PAGE 1 / 13

FF0

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An Au	thorized Com	mittee		C	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT	·	ample: If typing er the lines.	, type	12FE4M5	
Lonegan for Congress	i					ı
DDRESS (number and street)	5 Halifax Ct					
▼						
Check if different than previously	Marlton			. 1	NJ 0	8053
reported. (ACC)		CITY A		 	STATE A	ZIP CODE ▲
FEC IDENTIFICATION N	UMBER ▼					
C C00555284		3. IS THIS	x NEW		AMENDE	
		REPORT	(N)	OR	(A)	NJ 03
TVDE OF DEDORT (0)	2)					
J. TYPE OF REPORT (Ch	noose One) ((b) 12-Day PRE	-Election Report	for the:		
(a) Quarterly Reports:			Primary (12P)		General (120	G) Runoff (12R)
April 15 Quarterly	Report (Q1)	П	Convention (12	PC)	Special (128	3)
July 15 Quarterly F	Report (Q2)		Convention (12		Opeoidi (120	
October 15 Quarte	erly Report (Q3)	Election on	M M /	D D /	Y Y Y	in the State of
January 31 Year-Ei	nd Report (YF)		T Florier Don			
Sandary St. Toda E.	(12)	(c) 30-Day POS	T -Election Repo	ort for the:	1	п
_		Ш	General (30G)		Runoff (30R)) Special (30S)
Termination Report	(TER)	-	M M /	D D /	Y " Y " Y	in the
		Election on				State of
Covering Deviced	M / D D /	y y y y 2022	the way york	M M	/ D D /	y y y y z z z z z z z z z z z z z z z z
. Covering Period 1	0 01	2022	through	12	31	2022
certify that I have examined th	his Report and to the	he best of mv kr	nowledge and be	elief it is tru	ue. correct and o	complete.
ype or Print Name of Treasure	Curtis, Elizabeth		ŭ		,	•
C	die Elienkud				М М	/ D D / Y Y Y Y
Signature of Treasurer	tis, Elizabeth, , ,		[Electronically Fi	led] Da	ate 01	02 2023
OTE: Submission of false, erron	eous, or incomplete	information may	subject the perso	on sianina th	nis Report to the	penalties of 52 U.S.C. 83010
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

2022 '12['] 10 2022 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

Write or Type Committee Name

Lonegan for Congress

I. RECEIPTS		I. RECEIPTS COLUMN A Total This Period	
1. (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
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	741348.94
	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
	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
	DFFSETS TO OPERATING		
	EXPENDITURES Refunds, Rebates, etc.)	0.00	722.29
	OTHER RECEIPTS Dividends, Interest, etc.)	0.00	25100.59
1	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)

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
10	LOAN REPAYMENTS:		
10.	(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
0.	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
1.	OTHER DISBURSEMENTS	0.00	0.00
2.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	0.00	1254307.28
	III. CASH SU	JMMARY	
3.	CASH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	0.00
4	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	0.00
5.	SUBTOTAL (add Line 23 and Line 24)		0.00
6.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	0.00
7.	CASH ON HAND AT CLOSE OF REPORTING	G PERIOD	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

X 13a 13b

13

OF

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 Y12/31/2014Y 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 OF
FOR LINE NUMBER:
(check only one)

13a

		100
NAME OF COMMITTEE (In Full) Lonegan for Congress		Transaction ID : SC/10.4499
LOAN SOURCE Full Name (Last, First, N	Middle Initial)	Memo Item Election: 2014
Lonegan, Steven, , ,	madie initialy	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 / D16D / Y Ž01Ă Y	M M / D D	/ ^Y 12/31/2014
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)		Name of Employer
Mailing Address		Occupation
	T	Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	,	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optiona)	
COLUMN TOTAL TIME TOTAL TIME TOTAL TOTAL TOTAL TIME TOT	7	100000.00
TOTALS This Period (last page in this line of	nly)	······································
Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

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

PAGE 8
FOR LINE NUMBER: (check only one)

13a

OF

		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)		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 FOR LINE NUMBER: (check only one)

