

**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)

PO Box 1607

Check if different  
than previously  
reported. (ACC)

Medford

NJ

08055

2. FEC IDENTIFICATION NUMBER ▼

C

C00555284

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

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  
06 / 03 / 2014in the  
State of

NJ

(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  
04 / 01 / 2014

through

M M / D D / Y Y Y Y  
05 / 14 / 2014

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 Ms. Elizabeth D Curtis

Signature of Treasurer

Ms. Elizabeth D Curtis

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
05 / 22 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Lonegan For Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
04			01			2014			

To:

M	M	/	D	D	/	Y	Y	Y	Y
05			14			2014			

	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))....	204619.71	506432.75
(b) Total Contribution Refunds (from Line 20(d)) .....		
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	204619.71	506432.75
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	434536.7	664795.02
(b) Total Offsets to Operating Expenditures (from Line 14).....		624.73
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	434536.7	664170.29
8. Cash on Hand at Close of Reporting Period (from Line 27).....	138637.46	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....		
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	500155.65	

## 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 12/2003)

PAGE 3 / 159

Write or Type Committee Name

Lonegan For Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	1	4

**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).....

84661.68

190617.68

(ii) Unitemized.....

116208.03

307065.07

(iii) TOTAL of contributions from individuals ▶

200869.71

497682.75

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

3750

3750

(d) The Candidate.....

5000

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

204619.71

506432.75

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....****13. LOANS:**

(a) Made or Guaranteed by the Candidate.....

196500

296500

(b) All Other Loans.....

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

196500

296500

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

624.73

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....****16. TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

401119.71

803557.48

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 159

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	434536.7	664795.02
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....		
(b) Of All Other Loans .....		
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs) .....		
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....		
21. OTHER DISBURSEMENTS .....		
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	434536.7	664795.02

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	172054.45
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	401119.71
25. SUBTOTAL (add Line 23 and Line 24).....	573174.16
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	434536.7
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	138637.46

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 5 OF 159

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**Edgewood Realty Associates LLC**

Mailing Address 21 Ravona St

City  
CliftonState  
NJZip Code  
07012FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		14		2014

Transaction ID : SA11Ai-CN71653

Amount of Each Receipt this Period

500

SEE MEMO ITEM BELOW

Full Name (Last, First, Middle Initial)

**Mr Evangelos Megariotis Md**

Mailing Address 21 Ravona St

City  
CliftonState  
NJZip Code  
07012FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Surgeon

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		14		2014

Transaction ID : SA11Ai-CN71808

Amount of Each Receipt this Period

500

Partnership-Edgewood Realty Associates

[MEMO ITEM]

\$500.00 MEMO Partnership Attributed

Full Name (Last, First, Middle Initial)

**I.T. Management**

Mailing Address PO Box 6328

City  
PortlandState  
ORZip Code  
97228-6328FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		08		2014

Transaction ID : SA11Ai-CN68318

Amount of Each Receipt this Period

500

SEE MEMO ITEM BELOW

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 6 OF 159

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**Brian Puziss**

Mailing Address PO Box 6328

City  
PortlandState  
ORZip Code  
97228FEC ID number of contributing  
federal political committee.

C

Name of Employer  
I.T. ManagementOccupation  
Partner

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		08		2014

Transaction ID : SA11Ai-CN68320

Amount of Each Receipt this Period

500

Partnership-I.T. Management

**[MEMO ITEM]**

\$500.00 MEMO Partnership Attributed

Full Name (Last, First, Middle Initial)

**Mr Richard A Akers**

Mailing Address 476 Joralemon St Apt B1

City  
BellevilleState  
NJZip Code  
07109-1866FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		07		2014

Transaction ID : SA11Ai-CN68969

Amount of Each Receipt this Period

100

Full Name (Last, First, Middle Initial)

**Miss Carol H Albrecht**

Mailing Address 10 Wyckoff Way

City  
ChesterState  
NJZip Code  
07930-2477FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

235

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		18		2014

Transaction ID : SA11Ai-CN69700

Amount of Each Receipt this Period

100

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

200.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**Mrs Janet Allison**

Mailing Address 5825 SW 28th St

City

Topeka

State

KS

Zip Code

66614-2418

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Teacher

Occupation

Teacher

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

276

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		04		2014

Transaction ID : SA11Ai-CN68717

Amount of Each Receipt this Period

53

Full Name (Last, First, Middle Initial)

**Mrs Janet Allison**

Mailing Address 5825 SW 28th St

City

Topeka

State

KS

Zip Code

66614-2418

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Teacher

Occupation

Teacher

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

311

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		28		2014

Transaction ID : SA11Ai-CN70261

Amount of Each Receipt this Period

35

Full Name (Last, First, Middle Initial)

**Ms Karen Anderson**

Mailing Address 315 W 2nd Ave

City

Saint John

State

KS

Zip Code

67576-1905

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Requested

Occupation

Requested

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

245

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		08		2014

Transaction ID : SA11Ai-CN69129

Amount of Each Receipt this Period

35

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

123.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 8 OF 159

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**Ms Karen Anderson**

Mailing Address 315 W 2nd Ave

City

Saint John

State

KS

Zip Code

67576-1905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

280

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		08		2014

Transaction ID : SA11Ai-CN69130

Amount of Each Receipt this Period

35

Full Name (Last, First, Middle Initial)

**Ms Karen Anderson**

Mailing Address 315 W 2nd Ave

City

Saint John

State

KS

Zip Code

67576-1905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

430

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		18		2014

Transaction ID : SA11Ai-CN69724

Amount of Each Receipt this Period

150

Full Name (Last, First, Middle Initial)

**Ms Karen Anderson**

Mailing Address 315 W 2nd Ave

City

Saint John

State

KS

Zip Code

67576-1905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

480

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		13		2014

Transaction ID : SA11Ai-CN71587

Amount of Each Receipt this Period

50

SUBTOTAL of Receipts This Page (optional).....

235.00

TOTAL This Period (last page this line number only).....



