PAGE 1 / 13

REPORT OF RECEIPTS **AND DISBURSEMENTS**

FORIVI 3	or An Authorized	I Committee	Offic	ce Use Only
1. NAME OF COMMITTEE (in full)	OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
Lonegan for Congress				ı
ADDRESS (number and street)	fax Ct			
▼ OI 1 17 17 17 17 17 17 17 17 17 17 17 17 1				
Check if different than previously reported. (ACC)	on		NJ 0805	53
2. FEC IDENTIFICATION NUMBER		Υ ▲	STATE ▲	ZIP CODE ▲
C C00555284	3. IS TI	~	AMENDED (A)	STATE ▼ DISTRICT NJ 03 1
4. TYPE OF REPORT (Choose On	e) (b) 12-Da	ay PRE -Election Report for the		
(a) Quarterly Reports:	(0) 12 D			П
April 15 Quarterly Report (C	21)	Primary (12P)	General (12G)	Runoff (12R)
		Convention (12C)	Special (12S)	
July 15 Quarterly Report (Q	2)	M M / D D	/ Y Y Y Y Y	in the
October 15 Quarterly Repor	t (Q3) Elect	tion on		State of
January 31 Year-End Repor	t (YE) (c) 30-Da	ay POST -Election Report for th	e:	
		General (30G)	Runoff (30R)	Special (30S)
П		denoral (ood)	Transm (corr)	Opecial (000)
Termination Report (TER)	Elect	tion on	/ Y Y Y Y	in the State of
5. Covering Period 01	01 / 2023	through 03	M / D D / Y 31	Y Y Y Y 2023
I certify that I have examined this Repo Curt Type or Print Name of Treasurer	rt and to the best o	f my knowledge and belief it is	true, correct and cor	mplete.
Curtis, Elizabi	eth, , ,	[Electronically Filed]	Date 04 /	01 /
NOTE: Submission of false, erroneous, or	incomplete informatio	on may subject the person signin	g this Report to the pe	enalties of 52 U.S.C. §30109
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

2023 2023 03 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

Report Covering the Period: From: MMM / DDD / YYYYY

To: MMM / DDD / YYYYY

31 2023

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(e) TOTAL CONTRIBUTIONS	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	
	OFFSETS TO OPERATING			
	EXPENDITURES Refunds, Rebates, etc.)	0.00	722.29	
	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	25100.59	
-	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

FEC Form 3 (Revised 05/2016)

of Disbursements

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
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 SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPOR	RTING 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 (fro	om Line 22)	0.00
27.	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

PAGE 5
FOR LINE NUMBER: (check only one)

13a

		Detailed outlinary rage
NAME OF COMMITTEE (In Full)		Transaction ID : SC/10.4502
Lonegan for Congress		
LOAN SOURCE Full Name (Last, Fi	st, Middle Initial)	Memo Item Election: 2014
Lonegan, Steven, , ,		x Primary
		General
Mailing Address 212 Larch Ave		Other (specify) ▼
City	State	ZIP Code Personal Funds of the Candid
Bogota	NJ	07603
Original Amount of Loan	Cumulative Pa	Payment To Date Balance Outstanding at Close of This Pe
100000.0)	0.00 50000.00
2 2		
TERMS Date Incurred		Date Due Interest Rate Secured: (If none, enter 0)
M05 ^M / D09 ^D / Y Z014	M M / D	0.00 % (apr) Yes
List All Endorsers or Guarantors (if	anv) to Loan Source	0
Full Name (Last, First, Middle Init		Name of Employer
	,	
Mailing Address		Occupation
		Amount
City	tate ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initia	al)	Name of Employer
Mailing Address		Occupation
		Accord
011		Amount Guaranteed
City	tate ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initia	al)	Name of Employer
Mailing Address		Occupation
		Amount
City	tate ZIP Code	Guaranteed
5.19		Outstanding:
4. Full Name (Last, First, Middle Initia	al)	Name of Employer
Mailing Address		Occupation
		Amount
City	tate ZIP Code	Guaranteed
5,		Outstanding:
SUBTOTALS This Period This Page (op	tional)	50000.00
TOTALS This Period (last page in this li	ne only)	······································
Carry outstanding halance only to LINE	3 Schedule D for th	nis line. If no Schedule D, carry forward to appropriate line of Summa
Carry outstanding Dataffee Utily to LINE	o, ochequie D, IUI (II	no mie, ii no ochedule b, carry lorwaru to appropriate illie di oumimal

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ 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 Detailed Summary Page

PAGE OF FOR LINE NUMBER: (check only one)

X 13a 13b

		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	Mailing Address 212 Larch Ave					
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

FOR LINE NUMBER: (check only one)

PAGE

×	13a
	13b

13

OF

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) \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 100000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D23^D M 05M ž014 Y12/31/2014 Y 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 State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City 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.

