

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 Marlon NJ 08053

2. FEC IDENTIFICATION NUMBER C C00555284 3. IS THIS REPORT NEW (N) OR AMENDED (A) STATE DISTRICT 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 10 / 01 / 2023 through M M / D D / Y Y Y Y 12 / 31 / 2023

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 Curtis, Elizabeth, , Signature of Treasurer Curtis, Elizabeth, , Date M M / D D / Y Y Y Y 01 / 01 / 2024

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name
Lonegan 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))....	<input type="text" value="0.00"/>	<input type="text" value="741348.94"/>
(b) Total Contribution Refunds (from Line 20(d))	<input type="text" value="0.00"/>	<input type="text" value="12375.00"/>
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	<input type="text" value="0.00"/>	<input type="text" value="728973.94"/>
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	<input type="text" value="0.00"/>	<input type="text" value="1241932.28"/>
(b) Total Offsets to Operating Expenditures (from Line 14).....	<input type="text" value="0.00"/>	<input type="text" value="722.29"/>
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	<input type="text" value="0.00"/>	<input type="text" value="1241209.99"/>
8. Cash on Hand at Close of Reporting Period (from Line 27).....	<input type="text" value="0.00"/>	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="342452.23"/>	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Lonegan for Congress

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.....	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 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 4)..... ▶	0.00	1263671.82

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

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
(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	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 SUMMARY

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

SCHEDULE C (FEC Form 3) LOANS

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

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2014
Lonegan, Steven, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 212 Larch Ave		<input type="checkbox"/> General
City Bogota		<input type="checkbox"/> Other (specify) ▼
State NJ	ZIP Code 07603	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 100000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 50000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 05 / 09 / 2014	M M / D D / Y Y Y 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: []

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-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

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2014
Lonegan, Steven, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 212 Larch Ave		<input type="checkbox"/> General
City Bogota		<input type="checkbox"/> Other (specify) ▼
State NJ	ZIP Code 07603	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 100000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 100000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 05 / 16 / 2014	M M / D D / Y Y Y 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:

SUBTOTALS This Period This Page (optional).....▶	100000.00
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.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4501**
 Lonegan for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2014
Lonegan, Steven, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 212 Larch Ave		<input type="checkbox"/> General
City Bogota		<input type="checkbox"/> Other (specify) ▼
State NJ	ZIP Code 07603	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 100000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 100000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 05 / 23 / 2014	M M / D D / Y Y Y 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: []

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, 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)

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 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 Period <input style="width:100%;" type="text" value="5725.37"/>	Transaction ID : SD10.4539
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="5725.37"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor 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 Period <input style="width:100%;" type="text" value="30605.27"/>	Transaction ID : SD10.4524
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="30605.27"/>	

C. 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 Period <input style="width:100%;" type="text" value="225.62"/>	Transaction ID : SD10.4541
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="225.62"/>	

1) SUBTOTALS This Period This Page (optional)	<input style="width:100%;" type="text" value="36556.26"/>
2) TOTALS This Period (last page this line number only)	<input style="width:100%;" type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<input style="width:100%;" type="text"/>
4) ADD 2) and 3) 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

(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 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 Period <input style="width:100%;" type="text" value="5769.48"/>	Transaction ID : SD10.4552	
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="5769.48"/>

B. 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 Period <input style="width:100%;" type="text" value="5532.90"/>	Transaction ID : SD10.4555	
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="5532.90"/>

C. 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 Period <input style="width:100%;" type="text" value="9421.05"/>	Transaction ID : SD10.4583	
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="9421.05"/>

1) SUBTOTALS This Period This Page (optional)	<input style="width:100%;" type="text" value="20723.43"/>
2) TOTALS This Period (last page this line number only)	<input style="width:100%;" type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<input style="width:100%;" type="text"/>
4) ADD 2) and 3) 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

(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 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 Period <input style="width: 100%;" type="text" value="14548.45"/>	Transaction ID : SD10.4811	
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="14548.45"/>

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

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="7661.09"/>	Transaction ID : SD10.4548	
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="7661.09"/>

C. 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 <input style="width: 100%;" type="text" value="1199.54"/>	Transaction ID : SD10.4514	
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="1199.54"/>

1) SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="23409.08"/>
2) TOTALS This Period (last page this line number only)	<input style="width: 100%;" type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<input style="width: 100%;" type="text"/>
4) ADD 2) and 3) 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

(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 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 5793.47	Transaction ID : SD10.4538	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 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 1813.69	Transaction ID : SD10.4547	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1813.69

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

Outstanding Balance Beginning This Period 1884.93	Transaction ID : SD10.4535	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding 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 number only)	▶	
3) 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)	▶	

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 Legacy Lists Inc. - Mgmt			Nature of Debt (Purpose): Fundraising
Mailing Address 1155- 15th St NW			
City Washington	State DC	Zip Code 20005	

Outstanding Balance Beginning This Period <input style="width:90%;" type="text" value="2271.37"/>	Transaction ID : SD10.4540	
Amount Incurred This Period <input style="width:90%;" type="text" value="0.00"/>	Payment This Period <input style="width:90%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width:90%;" type="text" value="2271.37"/>

B. 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 <input style="width:90%;" type="text"/>	Outstanding Balance at Close of This Period <input style="width:90%;" type="text"/>	
Amount Incurred This Period <input style="width:90%;" type="text"/>	Payment This Period <input style="width:90%;" type="text"/>	

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 <input style="width:90%;" type="text"/>	Outstanding Balance at Close of This Period <input style="width:90%;" type="text"/>	
Amount Incurred This Period <input style="width:90%;" type="text"/>	Payment This Period <input style="width:90%;" type="text"/>	

1) SUBTOTALS This Period This Page (optional)	<input style="width:90%;" type="text" value="2271.37"/>
2) TOTALS This Period (last page this line number only)	<input style="width:90%;" type="text" value="92452.23"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<input style="width:90%;" type="text" value="250000.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input style="width:90%;" type="text" value="342452.23"/>