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**Full Name (Last, First, Middle Initial)  
**A. Mr. Alfred A Angelo**

Mailing Address 340 N Ave E Ste 2

City	State	Zip Code
Cranford	NJ	07016-2461

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Angelo O'Brien Accountants/AuditorsOccupation  
CPA

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		26		2014

Transaction ID : SA11Ai-CN68113

Amount of Each Receipt this Period

2600

Full Name (Last, First, Middle Initial)  
**B. Mr Chris Armbrust**

Mailing Address 27w320 Roosevelt Rd

City	State	Zip Code
Winfield	IL	60190-1542

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELFOccupation  
Requested

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

215

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2014

Transaction ID : SA11Ai-CN70133

Amount of Each Receipt this Period

40

Full Name (Last, First, Middle Initial)  
**C. Mrs Bonnie Auld**Mailing Address 4019 Calle Sonora Este  
Unit B

City	State	Zip Code
Laguna Woods	CA	92637-3208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Information Requested

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

220

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		21		2014

Transaction ID : SA11Ai-CN69820

Amount of Each Receipt this Period

30

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2670.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 10 OF 159

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**Mrs Bonnie Auld**

Mailing Address 4019 Calle Sonora Este  
 Unit B

City	State	Zip Code
Laguna Woods	CA	92637-3208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

255

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2014

Transaction ID : SA11Ai-CN71280

Amount of Each Receipt this Period

35

Full Name (Last, First, Middle Initial)

**Ms. Judith Moncrieff Baldwin**

Mailing Address 1130 Park Ave

City	State	Zip Code
New York	NY	10128-1255

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Entrepreneur

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		13		2014

Transaction ID : SA11Ai-CN68405

Amount of Each Receipt this Period

500

Full Name (Last, First, Middle Initial)

**Ms Nancy L Barnhart**

Mailing Address 7370 Walsh Rd

City	State	Zip Code
Millington	TN	38053-6020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2014

Transaction ID : SA11Ai-CN71701

Amount of Each Receipt this Period

200

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

735.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 11 OF 159

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**Mr Ray R Barrett Jr.**

Mailing Address Hc 34 Box 3

City

Midkiff

State

TX

Zip Code

79755

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELFOccupation  
FARMER RANCHER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

900

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		04		2014

Transaction ID : SA11Ai-CN68775

Amount of Each Receipt this Period

300

Full Name (Last, First, Middle Initial)

**Mr Ray R Barrett Jr.**

Mailing Address Hc 34 Box 3

City

Midkiff

State

TX

Zip Code

79755

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELFOccupation  
FARMER RANCHER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1200

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2014

Transaction ID : SA11Ai-CN71009

Amount of Each Receipt this Period

300

Full Name (Last, First, Middle Initial)

**Gary W Basham**

Mailing Address 133 Carlton Ave

City

Marlton

State

NJ

Zip Code

08053

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

275

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2014

Transaction ID : SA11Ai-CN68161

Amount of Each Receipt this Period

125

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

725.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 159

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**Full Name (Last, First, Middle Initial)  
**A. Mr. Matthew V Basile**

Mailing Address 23 Fulton St

City	State	Zip Code
Bloomfield	NJ	07003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELFOccupation  
INSURANCE

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1025

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		01		2014

Transaction ID : SA11Ai-CN68158

Amount of Each Receipt this Period

500

Full Name (Last, First, Middle Initial)  
**B. Mr. Robert Belansen Sr.**

Mailing Address 1057 Beach Ave

City	State	Zip Code
Cape May	NJ	08204-1613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		14		2014

Transaction ID : SA11Ai-CN71657

Amount of Each Receipt this Period

1000

Full Name (Last, First, Middle Initial)  
**C. Mr. James L Bellis Jr**

Mailing Address 1681 Lamington Rd

City	State	Zip Code
Bedminster	NJ	07921

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tree Tech IncOccupation  
Executive

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : SA11Ai-CN68204

Amount of Each Receipt this Period

1000

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 13 OF 159

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**Ms Jane Beneke**

Mailing Address 4201 Armstrong Pkwy

City

Dallas

State

TX

Zip Code

75205-3715

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Self Employed

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		08		2014

Transaction ID : SA11Ai-CN71382

Amount of Each Receipt this Period

300

Full Name (Last, First, Middle Initial)

**Ms Carol Benner**

Mailing Address 711 Maple Leaf Ln

City

Moorestown

State

NJ

Zip Code

08057-1841

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		09		2014

Transaction ID : SA11Ai-CN69216

Amount of Each Receipt this Period

500

Full Name (Last, First, Middle Initial)

**Ms Carol Benner**

Mailing Address 711 Maple Leaf Ln

City

Moorestown

State

NJ

Zip Code

08057-1841

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		30		2014

Transaction ID : SA11Ai-CN70380

Amount of Each Receipt this Period

1600

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2400.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 14 OF 159

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**A. Full Name (Last, First, Middle Initial)  
**Mrs. Doris Berenzweig**

Mailing Address 452 Meer Ave

City	State	Zip Code
Wyckoff	NJ	07481-1805

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		13		2014

Transaction ID : SA11Ai-CN68396

Amount of Each Receipt this Period

1000

B. Full Name (Last, First, Middle Initial)  
**Mr James W Blatchford Jr.**

Mailing Address 611 Andover Rd

City	State	Zip Code
Newtown Square	PA	19073-1403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		03		2014

Transaction ID : SA11Ai-CN68637

Amount of Each Receipt this Period

300

C. Full Name (Last, First, Middle Initial)  
**Mr. Joseph Bonanno**

Mailing Address 62 Hook Mountain Rd

City	State	Zip Code
Montville	NJ	07045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
West Essex Mgmt CoOccupation  
Builder

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		30		2014

Transaction ID : SA11Ai-CN68227

Amount of Each Receipt this Period

2500

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3800.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 15 OF 159

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr William Boyd**

Mailing Address **PO Box 1147**

City <b>Tallahassee</b>	State <b>FL</b>	Zip Code <b>32302-1147</b>
----------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer <b>NONE</b>	Occupation <b>RETIRED ENGINEER</b>
---------------------------------	---------------------------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**2000**

Date of Receipt

M M / D D / Y Y Y Y
05 / 05 / 2014

Transaction ID : SA11Ai-CN70912

Amount of Each Receipt this Period

1000
------

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Joseph L Branciforte**

Mailing Address **2 Collette Dr**

City <b>Ramsey</b>	State <b>NJ</b>	Zip Code <b>07446</b>
-----------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer <b>Bergen Catholic HS</b>	Occupation <b>Development Officer</b>
---	--