Ex

(Use separate schedule(s) for each

PAGE FOR LINE NUMBER: (check only one)

	9
v	10

13

OF

Excluding Loans			numbered line)	 X 10
NAME OF COMMITTEE (In Full)				<u> </u>
Lonegan for Congres	S			
A. Full Name (Last, First, Middle Initial) of De	ebtor or Cred	ditor		ebt (Purpose):
Base Connect, Inc.			Fundraising	
Mailing Address 1155 15th St NW Suite 410				
City	State	Zip Code		
Washington	DC	20005		
Outstanding Balance Beginning This Period			Transactio	n ID : SD10.4539
5725.37				
Amount Incurred This Period		Payment This Period	Outstandin	g Balance at Close of This Period
0.00		0.0	00	5725.37
D. F. II Name // set First Middle Initial) of Del	-t O			
B. Full Name (Last, First, Middle Initial) of Del Base Connect, Inc.	otor or Grea	itor	Nature of De Fundraising	ebt (Purpose):
Mailing Address 1155 15th St NW Suite 410				
City	State	Zip Code		
Washington	DC	20005		
Outstanding Balance Beginning This Period			Transactio	n ID : SD10.4524
30605.27				
Amount Incurred This Period		Payment This Period	Outstandin	g Balance at Close of This Period
0.00		0.	00	30605.27
0.00				30000.27
C. Full Name (Last, First, Middle Initial) of De	ebtor or Cred	ditor	Nature of De	ebt (Purpose):
Consolidated Mailing Services	•		Fundraising	
Mailing Address 504 Shaw Rd Suite 206				
City	State	Zip Code		
Sterling	VA	20166		
Outstanding Balance Beginning This Period			Transacti	on ID : SD10.4541
225.62				
Amount Incurred This Period		Payment This Period	Outstandin	g Balance at Close of This Period
0.00		0.0	00	225.62
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 Sched	ule C (last p	age only)······	···· \	, ,
4) ADD 2) and 3) and carry forward to appropri	iate line of ^Q	Summary Page (last nage o	nly)	, ,

Exc

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BIS AND OBLIGATIONS cluding Loans				or each	(check only one)	x	9 10
AME OF COMMITTEE (In Full)			1101111	sered iirie)			10
onegan for Congress	2						
A. Full Name (Last, First, Middle Initial) of De		tor		Noture of D	acht (Durnasa):		
Consolidated Mailing Services				Fundraising	ebt (Purpose): g		
Mailing Address 504 Shaw Rd Suite 206							
City	State	Zip Code					
Sterling	VA	20166					
Outstanding Balance Beginning This Period				Transaction	on ID : SD10.4552		
5769.48							
Amount Incurred This Period		Payment This Period		Outstandii	ng Balance at Close of	This	Period
0.00		0.0	00		57	69.48	
9 9		7			, , ,	-	
B. Full Name (Last, First, Middle Initial) of Deb	otor or Credito	or			ebt (Purpose):		
Consolidated Mailing Services				Fundraising	g		
Mailing Address 504 Shaw Rd							
Suite 206		T 0 1					
City Sterling	State VA	Zip Code 20166					
Outstanding Balance Beginning This Period				Tuonoseti	ID - CD40 4555		
				Transactio	on ID : SD10.4555		
5532.90							
Amount Incurred This Period	-	Payment This Period	-	Outstandii	ng Balance at Close of		
0.00		0.0			55	32.90)
C. Full Name (Last, First, Middle Initial) of De	btor or Credi	tor			(5		
Consolidated Mailing Services				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 : SD10.4583		
9421.05							
Amount Incurred This Period		Payment This Period		Outstandii	ng Balance at Close of	This	Period
0.00		0.0	00		94	21.05	
7 7 7		, , , , ,			, , , , , , , , , , , , , , , , , , , ,		
SUBTOTALS This Period This Page (optional))		▶		207	23.43	
				-	7 7		
TOTALS This Period (last page this line numb	ber only) ······		···· •	L	, , , , , , , , , , , , , , , , , , , ,	-	
TOTAL OUTSTANDING LOANS from Schedu	ıle C (last pa	ge only)·····					
				-	1 1 1 1 1 1		#
ADD 2) and 3) and carry forward to appropri	ate line of Su	ımmary Page (last page or	nly) >		7		