9 **X** 10

13

OF

NAME OF COMMITTEE (In Full)			
Lonegan for Con	gress		
A. Full Name (Last, First, Middle In	Nature of Debt (Purpose):		
Base Connect, Inc.			Fundraising
Mailing Address 1155 15th St NW			_
Suite 410			
City			
Washington	DC	20005	
Outstanding Balance Beginning T	nis Period		Transaction ID : SD10.4539
572	5.37		
Amount Incurred This Peri	od	Payment This Period	Outstanding Balance at Close of This Period
	0.00	0.00	5725.37
9 9	0.00	, , ,	312331
B. Full Name (Last, First, Middle Init	tial) of Debtor or Cred	ditor	Nature of Debt (Purpose):
Base Connect, Inc.			Fundraising
Mailian Addusas			_
Mailing Address 1155 15th St NW Suite 410			
City	State	Zip Code	
Washington	DC	20005	
Outstanding Balance Beginning T	his Period		Transaction ID : SD10.4524
3060	5.27		
Amount Incurred This Peri	(B)	Payment This Period	Outstanding Balance at Close of This Period
Amount incured mis Fen		 	
	0.00	0.00	30605.27
C. Full Name (Last, First, Middle In	itial) of Debtor or Cre	editor	Not as of Data (Danasa)
Consolidated Mailing S			Nature of Debt (Purpose): Fundraising
Mailing Address 504 Shaw Rd			
Suite 206 City	State	Zip Code	
Sterling	VA	20166	
Outstanding Balance Beginning T	his Period		Transaction ID : SD10.4541
	25.62		
7 7	4		
Amount Incurred This Peri	od	Payment This Period	Outstanding Balance at Close of This Period
	0.00	0.00	225.62
		,	
1) SUBTOTALS This Period This Page	e (optional) ·····		36556.26
2) TOTALS This Period (last page this	s line number only) ···		>
3) TOTAL OUTSTANDING LOANS fro	om Schedule C (last i	page only)	
.,			
4) ADD 2) and 3) and carry forward t	o appropriate line of	Summary Page (last page only)	>

Excluding Loans

1)

2)

3)

4)

(Use separate schedule(s) for each numbered line) PAGE 10 OF
FOR LINE NUMBER:
(check only one)

	9
X	10

13

NAME OF COMMITTEE (In Full)

onegan for Congres	S		
A. Full Name (Last, First, Middle Initial) of De 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			Transaction ID : SD10.4552
5769.48			
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
0.00		0.00	5769.48
B. Full Name (Last, First, Middle Initial) of Del Consolidated Mailing Services	otor or Credi	itor	Nature of Debt (Purpose): Fundraising
Mailing Address 504 Shaw Rd Suite 206			
City Sterling	State VA	Zip Code 20166	
Outstanding Balance Beginning This Period 5532.90		,	Transaction ID : SD10.4555
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
0.00		0.00	5532.90
C. Full Name (Last, First, Middle Initial) of De Consolidated Mailing Services		ditor	Nature of Debt (Purpose): Fundraising
Mailing Address 504 Shaw Rd Suite 206			
City Sterling	State VA	Zip Code 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
0.00		0.00	9421.05
SUBTOTALS This Period This Page (optional)		20723.43
TOTALS This Period (last page this line num	ber only) ·····		
TOTAL OUTSTANDING LOANS from Sched	ule C (last pa	age only)·····	
ADD 2) and 3) and carry forward to appropr	iate line of S	Summary Page (last page only)	

Exc

(Use separate schedule(s) for each

PAGE 11 OF FOR LINE NUMBER: (check only one)

	9
x	10

13

xcluding Loans			numbered line)	x 10	
NAME OF COMMITTEE (In Full)					
Lonegan for Congress	S				
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor				Nature of Debt (Purpose): Fundraising	
Consolidated Mailing Services	Consolidated Mailing Services				
Mailing Address 504 Shaw Rd Suite 206					
City	State	Zip Code			
Sterling	VA	20166			
Outstanding Balance Beginning This Period			Transacti	on ID : SD10.4811	
14548.45					
Amount Incurred This Period		Payment This Period	Outstandi	ng Balance at Close of This Period	
0.00	L	0.0	00	14548.45	
B. Full Name (Last, First, Middle Initial) of Deb	otor or Cre	ditor	Nature of D	Debt (Purpose):	
Integram			Fundraisin	g	
Mailing Address 22695 Commerce Center Ct					
City	State	Zip Code			
Dulles	VA	20166			
Outstanding Balance Beginning This Period			Transacti	on ID : SD10.4548	
7661.09					
Amount Incurred This Period		Payment This Period	Outstandi	ng Balance at Close of This Period	
0.00		0.0	00	7661.09	
C. Full Name (Last, First, Middle Initial) of De	btor or Cr	editor	Nature of D	Debt (Purpose):	
Legacy Lists Inc - Brokerage			Fundraisin		
Mailing Address 1155 - 15th Street NW Suite 410					
City	State	Zip Code			
Washington	DC	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		0.0	00	1199.54	
1) SUBTOTALS This Period This Page (optional)		>	23409.08	
2) TOTALS This Period (last page this line num	2) TOTALS This Period (last page this line number only)				
3) TOTAL OUTSTANDING LOANS from Schedu	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