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt

M M / D D / Y Y Y Y
05 / 09 / 2014

Transaction ID : SA11Ai-CN68394

Amount of Each Receipt this Period

1000
------

**C.** Full Name (Last, First, Middle Initial)  
**Mr John L Brandt**

Mailing Address **2129 12th Ave E**

City <b>Hibbing</b>	State <b>MN</b>	Zip Code <b>55746-1836</b>
------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer <b>Retired</b>	Occupation <b>Retired</b>
------------------------------------	------------------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt

M M / D D / Y Y Y Y
05 / 13 / 2014

Transaction ID : SA11Ai-CN71588

Amount of Each Receipt this Period

100
-----

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2100.00
---------

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 16 OF 159

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

A. Full Name (Last, First, Middle Initial)  
**Ms Paula Brigham**

Mailing Address 1222 Monroe Ave

City	State	Zip Code
Reading	PA	19610-2432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation  
Requested

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2014

Transaction ID : SA11Ai-CN70344

Amount of Each Receipt this Period

200

B. Full Name (Last, First, Middle Initial)  
**Mrs Susan Brunoff**

Mailing Address 334 W Cedar St

City	State	Zip Code
New Holland	PA	17557-1202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

245

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2014

Transaction ID : SA11Ai-CN71661

Amount of Each Receipt this Period

70

C. Full Name (Last, First, Middle Initial)  
**Ms Elizabeth Bryden**

Mailing Address 1 W 67th St Apt 611

City	State	Zip Code
New York	NY	10023-6200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

923

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		07		2014

Transaction ID : SA11Ai-CN68936

Amount of Each Receipt this Period

105

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

375.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 17 OF 159

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**Ms Elizabeth Bryden**

Mailing Address 1 W 67th St Apt 611

City

New York

State

NY

Zip Code

10023-6200

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1128

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2014

Transaction ID : SA11Ai-CN71703

Amount of Each Receipt this Period

205

Full Name (Last, First, Middle Initial)

**Ms Vera M Burchett**

Mailing Address 1819 Birchwood St

City

Aurora

State

NE

Zip Code

68818-1410

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

390

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		21		2014

Transaction ID : SA11Ai-CN69852

Amount of Each Receipt this Period

150

Full Name (Last, First, Middle Initial)

**Mrs Betsy Burgett**

Mailing Address 1628 Meadow View Dr

City

Medford

State

OR

Zip Code

97504-4507

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		03		2014

Transaction ID : SA11Ai-CN68612

Amount of Each Receipt this Period

500

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

855.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 18 OF 159

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**John P Burk**

Mailing Address 2015 Creek Rd

City

Hainesport

State

NJ

Zip Code

08036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retiredOccupation  
none

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		07		2014

Transaction ID : SA11Ai-CN68269

Amount of Each Receipt this Period

250

Full Name (Last, First, Middle Initial)

**Mr. Henry P Butehorn**

Mailing Address 791 Port Monmouth Rd

City

Port Monmouth

State

NJ

Zip Code

07758

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNISYS CORPOccupation  
TRANSPORTATION

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		24		2014

Transaction ID : SA11Ai-CN68128

Amount of Each Receipt this Period

250

Full Name (Last, First, Middle Initial)

**Mr John A Butler**

Mailing Address 1005 Augusta Ave

City

Wausau

State

WI

Zip Code

54403-3340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Physician

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		05		2014

Transaction ID : SA11Ai-CN70915

Amount of Each Receipt this Period

500

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 19 OF 159

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**Mr Stephen Byrne**

Mailing Address 633 E Main St Unit B1

City

Moorestown

State

NJ

Zip Code

08057-3028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RENZI FAMILY MEDICINE LLC

Occupation

PHYSICIAN

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2014

Transaction ID : SA11Ai-CN68125

Amount of Each Receipt this Period

250

Full Name (Last, First, Middle Initial)

**Ms Sue M Cannon**

Mailing Address 6420 W Lakeridge Rd

City

Lakewood

State

CO

Zip Code

80227-3909

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		04		2014

Transaction ID : SA11Ai-CN68766

Amount of Each Receipt this Period

1000

Full Name (Last, First, Middle Initial)

**Ms Sue M Cannon**

Mailing Address 6420 W Lakeridge Rd

City

Lakewood

State

CO

Zip Code

80227-3909

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		22		2014

Transaction ID : SA11Ai-CN70064

Amount of Each Receipt this Period

1600

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2850.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 20 OF 159

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**Ms Joyce Caraway**

Mailing Address 123 Erin Dr

City

Kerrville

State

TX

Zip Code

78028-4826

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

205

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2014

Transaction ID : SA11Ai-CN71385

Amount of Each Receipt this Period

50

Full Name (Last, First, Middle Initial)

**Mrs Rosalie Chambers**

Mailing Address 8 Shetland Rd

City

Florham Park

State

NJ

Zip Code

07932-1812

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

225

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2014

Transaction ID : SA11Ai-CN70696

Amount of Each Receipt this Period

25

Full Name (Last, First, Middle Initial)

**Ms Dicey S Childers**

Mailing Address 8517 Joy Rd

City

Blountsville

State

AL

Zip Code

35031-4489

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Owner

Occupation

Christian Bookstore

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

560

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		09		2014

Transaction ID : SA11Ai-CN69224

Amount of Each Receipt this Period

100

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

175.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 21 OF 159

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr William R Clayton**

Mailing Address **1514 Silo Ct**

City **Manasquan** State **NJ** Zip Code **08736-2225**

FEC ID number of contributing federal political committee. **C**

Name of Employer **None** Occupation **Retired**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date **300**

Date of Receipt

M M / D D / Y Y Y Y  
04 29 2014

Transaction ID : **SA11Ai-CN68221**

Amount of Each Receipt this Period

100

**B.** Full Name (Last, First, Middle Initial)  
**Mr William R Clayton**

Mailing Address **1514 Silo Ct**

City **Manasquan** State **NJ** Zip Code **08736-2225**

FEC ID number of contributing federal political committee. **C**

Name of Employer **None** Occupation **Retired**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date **400**

Date of Receipt

M M / D D / Y Y Y Y  
05 12 2014

Transaction ID : **SA11Ai-CN71486**

Amount of Each Receipt this Period

100

**C.** Full Name (Last, First, Middle Initial)  
**Mr Martin Collins**

Mailing Address **148 Stone Manor Dr**

City **Somerset** State **NJ** Zip Code **08873-6028**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date **300**

