PAGE 1 / 13

FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An A	uthorized Com	mittee		Off	ice Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT	•	ample: If typing, er the lines.	, type	12FE4M5	
Lonegan for Congres	S					
				1 1 1 1		
ADDRESS (number and street)	5 Halifax Ct					
Charle if different						
Check if different than previously reported. (ACC)	Marlton				NJ 080	053
2. FEC IDENTIFICATION N	JIIMRER 🔻	CITY ▲		ST	ATE A	ZIP CODE ▲
C C00555284		3. IS THIS REPORT	× NEW (N)	OR	AMENDED (A)	STATE ▼ DISTRICT
4. TYPE OF REPORT (C (a) Quarterly Reports:	choose One)	(b) 12-Day PRE	-Election Report	for the:		T
	D (O4)		Primary (12P)		General (12G)	Runoff (12R)
April 15 Quarterly			Convention (12	2C)	Special (12S)	
July 15 Quarterly October 15 Quart		Election on	M M /	D D /	Y Y Y	in the State of
X January 31 Year-E	End Report (YE)	(c) 30-Day POS	T-Election Repo	ort for the:		
			General (30G)		Runoff (30R)	Special (30S)
Termination Repor	rt (TER)	Election on	M M /	D D /	Y Y Y	in the State of
5. Covering Period	10 / DDD /	Y Y 2023	through	M M M 12	/ D D / Y	Y Y Y Y 2023
I certify that I have examined to	Curtic Elizobe		nowledge and be	elief it is true	, correct and co	omplete.
Typo or Finit Name of Heasun					W W	D D / Y Y Y Y
Signature of Treasurer	urtis, Elizabeth, , ,			Dat	e 01 /	01 / 2024
NOTE: Submission of false, error	neous, or incomplet	te information may	subject the perso	on signing this	Report to the p	enalties of 52 U.S.C. §30109
Office Use Only						FEC FORM 3 (Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

Re	eport Covering the Period: From:	M / D D / Y Y Y Y Y TO:	M 12 M / 31 D / Y 2023
		COLUMN A This Period	COLUMN B Election Cycle-to-Date
	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
	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
	Cash on Hand at Close of Reporting Period (from Line 27)	0.00	
	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
).	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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

10 2023 12 31 01 2023 Report Covering the Period: From: To: **COLUMN A COLUMN B** 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)...... 0.00 448933.46 (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 The Candidate..... (d) TOTAL CONTRIBUTIONS (other than loans) 0.00 741348.94 (add Lines 11(a)(iii), (b), (c), and (d)).. 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES 13. LOANS: (a) Made or Guaranteed by the 0.00 496500.00 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 0.00 496500.00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 722.29 (Refunds, Rebates, etc.) 15. OTHER RECEIPTS 0.00 25100.59 (Dividends, Interest, etc.)..... 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) 0.00 1263671.82 (Carry Total to Line 24, page 4).....

DETAILED SUMMARY PAGE

FEC Form 3 (Revised 05/2016)

of Disbursements

	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 SUI	MMARY	
23.	CASH ON HAND AT BEGINNING OF REPOR	TING 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	n Line 22)	0.00
27.	CASH ON HAND AT CLOSE OF REPORTING	à PERIOD	0.00

SCHEDULE C (FEC Form 3) **LOANS**

Use separate schedule(s) for each category of the

PAGE 5 OF FOR LINE NUMBER: **X** | 13a (check only one)

13

Detailed Summary Page 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) 212 Larch Ave City State ZIP Code Personal Funds of the Candidate 07603 NJ Bogota Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 100000.00 0.00 50000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 09 0.00 2014 12/31/2014 05 Yes 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 ZIP Code City State 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 @ 5 B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC F H Z G7 < 98 I @ 'C F' + H9 A - N5 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

PAGE FOR LINE NUMBER: X 13a

13

JANO				Detailed S	Summary Page	(orlean orly orle	13b
AME OF COMMITTEE (In Full)					Transactio	on ID : SC/10.4499	
onegan for Congress							
LOAN SOURCE Full Name (L	ast, First, Mi	ddle Initial)			INICITIO ILCITI	Election: 2014	
Lonegan, Steven, , ,						Primary General	
Mailing Address 212 Larch Ave						Other (specify)	
City		State	ZIP Code				
Bogota		NJ	07603			Personal Funds	of the Candidate
Original Amount of Loan		Cumulative P	ayment To D	ate	Balanc	e Outstanding at Clo	se of This Period
10	00.000	,		0.00			100000.00
TERMS Date Incurred			Date Due		Interest Rate (If none, enter 0)		Secured:
05 / 16 / Y Y)14 Y	M M / D	D / Y Y 12/3	1/2014 Y	0.00	-	Yes X No
List All Endorsers or Guarant	ors (if any)	to Loan Source	e				
1. Full Name (Last, First, Midd	dle Initial)		1	Name of Em	ployer		
Mailing Address			(Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:	,	, , , ,	
2. Full Name (Last, First, Midd	le Initial)		1	Name of Em	ployer		
Mailing Address			(Occupation			
				Amount			
City	State	ZIP Code		Guaranteed Outstanding:		7	-
3. Full Name (Last, First, Midd	le Initial)		1	Name of Em	ployer		
Mailing Address			(Occupation			
	T			Amount			
City	State	ZIP Code		Guaranteed Outstanding:	,	9	
4. Full Name (Last, First, Midd	le Initial)	!	1	Name of Em	ployer		
Mailing Address			(Occupation			
				Amount			
City	State	ZIP Code		Guaranteed Outstanding:		7	
UBTOTALS This Period This Page	ge (optional)						100000.00
OTALS This Period (last page in	this line on	y)				7 7	
Name autotandina balanca autot	- LINE O. O.	hadula D. far U	in line If	Calaa dada 1	D. com: f	yd to ownys-sists II:	- at Com
Carry outstanding balance only to	U LINE 3, SC	neaule D, for th	us une. Il no	ocneaule l	ט, carry torwar	ru to appropriate lin	e of Summary.