=XC	luding Loans			Hambered line)	 * 10	
NA	ME OF COMMITTEE (In Full)					
L	onegan for Congres	S				
_	A. Full Name (Last, First, Middle Initial) of De	Nature of Debt (Pu	rpose):			
	Legacy Lists Inc - Brokerage		Fundraising			
-						
	Mailing Address 1155 - 15th Street NW Suite 410					
ŀ	City State Zip Code					
	Washington	DC	20005			
	Outstanding Balance Beginning This Period	Transaction ID : S	SD10.4538			
	5793.47					
	7					
	Amount Incurred This Period		Payment This Period	Outstanding Bala	nce at Close of This Period	
	0.00		0.0	0	5793.47	
ļ			, ,	ŕ		
	B. Full Name (Last, First, Middle Initial) of Del	btor or Cred	ditor	Nature of Debt (Pur	rpose):	
	Legacy Lists Inc - Brokerage			Fundraising	Fundraising	
Ī	Mailing Address 1155 - 15th Street NW					
	Suite 410	1	7.0.1			
	City Washington	State	Zip Code 20005			
	-		20000			
	Outstanding Balance Beginning This Period			Transaction ID : S	SD10.4547	
	1813.69					
	Amount Incurred This Period		Payment This Period	Outstanding Bala	nce at Close of This Period	
	0.00		0.0	0	1813.69	
	, , , ,		, , ,		7	
f	C. Full Name (Last, First, Middle Initial) of De	ebtor or Cre	editor	Nature of Debt (Pu	rpose):	
	Legacy Lists Inc Mgmt	Fundraising	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Mailing Address						
	Mailing Address 1155- 15th St NW					
Ī	City	State	Zip Code			
	Washington	DC	20005			
	Outstanding Balance Beginning This Period	Transaction ID :	SD10.4535			
	1884.93					
	Amount Incurred This Period		Payment This Period	Outstanding Rala	nce at Close of This Period	
	0.00		0.0	0	1884.93	
1)	SUBTOTALS This Period This Page (optional)			▶	9492.09	
٥/	TOTALS This David (last page this line area	TOTALO This Posted (but according to according to				
2)	TOTALS THIS FERIOU (last page this line num	nis Period (last page this line number only)			,	
3)	TOTAL OUTSTANDING LOANS from Sched	ule C (last p	page only)·····	··· >		

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

Exc

(Use separate schedule(s) for each

PAGE 13 OF FOI (che

R LINE NUMBER:		
eck only one)		9
	X	10

Excluding Loans			numbered line)	x 10		
NAME OF COMMITTEE (In Full)						
Lonegan for Congre	SS					
A. Full Name (Last, First, Middle Initial) of 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 Peri	od		Transactio	on ID : SD10.4540		
Amount Incurred This Period	_	Payment This Period		Outstanding Balance at Close of This Period		
0.00		0.	00	2271.37		
B. Full Name (Last, First, Middle Initial) of I	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor					
Mailing Address	Mailing Address					
City	State	Zip Code				
Outstanding Balance Beginning This Peri						
Amount Incurred This Period		Payment This Period	Outstandir	ng Balance at Close of This Period		
C. Full Name (Last, First, Middle Initial) of	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor					
Mailing Address	Mailing Address					
City	State	Zip Code				
Outstanding Balance Beginning This Peri						
Amount Incurred This Period		Payment This Period	Outstandir	ng Balance at Close of This Period		
Allouit incured find relied		1 ayrıcılı Tilis Feriod	Cutstanun	ng Balance at Glose of This Feriod		
SUBTOTALS This Period This Page (option)	nal)		•	2271.37		
	TOTALS This Period (last page this line number only)			92452.23		
3) TOTAL OUTSTANDING LOANS from Sch		250000.00				
4) ADD 2) and 3) and carry forward to appro	only) ►	342452.23				