name (Last, First, Middle Initial) of D Consolidated Mailing Services Mailing Address 504 Shaw Rd		ditor	Nature of D Fundraisin	ebt (Purpose): g	
Suite 206 City	State	Zip Code			
Sterling	VA	20166			
Outstanding Balance Beginning This Perioc 225.62	1		Transact	ion ID : SD10.4541	
Amount Incurred This Period		Payment This Period	Outstandi	ng Balance at Close of This Period	
			00	225.62	
1) SUBTOTALS This Period This Page (optiona	ll)		···· ►	36556.26	
2) TOTALS This Period (last page this line num	ber only)		····· •	7	
3) TOTAL OUTSTANDING LOANS from Sched	ule C (last p	age only)	···· •	7 7 7 7	
4) ADD 2) and 3) and carry forward to appropriate the appropriate the second se	riate line of S	Summary Page (last page o			

FEC Schedule D (Form 3) (Revised 05/2016)

SCHEDULE D (FEC Form 3)			(Use separate	PAGE 10 OF 13
EBTS AND OBLIGATIONS			schedule(s)	FOR LINE NUMBER:
				(check only one) 9
			numbered line)	X 10
NAME OF COMMITTEE (In Full)				
Lonegan for Congres	S			
A. Full Name (Last, First, Middle Initial) of De	ebtor or Cre	ditor	Nature of D	ebt (Purpose):
Consolidated Mailing Services			Fundraisin	g
Mailing Address 504 Shaw Rd				
Suite 206	01-01-0	7. 0. 1		
City	State VA	Zip Code 20166		
Sterling	VA	20100		
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	00	5769.48
		9 9 9		, , , , , , , , , , , , , , , , , , , ,
B. Full Name (Last, First, Middle Initial) of De	btor or Crea	litor	Nature of D	ebt (Purpose):
Consolidated Mailing Services			Fundraisin	
Mailing Address 504 Shaw Rd				
Suite 206 City	State	Zip Code		
Sterling	VA	20166		
		20100		
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 Perioc
Amount incurred mis renod		r ayment mis r enou	Outstand	
0.00		0.1	00	5532.90
C. Full Name (Last, First, Middle Initial) of De		editor		ebt (Purpose):
Consolidated Mailing Services	5		Fundraisin	g
Mailing Address 504 Shaw Rd				
Mailing Address 504 Shaw Rd Suite 206				
City	State	Zip Code		
Sterling	VA	20166		
Outstanding Balance Beginning This Period			Transact	ion ID : SD10.4583
			Tansact	
9421.05				
Amount Incurred This Period		Payment This Period	Outstandi	ng Balance at Close of This Period
0.00		0.0	00	9421.05
7 7 7 7		, , , , , , , , , , , , , , , , , , , ,		y y y w
			_	
1) SUBTOTALS This Period This Page (optional	I)		···· ►	20723.43
2) TOTALS This Period (last page this line num	ber only) ····		···· ►	
				, , , , , , , , , , , , , , , , , , , ,
3) TOTAL OUTSTANDING LOANS from Sched	uie C (last p	bage only)	···· ►	
4) ADD 2) and 3) and carry forward to appropri	iate line of	Summary Page (last page o	nlv)	
		Commany i age liast page 0	····y/ ►	9

FEC Schedule D (Form 3) (Revised 05/2016)

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		
Lonegan for Congres	S			
A. Full Name (Last, First, Middle Initial) of De Consolidated Mailing Services	btor or Crea	ditor	Nature of D Fundraisin	ebt (Purpose): g
Mailing Address 504 Shaw Rd Suite 206				
City Sterling	State VA	Zip Code 20166		
Outstanding Balance Beginning This Period			Transacti	on ID : SD10.4811
14548.45		Deursent This Deviad	Outstaad	
Amount Incurred This Period	_	Payment This Period	Outstandi 00	ng Balance at Close of This Period
0.00			00	14548.45
B. Full Name (Last, First, Middle Initial) of Del Integram	otor or Cred	itor	Nature of D Fundraisin	lebt (Purpose): g
Mailing Address 22695 Commerce Center Ct				
City Dulles	State VA	Zip Code 20166		
Outstanding Balance Beginning This Period 7661.09			Transactio	on ID : SD10.4548
Amount Incurred This Period		Payment This Period	Outstandi	ng Balance at Close of This Period
0.00		0 .	00	7661.09
C. Full Name (Last, First, Middle Initial) of De Legacy Lists Inc - Brokerage	ebtor or Cree	ditor	Nature of D Fundraisin	ebt (Purpose): g
Mailing Address 1155 - 15th Street NW Suite 410				
City	State DC	Zip Code 20005		
Washington Outstanding Balance Beginning This Period	DC	20005	Transact	ion ID : SD10.4514
1199.54			Transact	
Amount Incurred This Period		Payment This Period	Outstandi	ng Balance at Close of This Period
0.00			00	1199.54
1) SUBTOTALS This Period This Page (optional)		···· •	23409.08
2) TOTALS This Period (last page this line num	ber only) ·····			· · · · · · · · · · · · · · · · · · ·
3) TOTAL OUTSTANDING LOANS from Schedu	ule C (last p	age only)		, ,
4) ADD 2) and 3) and carry forward to appropr	iate line of S	Summary Page (last page o		

