| Image# | 201810039124284217 | |
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I

10/03/2018 21 : 07

PAGE 1 / 13

| FEC FORM 3 | | ND DIS | | ECEIPTS EMENTS | | | - Office Use Only |
|---|---|--|----------------------|-----------------------------------|-----------------------------|---|---------------------------------|
| 1. NAME OF COMMITTEE (in f | | YPE OR PRINT | • | Example: If typin over the lines. | g, type | 12FE4M5 | |
| Lonegan for Co | ngress | | | | | | |
| | | | | | | | |
| ADDRESS (number and | street) | 5 Halifax Ct | | | | | |
| ▼ Check if diffe | | | | | | | |
| than previous reported. (AC | | Marlton | | | | | 08053 |
| 2. FEC IDENTIFICA | ATION NUI | MBER 🔻 | | | (| STATE 🔺 | |
| C C00555284 | | | 3. IS THIS REPORT | × NEW (N) | OR | AMEND (A) | ED STATE ▼ DISTRICT |
| July 15 C Cotober January 3 | oorts: Quarterly Re Quarterly Rep | port (Q1) bort (Q2) Report (Q3) Report (YE) | Election | OST-Election Rep General (30G |) 12C) Doort for the: | General (12 Special (12 Y Y Y Y Runoff (30 | 2S) in the State of |
| 5. Covering Period | 07 | / D D / 01 | Y Y Y Y 2018 | through | M M 09 | / D D / 30 | Y Y Y Y 2018 |
| I certify that I have exactly Type or Print Name of | | Report and to to Curtis, Elizabet | | knowledge and | belief it is tr | ue, correct and | complete. |
| Signature of Treasurer | | Elizabeth, , , | | [Electronically | Filed] | Date | / D D / Y Y Y Y 03 / 2018 |
| | alse, erroneo | us, or incomplete | information m | ay subject the per | son signing t | this Report to th | e 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 |
|-----|--|---|--|
| | Write or Type Committee Name Lonegan for Congress | | |
| R | Report Covering the Period: From: | 07 / D D / Y Y Y Y 01 / 2018 To | $\begin{array}{c c} M & M \\ 09 \end{array} / \begin{array}{c} D & D \\ 30 \end{array} / \begin{array}{c} Y & Y & Y \\ 2018 \end{array}$ |
| | | 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)) | 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. | Cash on Hand at Close of Reporting Period (from Line 27) | 0.00 | |
| 9. | Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. | . Debts and Obligations Owed BY the Committee (Itemize all on Schedule 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

| | DETA | ILED SUMMARY PAGE | — |
|--|--------------|-------------------------------|--|
| FEC Form 3 (Revised 05/ | | of Receipts | PAGE 3 / 13 |
| Write or Type Committee Name | 2010) | | |
| Lonegan for Congress | | | |
| Report Covering the Period: | From: 07 | 01 / Y Y Y Y 01 2018 | To: 09 / 0 0 / 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| I. RECEIPTS | | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
| 11. CONTRIBUTIONS (other than | loans) FROM: | | |
| (a) Individuals/Persons Other Political Committees | r Than | | |
| (i) Itemized (use Schedu | ıle A) | 0.00 | 275000.48 |
| (ii) Unitemized | | 0.00 | 448933.46 |
| (iii) TOTAL of contribution from individuals | | 0.00 | 723933.94 |
| | F. | 0.00 | 65.00 |
| (b) Political Party Committee(c) Other Political Committee | | | |
| (such as PACs) | <u>L</u> | 0.00 | 14750.00 |
| (d) The Candidate | | 0.00 | 2600.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) | | | |
| (add Lines 11(a)(iii), (b), (d | 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 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 |
| 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 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page | 3 • | 0.00 | 1263671.82 |
| (carry rotal to line 24, page | ·/···· | | |