Date of Receipt

M M / D D / Y Y Y Y  
04 17 2014

Transaction ID : **SA11Ai-CN69564**

Amount of Each Receipt this Period

100

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

300.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 22 OF 159

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr William Condron**

Mailing Address 7341 E 42nd St

City Tucson State AZ Zip Code 85730-1723

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date **1250**

Date of Receipt

M M	D D	Y Y Y Y
04	04	2014

Transaction ID : SA11Ai-CN68769

Amount of Each Receipt this Period

250
-----

**B.** Full Name (Last, First, Middle Initial)  
**Mr William Condron**

Mailing Address 7341 E 42nd St

City Tucson State AZ Zip Code 85730-1723

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date **1400**

Date of Receipt

M M	D D	Y Y Y Y
04	21	2014

Transaction ID : SA11Ai-CN69832

Amount of Each Receipt this Period

150
-----

**C.** Full Name (Last, First, Middle Initial)  
**Mr William Condron**

Mailing Address 7341 E 42nd St

City Tucson State AZ Zip Code 85730-1723

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date **1775**

Date of Receipt

M M	D D	Y Y Y Y
05	05	2014

Transaction ID : SA11Ai-CN71016

Amount of Each Receipt this Period

375
-----

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

775.00
--------

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**Delor Cornell**

Mailing Address PO Box 807

City

Woodbury

State

NJ

Zip Code

08096

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cornell & CoOccupation  
President

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2014

Transaction ID : SA11Ai-CN68149

Amount of Each Receipt this Period

2600

Full Name (Last, First, Middle Initial)

**Ms Hilary H Cunniff**

Mailing Address 12 Eglantine Ave

City

Pennington

State

NJ

Zip Code

08534-2307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2014

Transaction ID : SA11Ai-CN68230

Amount of Each Receipt this Period

100

Full Name (Last, First, Middle Initial)

**Ms. Georgette B Denlinger**

Mailing Address 10 Geranium Dr

City

Marlton

State

NJ

Zip Code

08053-5534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1075

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		15		2014

Transaction ID : SA11Ai-CN68085

Amount of Each Receipt this Period

200

SUBTOTAL of Receipts This Page (optional).....

2900.00

TOTAL This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 24 OF 159

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ms. Georgette B Denlinger**

Mailing Address 10 Geranium Dr

City Marlton	State NJ	Zip Code 08053-5534
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**1475**

Date of Receipt

M M / D D / Y Y Y Y
04 / 24 / 2014

Transaction ID : SA11Ai-CN68120

Amount of Each Receipt this Period

400
-----

**B.** Full Name (Last, First, Middle Initial)  
**Ms. Georgette B Denlinger**

Mailing Address 10 Geranium Dr

City Marlton	State NJ	Zip Code 08053-5534
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**1533**

Date of Receipt

M M / D D / Y Y Y Y
04 / 29 / 2014

Transaction ID : SA11Ai-CN68217

Amount of Each Receipt this Period

58
----

**C.** Full Name (Last, First, Middle Initial)  
**Ms. Georgette B Denlinger**

Mailing Address 10 Geranium Dr

City Marlton	State NJ	Zip Code 08053-5534
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**1593**

Date of Receipt

M M / D D / Y Y Y Y
05 / 06 / 2014

Transaction ID : SA11Ai-CN68256

Amount of Each Receipt this Period

60
----

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

518.00
--------



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 25 OF 159

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**A. Full Name (Last, First, Middle Initial)  
**Ms. Georgette B Denlinger**

Mailing Address 10 Geranium Dr

City	State	Zip Code
Marlton	NJ	08053-5534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1633

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2014

Transaction ID : SA11Ai-CN68290

Amount of Each Receipt this Period

40

B. Full Name (Last, First, Middle Initial)  
**Ms. Georgette B Denlinger**

Mailing Address 10 Geranium Dr

City	State	Zip Code
Marlton	NJ	08053-5534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1733

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		13		2014

Transaction ID : SA11Ai-CN68403

Amount of Each Receipt this Period

100

C. Full Name (Last, First, Middle Initial)  
**Ms Frances S Diplacidi**

Mailing Address 1530 Palisade Ave Apt 6s

City	State	Zip Code
Fort Lee	NJ	07024-5402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
None

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		07		2014

Transaction ID : SA11Ai-CN68796

Amount of Each Receipt this Period

250

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

390.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 26 OF 159

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. H Renwick R Dunlap Jr**

Mailing Address 989 Shooting Box Rd

City State Zip Code  
King William VA 23086-2003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2014

Transaction ID : SA11Ai-CN68134

Amount of Each Receipt this Period

50

**B.** Full Name (Last, First, Middle Initial)  
**Mr Leonard Dunne**

Mailing Address PO Box 560

City State Zip Code  
Andover NJ 07821-0560

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		21		2014

Transaction ID : SA11Ai-CN69839

Amount of Each Receipt this Period

100

**C.** Full Name (Last, First, Middle Initial)  
**Mrs Sylvia Duryee**

Mailing Address 1115 41st Ave E

City State Zip Code  
Seattle WA 98112-4405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		07		2014

Transaction ID : SA11Ai-CN69037

Amount of Each Receipt this Period

300

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

450.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 27 OF 159

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**Mr Frederick Eichler Jr.**

Mailing Address 410 Clinton Ave

City

Northvale

State

NJ

Zip Code

07647-1411

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

225

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		18		2014

Transaction ID : SA11Ai-CN69774

Amount of Each Receipt this Period

75

Full Name (Last, First, Middle Initial)

**Mr Roland C Ellis**

Mailing Address 320 Wisteria Ave

City

Reading

State

PA

Zip Code

19606-3472

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

237

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2014

Transaction ID : SA11Ai-CN71120

Amount of Each Receipt this Period

76

Full Name (Last, First, Middle Initial)

**Mr Roland C Ellis**

Mailing Address 320 Wisteria Ave

City

Reading

State

PA

Zip Code

19606-3472

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

337

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2014

Transaction ID : SA11Ai-CN71715

Amount of Each Receipt this Period

100

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

251.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 28 OF 159

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**Ms Ruth Ellison**

Mailing Address 5120 Parkside Dr

City

N Charleston

State

SC

Zip Code

29405-4104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

255

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		17		2014

Transaction ID : SA11Ai-CN69589

Amount of Each Receipt this Period

100

Full Name (Last, First, Middle Initial)