FEC	Schedule	D	(Form	3)	(Revised	05/2016)

SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS Excluding Loans	(Use separate schedule(s) for each numbered line)	PAGE 12 OF 13 FOR LINE NUMBER: (check only one) 9 X 10				
Lonegan for Congres	S					
A. Full Name (Last, First, Middle Initial) of De Legacy Lists Inc - Brokerage	Nature of D Fundraisin	lebt (Purpose): g				
Mailing Address 1155 - 15th Street NW Suite 410						
City Washington						
Outstanding Balance Beginning This Period			Transacti	on ID : SD10.4538		
5793.47						
Amount Incurred This Period	P	ayment This Period	Outstandi	Outstanding Balance at Close of This Period		
0.00		0.0	00	5793.47		
B. Full Name (Last, First, Middle Initial) of Det Legacy Lists Inc - Brokerage	Nature of D Fundraisin	lebt (Purpose): g				
Mailing Address 1155 - 15th Street NW Suite 410						
City Washington	State DC	Zip Code 20005				
Outstanding Balance Beginning This Period 1813.69 Amount Incurred This Period		on ID : SD10.4547 ng Balance at Close of This Period				
0.00	0.00 0.00					
C. Full Name (Last, First, Middle Initial) of De Legacy Lists Inc Mgmt	Nature of D Fundraisin	ebt (Purpose): g				
Mailing Address 1155- 15th St NW						
City Washington	State DC	Zip Code 20005				
Outstanding Balance Beginning This Period 1884.93			Transact	ion ID : SD10.4535		
Amount Incurred This Period	F	ayment This Period	Outstandi	ng Balance at Close of This Period		
				1884.93		
1) SUBTOTALS This Period This Page (optional	···· •	9492.09				
2) TOTALS This Period (last page this line num		· · · · · · · · · · · · · · · · · · ·				
3) TOTAL OUTSTANDING LOANS from Schedu	···· •	3				
4) ADD 2) and 3) and carry forward to appropri	iate line of Sum	mary Page (last page o				

FEC	Schedule	D	(Form	3)	(Revised	05/2016)
		_	· • • · · · ·	-,	(00,20.0)

SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS Excluding Loans NAME OF COMMITTEE (In Full)			(Use separate schedule(s) for each numbered line)	PAGE13OF13FOR LINE NUMBER: (check only one)99X10	
Lonegan for Congres	S				
A. Full Name (Last, First, Middle Initial) of D Legacy Lists Inc Mgmt		Nature of Debt (Purpose): Fundraising			
Mailing Address 1155- 15th St NW					
City Washington					
Outstanding Balance Beginning This Period	d		Transacti	on ID : SD10.4540	
2271.37]				
Amount Incurred This Period	Amount Incurred This Period Payment This Period				
0.00		0.	00	2271.37	
B. Full Name (Last, First, Middle Initial) of De	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor				
Mailing Address					
City	State	Zip Code			
Outstanding Balance Beginning This Period Amount Incurred This Period]	Payment This Period	Outstandi	ng Balance at Close of This Period	
C. Full Name (Last, First, Middle Initial) of D	Nature of D	ebt (Purpose):			
Mailing Address					
City	State	Zip Code			
Outstanding Balance Beginning This Period Amount Incurred This Period		Payment This Period	Outstandi	ng Balance at Close of This Period	
1) SUBTOTALS This Period This Page (optional	al)			0074.07	
2) TOTALS This Period (last page this line nur		2271.37 92452.23			
3) TOTAL OUTSTANDING LOANS from Sched		250000.00			
 ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) 				342452.23	

FEC Sc	hedule C) (Fo	rm 3)	(Revised	05/2016)
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