Image# 201810039124284219

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# 201810039124284220

| 23. | CASH ON HAND AT BEGINNING OF REPORTING PERIOD | | y | | 7 | _ | 0.00 |
|-----|--|----|---|--|---|---|------|
| 24 | TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3) | | 9 | | 7 | _ | 0.00 |
| 25. | SUBTOTAL (add Line 23 and Line 24) | Γ. | 7 | | 7 | - | 0.00 |
| 26. | TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) | | 7 | | 7 | - | 0.00 |
| 27. | CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25) | [| 7 | | 9 | _ | 0.00 |

| | | | | r | | | | | |
|---|--|--------------------|-------------------|--|---|--|--|--|--|
| SCHEDULE C (FEC Form 3) LOANS | | | | Use separate schedule for each category of th Detailed Summary Pag | he (check only one) X 13a | | | | |
| AME OF COMMITTEE | . , | | | Transac | tion ID : SC/10.4502 | | | | |
| LOAN SOURCE F Lonegan, Stev | ull Name (Last, First, Mid /en, , , | ddle Initial) | | 🗌 Memo Item | Election: 2014 Primary General | | | | |
| Mailing Address 212 Larch Ave | | | | | Other (specify) | | | | |
| City Bogota | | State NJ | ZIP Code 07603 | e | Personal Funds of the Candidate | | | | |
| Original Amount o | f Loan 100000.00 | Cumulative Pa | yment To D | Date Bala | ance Outstanding at Close of This Perio | | | | |
| ^M 05 ^M / ^D 09 ^D | | M M / D D | Date Due | Interest Rate (lf none, enter 31/2Ŏ14 [×] 0. | 00 X | | | | |
| | or Guarantors (if any) t t, First, Middle Initial) | o Loan Source | | Name of Employer | | | | | |
| Mailing Address | 3 | | | Occupation | | | | | |
| City | City State ZIP Code | | | | Amount Guaranteed Outstanding: | | | | |
| 2. Full Name (Last, | First, Middle Initial) | | | Name of Employer | | | | | |
| Mailing Address | | | | Occupation Amount | | | | | |
| City | State | ZIP Code | | 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: | y y | | | | |
| | iod This Page (optional). last page in this line only | | | L | 50000.00 | | | | |
| Carry outstanding bal | lance only to LINE 3, Sch | nedule D, for this | s line. If no | o Schedule D, carry forv | vard 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:

| 0 | | | | PAGE 7 OF 13 | | | |
|--|---------------------|-------------------|---|--|--|--|--|
| CHEDULE C (FEC Form 3) DANS | | | Use separate schedule(s) for each category of the Detailed Summary Page | | | | |
| ME OF COMMITTEE (In Full) onegan for Congress | | | Transac | tion ID : SC/10.4499 | | | |
| LOAN SOURCE Full Name (Last, First, Mic Lonegan, Steven, , , | ddle Initial) | | Memo Item | Election: 2014 X Primary General | | | |
| Mailing Address 212 Larch Ave | | | | Other (specify) | | | |
| City Bogota | State NJ | ZIP Code 07603 | | Personal Funds of the Candidat | | | |
| Original Amount of Loan | Cumulative Pa | yment To Dat | te Bala | nce Outstanding at Close of This Peric | | | |
| 100000.00 | 9 | 7 | 0.00 | 100000.00 | | | |
| TERMS Date Incurred | С м м / d d | Date Due | Interest Rate (If none, enter /2Ď14 [×] 0.0 | 0) | | | |
| | | 12/31 | /2014 | | | | |
| List All Endorsers or Guarantors (if any) t 1. Full Name (Last, First, Middle Initial) | o Loan Source | Na | ame of Employer | | | | |
| Mailing Address | | 0 | ccupation | | | | |
| City State | ZIP Code | G | Amount Guaranteed Outstanding: | | | | |
| 2. Full Name (Last, First, Middle Initial) | | Na | ame of Employer | | | | |
| Mailing Address | | 0 | ccupation | | | | |
| City State | ZIP Code | G | Amount Guaranteed Outstanding: | | | | |
| 3. Full Name (Last, First, Middle Initial) | | Na | ame of Employer | | | | |
| Mailing Address | | 0 | ccupation | | | | |
| City State | City State ZIP Code | | | y 1 1 y 1 1 x 1 | | | |
| 4. Full Name (Last, First, Middle Initial) | | Na | ame of Employer | | | | |
| Mailing Address | | 0 | ccupation | | | | |
| City State | ZIP Code | G | mount uaranteed utstanding: | 9 1 9 1 7 1 | | | |
| UBTOTALS This Period This Page (optional). OTALS This Period (last page in this line only | | | | 100000.00 | | | |