**Ms Ruth Ellison**

Mailing Address 5120 Parkside Dr

City

N Charleston

State

SC

Zip Code

29405-4104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

325

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		12		2014

Transaction ID : SA11Ai-CN71538

Amount of Each Receipt this Period

70

Full Name (Last, First, Middle Initial)

**Ms Eleanor L Estes**

Mailing Address 65 Gaston Rd

City

Morristown

State

NJ

Zip Code

07960-3418

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1350

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		17		2014

Transaction ID : SA11Ai-CN69636

Amount of Each Receipt this Period

500

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

670.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**Dr. Henry W Finger**

Mailing Address 102 Marbury Ct

City

Medford

State

NJ

Zip Code

08055-8623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
DENTIST

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

325

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2014

Transaction ID : SA11Ai-CN68155

Amount of Each Receipt this Period

100

Full Name (Last, First, Middle Initial)

**Dr. Henry W Finger**

Mailing Address 102 Marbury Ct

City

Medford

State

NJ

Zip Code

08055-8623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
DENTIST

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

425

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2014

Transaction ID : SA11Ai-CN68345

Amount of Each Receipt this Period

100

Full Name (Last, First, Middle Initial)

**Arthur Finkelstein**

Mailing Address PO Box 1607

City

Medford

State

NJ

Zip Code

08055

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Arthur J Finkelstein &amp; Assoc.

Occupation

Consultant

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2014

Transaction ID : SA11Ai-CN68470

Amount of Each Receipt this Period

1000

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1200.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 30 OF 159

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**Ms Jane G Flynn**

Mailing Address 1840 Tice Creek Dr Apt 2105

City

Walnut Creek

State

CA

Zip Code

94595-2458

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2014

Transaction ID : SA11Ai-CN69345

Amount of Each Receipt this Period

150

Full Name (Last, First, Middle Initial)

**Malcolm S Forbes Jr**

Mailing Address 1335 Burnt Mills Rd

City

Bedminster

State

NJ

Zip Code

07921

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Forbes Management

Occupation

Executive

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2014

Transaction ID : SA11Ai-CN68389

Amount of Each Receipt this Period

1000

Full Name (Last, First, Middle Initial)

**Ms Victoria I Ford**

Mailing Address 4303 Forest Park Rd

City

Jacksonville

State

FL

Zip Code

32210-6027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2014

Transaction ID : SA11Ai-CN70920

Amount of Each Receipt this Period

200

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1350.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 31 OF 159

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

A. Full Name (Last, First, Middle Initial)  
**Mr. Robert A Franks**

Mailing Address **21 Bonnell La**

City	State	Zip Code
Randolph	NJ	07869

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

Transaction ID : SA11Ai-CN68211

Amount of Each Receipt this Period

150

B. Full Name (Last, First, Middle Initial)  
**Susan Frazier**

Mailing Address **15 Magee Ave**

City	State	Zip Code
Lavallette	NJ	08735

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Homemaker

Occupation  
 Homemaker

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		26		2014

Transaction ID : SA11Ai-CN68223

Amount of Each Receipt this Period

2600

C. Full Name (Last, First, Middle Initial)  
**Mr. Bruce Freeman**

Mailing Address **2124 Wedgemont PI**

City	State	Zip Code
Bakersfield	CA	93311

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Castle & Cooke

Occupation  
 Land Development & Management

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1200

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		09		2014

Transaction ID : SA11Ai-CN68393

Amount of Each Receipt this Period

1200

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3950.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 32 OF 159

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Jack A Frohbieter**  
Mailing Address 34 Cranbury Neck Rd

City State Zip Code  
Cranbury NJ 08512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M / D D / Y Y Y Y  
04 15 2014

Transaction ID : SA11Ai-CN68090

Amount of Each Receipt this Period

250

**B.** Full Name (Last, First, Middle Initial)  
**Catherine Fulton**  
Mailing Address 411 Mead Road

City State Zip Code  
Jackson NJ 08527

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

218

Date of Receipt

M M / D D / Y Y Y Y  
05 06 2014

Transaction ID : SA11Ai-CN68278

Amount of Each Receipt this Period

60

**C.** Full Name (Last, First, Middle Initial)  
**Mr Don Gabianelli**  
Mailing Address 47 Louise St

City State Zip Code  
Crossville TN 38555-5486

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

420

Date of Receipt

M M / D D / Y Y Y Y  
04 29 2014

Transaction ID : SA11Ai-CN70325

Amount of Each Receipt this Period

140

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

450.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 33 OF 159

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr Don Gabianelli**

Mailing Address **47 Louise St**

City **Crossville** State **TN** Zip Code **38555-5486**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date **525**

Date of Receipt

M M / D D / Y Y Y Y  
**05 12 2014**

Transaction ID : **SA11Ai-CN71495**

Amount of Each Receipt this Period

**105**

**B.** Full Name (Last, First, Middle Initial)  
**Dr Gus A Galatianos**

Mailing Address **1724 Parsons Blvd**

City **Whitestone** State **NY** Zip Code **11357-3041**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF EMPLOYED** Occupation **GALATIANOS PHD**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date **250**

Date of Receipt

M M / D D / Y Y Y Y  
**05 12 2014**

Transaction ID : **SA11Ai-CN71496**

Amount of Each Receipt this Period

**50**

**C.** Full Name (Last, First, Middle Initial)  
**Mrs Betty Gardner**

Mailing Address **1572 Goodin Hollow Rd**

City **Noel** State **MO** Zip Code **64854-7235**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Information Requested** Occupation **Information Requested**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date **220**

Date of Receipt

M M / D D / Y Y Y Y  
**05 02 2014**

Transaction ID : **SA11Ai-CN70827**

Amount of Each Receipt this Period

**50**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**205.00**

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**Mr Anthony J Gasparine**

Mailing Address PO Box 685

City

Chester

State

NJ

Zip Code

07930-0685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELFOccupation  
WELDER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

600

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SA11Ai-CN70489

Amount of Each Receipt this Period

200

Full Name (Last, First, Middle Initial)

**Mrs Virginia L Gaylord**

Mailing Address 430 N Vinedo Ave

City

Pasadena

State

CA

Zip Code

91107-2615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

445

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SA11Ai-CN68225

Amount of Each Receipt this Period

295

Full Name (Last, First, Middle Initial)