PAGE

FOR LINE NUMBER:

(Use separate schedule(s)

10 OF

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 11 OF FOR (chec

LINE NUMBER:		
ck only one)		9
	v	40

NAME OF COMMITTEE (In Full)

L	onegan for Congress	S				
Α	a. Full Name (Last, First, Middle Initial) of De	Nature of Debt (Purpose):				
	Consolidated Mailing Services	Fundraising				
N	Mailing Address 504 Shaw Rd			_		
	Suite 206	T				
	City Sterling	State VA	Zip Code 20166			
F		_ VA	20100	Transaction ID : SD10.4811		
	Outstanding Balance Beginning This Period			11411S4Ct1011 ID . 3D10.4011		
	14548.45					
	Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period		
	0.00		0.00	14548.45		
L	D. F. II Nove (Least First Middle Leiter) of Dal		, ,			
	 Full Name (Last, First, Middle Initial) of Deb Integram 	otor or Great	tor	Nature of Debt (Purpose): Fundraising		
	mogram					
N	Mailing Address 22695 Commerce Center Ct					
C	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	C. Full Name (Last, First, Middle Initial) of De	btor or Cred	litor	Nature of Debt (Purpose):		
	Legacy Lists Inc - Brokerage			Fundraising		
N	Mailing Address 1155 - 15th Street NW			_		
	Suite 410					
	Dity	State	Zip Code			
-	Washington	DC	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		
	0.00		0.00	1199.54		
			, , , , , , , , , , , ,			
1) :	SUBTOTALS This Period This Page (optional)		23409.08		
				25.000		
2)	TOTALS This Period (last page this line numl	ber only) ······				
3)	TOTAL OUTSTANDING LOANS from Schedu	ule C (last pa	age only)			
4)	ADD 2) and 3) and carry forward to appropri	ate line of S	ummary Page (last page only)			

Excluding Loans

1)

2)

3)

4)

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Lonegan	for	Cond	ress
Lunguan	IUI	COLIG	ロころろ

ME OF COMMITTEE (In Full)					
onegan for Congress	5				
A. Full Name (Last, First, Middle Initial) of De Legacy Lists Inc - Brokerage	Nature of Debt (Purpose): Fundraising				
Mailing Address 1155 - 15th Street NW Suite 410	-				
City	State	Zip Code			
Washington	DC	20005	Transaction ID : SD10.4538		
Outstanding Balance Beginning This Period			Halisaction ib . 3D10.4336		
5793.47	-	Decimant This Deviced	Outstanding Palaman at Class of This Pariad		
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 Deb	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 1813.69 Amount Incurred This Period 0.00	F	Payment This Period 0.00	Transaction ID : SD10.4547 Outstanding Balance at Close of This Period 1813.69		
C. Full Name (Last, First, Middle Initial) of De 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			Transaction ID : SD10.4535		
1884.93					
Amount Incurred This Period Payment This Period			Outstanding Balance at Close of This Period		
0.00	L.,	0.00	1884.93		
SUBTOTALS This Period This Page (optional	9492.09				
TOTALS This Period (last page this line number					
TOTAL OUTSTANDING LOANS from Schedule C (last page only)					
ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)					

PAGE

FOR LINE NUMBER:

(check only one)

(Use separate schedule(s)

for each

numbered line)

12 OF

13

x 10

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 13 OF FOR LINE NUMBER: (check only one)

9 **x** 10

NAME OF COMMITTEE (In Full)				
Lonegan for Congress				

Lonegan for Congres	S		
A. Full Name (Last, First, Middle Initial) of De 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			Transaction ID : SD10.4540
2271.37			
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 Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address	_		
City	State	Zip Code	-
Amount Incurred This Period			
C. Full Name (Last, First, Middle Initial) of De	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		7 1 7 1 7 1	
1) SUBTOTALS This Period This Page (optional	2271.37		
2) TOTALS This Period (last page this line num	92452.23		
3) TOTAL OUTSTANDING LOANS from Sched	250000.00		
4) ADD 2) and 3) and carry forward to appropr	342452.23		