| CHEDULE C (FEC | Form 3) | | | Use separate schedule for each category of th | (check only one) X 13a | | | | |
|-------------------------------------|----------------------|----------------|------------|--|--|--|--|--|--|
| AME OF COMMITTEE (In Fu | , | | | Detailed Summary Page Transaction ID : SC/10.4501 | | | | | |
| onegan for Congress | 5 | | | | | | | | |
| LOAN SOURCE Full Nam | • | dle Initial) | | Memo Item | Election: 2014 | | | | |
| Mailing Address 212 Larch Ave | | | | | General Other (specify) ▼ | | | | |
| City | | State | ZIP Code | , | | | | | |
| Bogota | | NJ | 07603 | | Personal Funds of the Candidate | | | | |
| Original Amount of Loan | 100000.00 | Cumulative Pay | yment To D | 0.00 Bala | nce Outstanding at Close of This Perio | | | | |
| TERMS Date Incurr | ed | D | Date Due | Interest Rate | e Secured: | | | | |
| M05M / D23D / Y | Ź01Ă Y | | / ¥12/3 | (If none, enter \$1/2Ŏ14 ^Y 0.0 | | | | | |
| List All Endorsers or Gua | arantors (if any) to | b Loan Source | | | | | | | |
| 1. Full Name (Last, First, | Middle Initial) | | | Name of Employer | | | | | |
| Mailing Address | | | | Occupation | | | | | |
| City | City State ZIP Code | | | | Amount Guaranteed Outstanding: | | | | |
| 2. Full Name (Last, First, I | Viddle Initial) | | | Name of Employer | | | | | |
| Mailing Address | | | | Occupation | | | | | |
| | | | - | Amount | | | | | |
| City | State | ZIP Code | | Guaranteed | y y | | | | |
| 3. Full Name (Last, First, I | Viddle Initial) | | | Name of Employer | | | | | |
| Mailing Address | | | | Occupation | | | | | |
| City | State | ZIP Code | | Amount Guaranteed Outstanding: | y y | | | | |
| 4. Full Name (Last, First, I | Middle Initial) | | | Name of Employer | | | | | |
| Mailing Address | | | | Occupation | | | | | |
| City | State | ZIP Code | | Amount Guaranteed Outstanding: | y 1 y 1 x 1 | | | | |
| UBTOTALS This Period Thi | s Page (optional) | | | | 100000.00 | | | | |
| | / | | | H | | | | | |
| OTALS This Period (last page | ge in this line only |) | ••••• | ····· ► | 250000.00 | | | | |

| SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS Excluding Loans | | | (Use separate schedule(s) for each numbered line) | PAGE 9 OF 13 FOR LINE NUMBER: (check only one) 9 X 10 |
|---|----------------|---------------------------|--|--|
| NAME OF COMMITTEE (In Full) | | | | |
| Lonegan for Congres | S | | | |
| A. Full Name (Last, First, Middle Initial) of De Base Connect, Inc. | | ditor | Nature of D Fundraisin | ebt (Purpose): g |
| Mailing Address 1155 15th St NW Suite 410 | | | | |
| City Washington | State DC | Zip Code 20005 | | |
| Outstanding Balance Beginning This Period | | | Transactio | on ID : SD10.4539 |
| 5725.37 | | | | |
| Amount Incurred This Period | | Payment This Period | Outstandi | ng Balance at Close of This Period |
| 0.00 | L | 0. | 00 | 5725.37 |
| B. Full Name (Last, First, Middle Initial) of Del | otor or Crec | litor | Nature of D | ebt (Purpose): |
| Base Connect, Inc. | | | Fundraising | , |
| Mailing Address 1155 15th St NW Suite 410 | | | | |
| City Washington | State DC | Zip Code 20005 | | |
| Outstanding Balance Beginning This Period | | 1 | Transacti | on ID : SD10.4524 |
| 30605.27 | | | | |
| Amount Incurred This Period | | Payment This Period | Outstandi | ng Balance at Close of This Period |
| 0.00 | | 0. | 00 | 30605.27 |
| C. Full Name (Last, First, Middle Initial) of De Consolidated Mailing Services | | ditor | Nature of D Fundraisin | ebt (Purpose): g |
| Mailing Address 504 Shaw Rd Suite 206 | | | | |
| City | State | Zip Code | | |
| Sterling | VA | 20166 | | |
| Outstanding Balance Beginning This Period | | | Transact | ion ID : SD10.4541 |
| 225.62 | | Downert This Device | A . 1-1 | na Delense et Olaca et This Duit i |
| Amount Incurred This Period | | Payment This Period | | ng Balance at Close of This Period 225.62 |
| 7 7 7 | | 7 7 | 00 | 7 7 7 |
| 1) SUBTOTALS This Period This Page (optional |) | | • | 36556.26 |
| 2) TOTALS This Period (last page this line num | ber only) ···· | | | |
| 3) TOTAL OUTSTANDING LOANS from Schedu | ule C (last p | bage only) | | |
| 4) ADD 2) and 3) and carry forward to appropr | iate line of | Summary Page (last page o | | 7 |

| SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS Excluding Loans | (Use separate schedule(s) for each numbered line) | PAGE10OF13FOR LINE NUMBER: (check only one)9X10 | | |
|--|--|--|---------------------------|---|
| A. Full Name (Last, First, Middle Initial) of De Consolidated Mailing Services | btor or Cred | litor | 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 5769.48 | | Pourmont This Deried | | on ID : SD10.4552 |
| Amount Incurred This Period 0.00 | | Payment This Period | 00 | ng Balance at Close of This Period 5769.48 |
| | | - 19 - 1 - 19 - 1 - 14 | | 7 7 |
| B. Full Name (Last, First, Middle Initial) of De Consolidated Mailing Services | | tor | 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 5532.90 | | | Transacti | on ID : SD10.4555 |
| Amount Incurred This Period | | Payment This Period | Outstandi | ng Balance at Close of This Period |
| 0.00 | | | 00 | 5532.90 |
| C. Full Name (Last, First, Middle Initial) of De Consolidated Mailing Services | | litor | Nature of D Fundraisin | ebt (Purpose): g |
| Mailing Address 504 Shaw Rd Suite 206 | | | | |
| City | State VA | Zip Code | | |
| Sterling Outstanding Balance Beginning This Period | | 20166 | Transact | ion ID : SD10.4583 |
| 9421.05 | | | Transact | |
| Amount Incurred This Period | | Payment This Period | Outstandi | ng Balance at Close of This Period |
| 0.00 | | 7 7 0. | 00 | 9421.05 |
| 1) SUBTOTALS This Period This Page (optional |) | | ···· • | 20723.43 |
| 2) TOTALS This Period (last page this line num | ber only) ····· | | ···· • | 7 7 7 |
| 3) TOTAL OUTSTANDING LOANS from Sched | | | | |
| 4) ADD 2) and 3) and carry forward to appropriate the second seco | iate line of S | Summary Page (last page o | | |

| SCHEDULE D (FEC Form 3) (Us DEBTS AND OBLIGATIONS Excluding Loans | | | | PAGE 11 OF 13 FOR LINE NUMBER: (check only one) 9 X 10 | |
|---|---|---------------------------|---------------------------|---|--|
| NAME OF COMMITTEE (In Full) | | | , | | |
| Lonegan for Congres | S | | | | |
| A. Full Name (Last, First, Middle Initial) of De Consolidated Mailing Services | | 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 | l | | Transactio | on ID : SD10.4811 | |
| 14548.45 | | | | | |
| Amount Incurred This Period | | Payment This Period | Outstandi | ng Balance at Close of This Period | |
| 0.00 | L | 0. | 00 | 14548.45 | |
| B. Full Name (Last, First, Middle Initial) of De Integram | B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Integram | | | | |
| Mailing Address 22695 Commerce Center Ct | | | | | |
| City Dulles | State VA | Zip Code 20166 | | | |
| Outstanding Balance Beginning This Perioc 7661.09 | I | | Transacti | 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 Creo | ditor | Nature of D Fundraisin | ebt (Purpose): g | |
| Mailing Address 1155 - 15th Street NW Suite 410 | | | | | |
| City Washington | State DC | Zip Code 20005 | | | |
| Outstanding Balance Beginning This Period | | | Transact | ion ID : SD10.4514 | |
| 1199.54 | | | | | |
| Amount Incurred This Period | | Payment This Period | Outstandi | ng Balance at Close of This Period | |
| 0.00 | | 0. | 00 | 1199.54 | |
| 1) SUBTOTALS This Period This Page (optional | l) | | ··· • | 23409.08 | |
| 2) TOTALS This Period (last page this line num | ber only) ····· | | ···· • | | |
| 3) TOTAL OUTSTANDING LOANS from Sched | ule C (last p | age only) | ···· • | | |
| 4) ADD 2) and 3) and carry forward to appropriate | riate line of S | Summary Page (last page o | nly) 🕨 | · · · · · · · · · · · · · · · · · · · | |