**Mr Charles Gordor Sr.**

Mailing Address 5526 Toyon Rd

City

San Diego

State

CA

Zip Code

92115-1020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		13		2014

Transaction ID : SA11Ai-CN71638

Amount of Each Receipt this Period

100

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

595.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 35 OF 159

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs Julia Hanley**

Mailing Address 50 E Stokes Rd

City Willingboro	State NJ	Zip Code 08046-2404
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer None	Occupation Retired
--------------------------	-----------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**445**

Date of Receipt

M M / D D / Y Y Y Y
04 / 24 / 2014

Transaction ID : SA11Ai-CN68133

Amount of Each Receipt this Period

295
-----

**B.** Full Name (Last, First, Middle Initial)  
**Mr John M Hansen**

Mailing Address 55 Overlook Dr

City Westfield	State MA	Zip Code 01085
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt

M M / D D / Y Y Y Y
05 / 06 / 2014

Transaction ID : SA11Ai-CN71297

Amount of Each Receipt this Period

500
-----

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Carole H Hare**

Mailing Address 227 Fairview Ave

City Moorestown	State NJ	Zip Code 08057
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**400**

Date of Receipt

M M / D D / Y Y Y Y
04 / 13 / 2014

Transaction ID : SA11Ai-CN67998

Amount of Each Receipt this Period

200
-----

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

995.00
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# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 36 OF 159

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial) <b>A. Mrs. Carole H Hare</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address 227 Fairview Ave		Transaction ID : SA11Ai-CN68205
City Moorestown	State NJ	
Zip Code 08057		Amount of Each Receipt this Period 200
FEC ID number of contributing federal political committee. C		
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600	

Full Name (Last, First, Middle Initial) <b>B. Ms Bobbye Harris</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 24 / 2014
Mailing Address 135 Windsor Dr		Transaction ID : SA11Ai-CN70123
City Calhoun	State GA	
Zip Code 30701-2055		Amount of Each Receipt this Period 100
FEC ID number of contributing federal political committee. C		
Name of Employer NONE	Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300	

Full Name (Last, First, Middle Initial) <b>C. Ms Joyce M Harrison</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 4 Midland Ave		Transaction ID : SA11Ai-CN69772
City Budd Lake	State NJ	
Zip Code 07828-3412		Amount of Each Receipt this Period 150
FEC ID number of contributing federal political committee. C		
Name of Employer Requested	Occupation Requested	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 413	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	450.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**Ms Joyce M Harrison**Mailing Address **4 Midland Ave**

City

**Budd Lake**

State

**NJ**

Zip Code

**07828-3412**FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RequestedOccupation  
Requested

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**526**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2014

Transaction ID : **SA11Ai-CN70466**

Amount of Each Receipt this Period

**113**

Full Name (Last, First, Middle Initial)

**Ms Helen J Hauser**Mailing Address **7 Mead Ter**

City

**Glen Ridge**

State

**NJ**

Zip Code

**07028**FEC ID number of contributing  
federal political committee.**C**Name of Employer  
NoneOccupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**300**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		02		2014

Transaction ID : **SA11Ai-CN68536**

Amount of Each Receipt this Period

**300**

Full Name (Last, First, Middle Initial)

**Ms Helen J Hauser**Mailing Address **7 Mead Ter**

City

**Glen Ridge**

State

**NJ**

Zip Code

**07028**FEC ID number of contributing  
federal political committee.**C**Name of Employer  
NoneOccupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**500**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2014

Transaction ID : **SA11Ai-CN71547**

Amount of Each Receipt this Period

**200**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**613.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

A. Full Name (Last, First, Middle Initial)  
**Mr Walter Hazard**

Mailing Address 501 Rolling Hills Rd

City State Zip Code  
Bridgewater NJ 08807-1931

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Atrion CorpOccupation  
Executive

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		30		2014

Transaction ID : SA11Ai-CN70375

Amount of Each Receipt this Period

250

B. Full Name (Last, First, Middle Initial)  
**Dr Bernhard Heersink MD**

Mailing Address 281 High St

City State Zip Code  
Newburyport MA 01950-3735

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYEDOccupation  
PHYSICIAN

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		18		2014

Transaction ID : SA11Ai-CN69676

Amount of Each Receipt this Period

200

C. Full Name (Last, First, Middle Initial)  
**Mr. Orlando Hernandez**

Mailing Address PO Box 9009

City State Zip Code  
North Bergen NJ 07047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Olandy CorpOccupation  
President

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		14		2014

Transaction ID : SA11Ai-CN68471

Amount of Each Receipt this Period

1000

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1450.00

FOR LINE NUMBER:		PAGE 39 OF 159	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

200

1000

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

A. Full Name (Last, First, Middle Initial)  
**Mr William Hotaling**

Mailing Address 125 Quassaick Ave

City	State	Zip Code
New Windsor	NY	12553-6635

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		07		2014

Transaction ID : SA11Ai-CN71337

Amount of Each Receipt this Period

600

B. Full Name (Last, First, Middle Initial)  
**Ms Rose M Hotz**

Mailing Address 806 S 6th St

City	State	Zip Code
Hot Springs	SD	57747-2841

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Information Requested

Information Requested

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

260

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		21		2014

Transaction ID : SA11Ai-CN69836

Amount of Each Receipt this Period

90

C. Full Name (Last, First, Middle Initial)  
**Ms Rose M Hotz**

Mailing Address 806 S 6th St

City	State	Zip Code
Hot Springs	SD	57747-2841

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Information Requested

Information Requested

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

305

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2014

Transaction ID : SA11Ai-CN71075

Amount of Each Receipt this Period

45

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

735.00



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 41 OF 159

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr William C Howell**

Mailing Address 620 Buermann Ave

City State Zip Code  
Toms River NJ 08753-7164

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

205

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2014

Transaction ID : SA11Ai-CN71502

Amount of Each Receipt this Period

20

**B.** Full Name (Last, First, Middle Initial)  
**Jack Howley**

Mailing Address 178 Rumson Rd

City State Zip Code  
Rumson NJ 77601049

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jack Howley Financial GroupOccupation  
Executive

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2014

Transaction ID : SA11Ai-CN68461

Amount of Each Receipt this Period

1000

**C.** Full Name (Last, First, Middle Initial)  
**Mrs Gloria Huang**

Mailing Address 77 Ellsworth Ter

City State Zip Code  
Glen Rock NJ 07452-3705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HomemakerOccupation  
Homemaker