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

8 OF

X	13a
	13b

13

Transaction ID: SC/10.4501 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) 212 Larch Ave City State ZIP Code Personal Funds of the Candidate 07603 NJ Bogota Original Amount of Loan Cumulative 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) 23 0.00 05 2014 12/31/2014 Yes 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)..... 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 NAME OF COMMITTEE (In Full)

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

	9
X	10

13

	onegan for Congress				
	A. Full Name (Last, First, Middle Initial) of De	Nature of Debt (Purpose):			
	Base Connect, Inc.			Fundraising	
_	Mailing Address 1155 15th St NW Suite 410	_			
Ī	City	State	Zip Code	_	
-	Washington	DC	20005		
	Outstanding Balance Beginning This Period			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	
ŀ	B. Full Name (Last, First, Middle Initial) of Deb	otor or Credito	or	Nature of Debt (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 30605.27 Amount Incurred This Period 0.00		Payment This Period 0.00	Transaction ID : SD10.4524 Outstanding Balance at Close of This Period 30605.27	
	 Full Name (Last, First, Middle Initial) of De Consolidated Mailing Services 		tor	Nature of Debt (Purpose): Fundraising	
ŀ		1		- undraising	
	Mailing Address 504 Shaw Rd Suite 206				
	City	State	Zip Code		
ŀ	Sterling	VA	20166		
	Outstanding Balance Beginning This Period 225.62			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 (optional))		36556.26	
2)	TOTALS This Period (last page this line numb	oer only) ······			
3)	TOTAL OUTSTANDING LOANS from Schedule C (last page only)				

PAGE 10 OF 13 SCHEDULE D (FEC Form 3) (Use separate FOR LINE NUMBER: schedule(s) **DEBTS AND OBLIGATIONS** (check only one) for each 9 numbered line) **X** 10 **Excluding Loans** NAME OF COMMITTEE (In Full) Lonegan 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: SD10.4552 Outstanding Balance Beginning This Period 5769.48 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.005769.48 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Consolidated Mailing Services Fundraising Mailing Address 504 Shaw Rd Suite 206 City State Zip Code Sterling VA 20166 Outstanding Balance Beginning This Period Transaction ID: SD10.4555 5532.90 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 5532.90 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Consolidated Mailing Services Fundraising Mailing Address 504 Shaw Rd Suite 206 City State Zip Code Sterling VA 20166 Outstanding Balance Beginning This Period Transaction ID: SD10.4583 9421.05 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 9421.05 0.00 0.00

1) SUBTOTALS This Period This Page (optional)

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)

20723.43

PAGE 11 OF 13 SCHEDULE D (FEC Form 3) (Use separate FOR LINE NUMBER: schedule(s) **DEBTS AND OBLIGATIONS** (check only one) for each 9 numbered line) **X** 10 **Excluding Loans** NAME OF COMMITTEE (In Full) Lonegan 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 0.0014548.45 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Integram Fundraising Mailing Address 22695 Commerce Center Ct City State Zip Code **Dulles** VA 20166 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 7661.09 0.00 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 0.00

PAGE 12 OF 13 SCHEDULE D (FEC Form 3) (Use separate FOR LINE NUMBER: schedule(s) **DEBTS AND OBLIGATIONS** (check only one) for each 9 numbered line) **X** 10 **Excluding Loans** NAME OF COMMITTEE (In Full) Lonegan for Congress A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Fundraising Legacy Lists Inc - Brokerage Mailing Address 1155 - 15th Street NW Suite 410 City State Zip Code DC 20005 Washington Transaction ID: SD10.4538 Outstanding Balance Beginning This Period 5793.47 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.005793.47 B. 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 Period Transaction ID: SD10.4547 1813.69 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 1813.69 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Legacy Lists Inc. - Mgmt Fundraising Mailing Address 1155- 15th St NW City State Zip Code DC Washington 20005 Outstanding Balance Beginning This Period Transaction ID: SD10.4535 1884.93 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 1884.93 0.00 0.00 1) SUBTOTALS This Period This Page (optional) 9492.09 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)

SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS Excluding Loans NAME OF COMMITTEE (In Full)

1)

2)

3)

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

	9
X	10

13

NAN	ME OF COMMITTEE (In Full)	
L	onegan for Congress	
	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):

9			
A. Full Name (Last, First, Middle Initial) of De	Nature of Debt (Purpose):		
Legacy Lists Inc Mgmt	Fundraising		
Mailing Address 1155- 15th St NW			
City	State	Zip Code	
Washington	DC	20005	
Outstanding Balance Beginning This Period 2271.37			Transaction ID: SD10.4540
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
0.00		0.00	2271.37
0.00		0.00	22/1.3/
B. Full Name (Last, First, Middle Initial) of Deb	otor or Credito	or	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
C. Full Name (Last, First, Middle Initial) of De	ebtor or Credi	tor	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
7 thouse the first		7	guidanting Balance at close of fine Forest
SUBTOTALS This Period This Page (optional)		2271.37
TOTALS This Period (last page this line num	92452.23		
TOTAL OUTSTANDING LOANS from Schedu	250000.00		
ADD 2) and 3) and carry forward to appropri	ate line of Su	ımmary Page (last page only)	▶ 342452.23