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

| SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS Excluding Loans NAME OF COMMITTEE (In Full) | | | (Use separate schedule(s) for each numbered line) | PAGE12OF13FOR LINE NUMBER: (check only one)9X10 | |
|--|---------------------|------------------------|--|--|--|
| Lonegan for Congress | 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 | I | 1 | Transactio | on ID : SD10.4538 | |
| 5793.47 | | | | | |
| Amount Incurred This Period | F | Payment This Period | Outstandi | ng Balance at Close of This Period | |
| 0.00 | , | 0.0 | 00 | 5793.47 | |
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Legacy Lists Inc - Brokerage | | | Nature of D Fundraising | ebt (Purpose): J | |
| 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 | Payment This Period | | Outstandii | ng Balance at Close of This Period | |
| 0.00 | | 0.0 | 00 | 1813.69 | |
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Legacy Lists Inc Mgmt | | | | ebt (Purpose): g | |
| Mailing Address 1155- 15th St NW | | | | | |
| City Washington | State DC | Zip Code 20005 | | | |
| Outstanding Balance Beginning This Period | - | | Transact | ion ID : SD10.4535 | |
| 1884.93 | | | | | |
| Amount Incurred This Period | F | Payment This Period | Outstandi | ng Balance at Close of This Period | |
| 0.00 | 0.00 | | 00 | 1884.93 | |
| 1) SUBTOTALS This Period This Page (optional) | | | ···· • | 9492.09 | |
| 2) TOTALS This Period (last page this line number only) | | | | | |
| 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 | | | |

| CHEDULE D (FEC Form 3) | | | (Use separate | PAGE 13 OF 13 |
|--|-------------|---|----------------|------------------------------------|
| DEBTS AND OBLIGATIONS | | | schedule(s) | |
| | | | for each | (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 | | or | Nature of D |)ebt (Purpose): |
| Legacy Lists Inc Mgmt | | | | g |
| | | | | |
| Mailing Address 1155- 15th St NW | | | | |
| | | | | |
| City | State | Zip Code | | |
| Washington | DC | 20005 | | |
| Outstanding Balance Beginning This Period | l | | Transacti | on ID : SD10.4540 |
| 2271.37 | | | | |
| y y y y | | | | |
| Amount Incurred This Period | | Payment This Period | Outstand | ng Balance at Close of This Period |
| 0.00 | | 0.0 | 00 | 2271.37 |
| y y y | | 7 7 7 | | -y |
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor | | | Nature of D | Debt (Purpose): |
| | | | | |
| | | | | |
| Mailing Address | | | | |
| | 01212 | 7.000 | | |
| City | State | Zip Code | | |
| | | | | |
| Outstanding Balance Beginning This Period | | | | |
| | | | | |
| | | | | |
| Amount Incurred This Period | | Payment This Period | Outstand | ng Balance at Close of This Period |
| | | | | |
| | | 3 | | |
| C. Full Name (Last, First, Middle Initial) of De | Nature of D |)ebt (Purpose): | | |
| | | | | |
| | | | | |
| Mailing Address | | | | |
| | Ctata | Zin Cada | | |
| City | State | Zip Code | | |
| | | | | |
| Outstanding Balance Beginning This Period | | | | |
| | | | | |
| Amount Issued This Deviad | | Devenent This Deviad | Outstand | an Delegan at Olans of This Deviad |
| Amount Incurred This Period | _ | Payment This Period | Outstand | ng Balance at Close of This Period |
| | | | | |
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| | | | | |
| 1) SUBTOTALS This Period This Page (optional) | | | | 2271.37 |
| 2) TOTALS This Period (last page this line number only) | | | | |
| 2) TOTALS This Period (last page this line num | | 92452.23 | | |
| TOTAL OUTSTANDING LOANS from Schedule C (last page only) | | | | 250000.00 |
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| 4) ADD 2) and 3) and carry forward to appropr | nly) 🕨 | 342452.23 | | |
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