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		09		2014

Transaction ID : SA11Ai-CN69220

Amount of Each Receipt this Period

150

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1170.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

A. Full Name (Last, First, Middle Initial)  
**Mrs Sarah B Hubbard**

Mailing Address 3375 Forest Hill Rd

City	State	Zip Code
Jackson	MS	39212-3814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

825

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		07		2014

Transaction ID : SA11Ai-CN70603

Amount of Each Receipt this Period

825

B. Full Name (Last, First, Middle Initial)  
**Miss Katie Huffaker**

Mailing Address 8958 N Leonard St

City	State	Zip Code
Portland	OR	97203-3027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

215

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		04		2014

Transaction ID : SA11Ai-CN68783

Amount of Each Receipt this Period

20

C. Full Name (Last, First, Middle Initial)  
**Mr. George V Humphris**

Mailing Address 2 Parkway Dr

City	State	Zip Code
Toms River	NJ	08753-4139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNITED PARCEL SERVICE

Occupation  
OPERATOR

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1958

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		26		2014

Transaction ID : SA11Ai-CN68070

Amount of Each Receipt this Period

58

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

903.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**Mr William Hunter Jr.**

Mailing Address 6 S Union Ave

City

Cherry Hill

State

NJ

Zip Code

08002-3329

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

290

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		04		2014

Transaction ID : SA11Ai-CN68781

Amount of Each Receipt this Period

40

Full Name (Last, First, Middle Initial)

**Mr William Hunter Jr.**

Mailing Address 6 S Union Ave

City

Cherry Hill

State

NJ

Zip Code

08002-3329

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

310

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		21		2014

Transaction ID : SA11Ai-CN69922

Amount of Each Receipt this Period

20

Full Name (Last, First, Middle Initial)

**Mr William Hunter Jr.**

Mailing Address 6 S Union Ave

City

Cherry Hill

State

NJ

Zip Code

08002-3329

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

315

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		12		2014

Transaction ID : SA11Ai-CN71585

Amount of Each Receipt this Period

5

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

65.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 44 OF 159

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**A. Mrs Jean Hyde**

Mailing Address 4428 136th PI SE

City  
 Bellevue

State  
 WA

Zip Code  
 98006-2242

FEC ID number of contributing  
 federal political committee.

C

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

285

Date of Receipt

M M / D D / Y Y Y Y  
 05 / 01 / 2014

Transaction ID : SA11Ai-CN70796

Amount of Each Receipt this Period

100

Full Name (Last, First, Middle Initial)

**B. Mr. Roger Jacobs**

Mailing Address 42 Upper Creek Rd

City  
 Stockton

State  
 NJ

Zip Code  
 08559-1205

FEC ID number of contributing  
 federal political committee.

C

Name of Employer  
 RW Jacobs Consulting LLC

Occupation  
 Consultant

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M / D D / Y Y Y Y  
 05 / 01 / 2014

Transaction ID : SA11Ai-CN71770

Amount of Each Receipt this Period

250

Full Name (Last, First, Middle Initial)

**C. Mr. Murray Jaffe**

Mailing Address 221 S Plaza Ct

City  
 Mount Pleasant

State  
 SC

Zip Code  
 29464-6302

FEC ID number of contributing  
 federal political committee.

C

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M / D D / Y Y Y Y  
 05 / 06 / 2014

Transaction ID : SA11Ai-CN71300

Amount of Each Receipt this Period

250

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

600.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 45 OF 159

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**Ms. Virginia James**

Mailing Address PO Box 60

City

Lambertville

State

NJ

Zip Code

08530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

5200

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		14		2014

Transaction ID : SA11Ai-CN68472

Amount of Each Receipt this Period

2600

Full Name (Last, First, Middle Initial)

**Mr William Johnson**

Mailing Address 141 Port Royal Dr

City

Toms River

State

NJ

Zip Code

08757-3947

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

225

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		12		2014

Transaction ID : SA11Ai-CN71503

Amount of Each Receipt this Period

25

Full Name (Last, First, Middle Initial)

**Ms Doris Jones**

Mailing Address 355 Ivan Cain Rd

City

Big Clifty

State

KY

Zip Code

42712-6831

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

210

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		06		2014

Transaction ID : SA11Ai-CN71303

Amount of Each Receipt this Period

70

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2695.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 46 OF 159

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**A. Full Name (Last, First, Middle Initial)  
**Ms Doris Jones**

Mailing Address 355 Ivan Cain Rd

City	State	Zip Code
Big Clifty	KY	42712-6831

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

280

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2014

Transaction ID : SA11Ai-CN71679

Amount of Each Receipt this Period

70

B. Full Name (Last, First, Middle Initial)  
**Ms Claron Jorgensen**

Mailing Address 47 Mohawk Ave

City	State	Zip Code
Corte Madera	CA	94925-1060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Retired

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		03		2014

Transaction ID : SA11Ai-CN68592

Amount of Each Receipt this Period

50

C. Full Name (Last, First, Middle Initial)  
**Mr. Henry J Kafel**

Mailing Address 9 N Pond Rd

City	State	Zip Code
Whippany	NJ	07981

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Retired

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2014

Transaction ID : SA11Ai-CN68132

Amount of Each Receipt this Period

250

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

370.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 47 OF 159

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**Mark D Kalinowski**

Mailing Address 33 Plymouth Rd

City  
CliftonState  
NJZip Code  
07013FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JANEY MONTGOMERY SCOTTOccupation  
FINANCIAL SERVICES

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		13		2014

Transaction ID : SA11Ai-CN68404

Amount of Each Receipt this Period

250

Full Name (Last, First, Middle Initial)

**Ms Mary B Kasbohm**

Mailing Address 149 Fleetwood Ter

City  
BuffaloState  
NYZip Code  
14221-4469FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

225

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		09		2014

Transaction ID : SA11Ai-CN69187

Amount of Each Receipt this Period

75

Full Name (Last, First, Middle Initial)

**Ms Mary B Kasbohm**

Mailing Address 149 Fleetwood Ter

City  
BuffaloState  
NYZip Code  
14221-4469FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2014

Transaction ID : SA11Ai-CN70231

Amount of Each Receipt this Period

125

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

450.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 48 OF 159

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**Mrs. Lois Beth Kercado**

Mailing Address 4 Hye Ct

City

Milltown

State

NJ

Zip Code

08850

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		13		2014

Transaction ID : SA11Ai-CN68397

Amount of Each Receipt this Period

1000

Full Name (Last, First, Middle Initial)

**Mrs Carroll K King**

Mailing Address 2432 Windrow Dr

City

Princeton

State

NJ

Zip Code

08540-5018

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

450

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		01		2014

Transaction ID : SA11Ai-CN70761

Amount of Each Receipt this Period

300

Full Name (Last, First, Middle Initial)

**Mrs Frances E King**

Mailing Address 599 Braybarton Blvd

City

Steubenville

State

OH

Zip Code

43952-2447

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

600

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SA11Ai-CN70428

Amount of Each Receipt this Period

400

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1700.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 49 OF 159

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**Mr Robert Kittredge**

Mailing Address 622 N Dartmouth Rd

City

Spokane Valley

State

WA

Zip Code

99206-3821

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2014

Transaction ID : SA11Ai-CN70429

Amount of Each Receipt this Period

50

Full Name (Last, First, Middle Initial)

**Mr Robert Kittredge**

Mailing Address 622 N Dartmouth Rd

City

Spokane Valley

State

WA

Zip Code

99206-3821

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2014

Transaction ID : SA11Ai-CN71551

Amount of Each Receipt this Period

50

Full Name (Last, First, Middle Initial)

**Mr Peter Kukuk**

Mailing Address 1 Vincent Rd Apt 4a

City

Bronxville

State

NY

Zip Code

10708-6523

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2014

Transaction ID : SA11Ai-CN68287

Amount of Each Receipt this Period

100

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

200.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 50 OF 159

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mayor Walter George Lacicero**

Mailing Address 116 Elizabeth Avenue

City	State	Zip Code
Lavallette	NJ	08735

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Lavallette Twp

Occupation  
 Mayor

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1200

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2014

Transaction ID : SA11Ai-CN68462

Amount of Each Receipt this Period

200

**B.** Full Name (Last, First, Middle Initial)  
**Gerald W Lacrosse**

Mailing Address 708 Forecastle Ave

City	State	Zip Code
Beachwood	NJ	08722

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Beachwood Twp

Occupation  
 Councilman

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2014

Transaction ID : SA11Ai-CN68266

Amount of Each Receipt this Period

100

**C.** Full Name (Last, First, Middle Initial)  
**Aldo Laghi**

Mailing Address 2895 N 42nd Ave

City	State	Zip Code
St Petersburg	FL	33714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 alps south llc

Occupation  
 ceo

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2014

Transaction ID : SA11Ai-CN68166

Amount of Each Receipt this Period

500

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

800.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 51 OF 159

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**A. Full Name (Last, First, Middle Initial)  
**Mr Peter O Lawson-Johnston**

Mailing Address 215 Carter Rd

City	State	Zip Code
Princeton	NJ	08540-2104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GUGGEHEIM BROTHERSOccupation  
MGMT/EXECUTIVES

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		26		2014

Transaction ID : SA11Ai-CN68116

Amount of Each Receipt this Period

100

B. Full Name (Last, First, Middle Initial)  
**Mr Robert Leighton**

Mailing Address 1687 Lake Dr

City	State	Zip Code
Heath	OH	43056-1048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

225

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2014

Transaction ID : SA11Ai-CN71080

Amount of Each Receipt this Period

35

C. Full Name (Last, First, Middle Initial)  
**Mr Herbert Levin**

Mailing Address 724 E Grinnell Dr

City	State	Zip Code
Burbank	CA	91501-1720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CA Dept of JusticeOccupation  
Lawyer

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		07		2014

Transaction ID : SA11Ai-CN68975

Amount of Each Receipt this Period

50

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

185.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 52 OF 159

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr Herbert Levin**

Mailing Address 724 E Grinnell Dr

City Burbank State CA Zip Code 91501-1720

FEC ID number of contributing federal political committee. **C**

Name of Employer CA Dept of Justice Occupation Lawyer

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date **425**

Date of Receipt

M M	D D	Y Y Y Y
04	22	2014

Transaction ID : SA11Ai-CN70068

Amount of Each Receipt this Period

75
----

**B.** Full Name (Last, First, Middle Initial)  
**Mr Herbert Levin**

Mailing Address 724 E Grinnell Dr

City Burbank State CA Zip Code 91501-1720

FEC ID number of contributing federal political committee. **C**

Name of Employer CA Dept of Justice Occupation Lawyer

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date **525**

Date of Receipt

M M	D D	Y Y Y Y
04	29	2014

Transaction ID : SA11Ai-CN68140

Amount of Each Receipt this Period

100
-----

**C.** Full Name (Last, First, Middle Initial)  
**Mr Herbert Levin**

Mailing Address 724 E Grinnell Dr

City Burbank State CA Zip Code 91501-1720

FEC ID number of contributing federal political committee. **C**

Name of Employer CA Dept of Justice Occupation Lawyer

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date **575**

Date of Receipt

M M	D D	Y Y Y Y
05	05	2014

Transaction ID : SA11Ai-CN70986

Amount of Each Receipt this Period

50
----

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

225.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 53 OF 159

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

A. Full Name (Last, First, Middle Initial)  
**Mrs Shirley Lewis**

Mailing Address 12634 Gianella Rd

City	State	Zip Code
Chico	CA	95973-9742

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
James R Lewis Orchards Inc

Occupation  
Orchardist

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		26		2014

Transaction ID : SA11Ai-CN68112

Amount of Each Receipt this Period

100

B. Full Name (Last, First, Middle Initial)  
**Jason C Ligo**

Mailing Address 1021 Bell St

City	State	Zip Code
Toms River	NJ	08753

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Danfoss LLC.

Occupation  
Quality Manager

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

218

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2014

Transaction ID : SA11Ai-CN68353

Amount of Each Receipt this Period

50

C. Full Name (Last, First, Middle Initial)  
**Mr Harold G Lippert**

Mailing Address PO Box 965  
1012 20th Street

City	State	Zip Code
Fort Benton	MT	59442-0965

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		22		2014

Transaction ID : SA11Ai-CN70075

Amount of Each Receipt this Period

100

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

250.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Ms Lorraine Lovelace</b>		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>14</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	05		14		2014
M M	/	D D	/	Y Y Y Y									
05		14		2014									
Mailing Address 4974 Rio Verde Dr		<b>Transaction ID : SA11Ai-CN68468</b>											
City San Jose	State CA	Zip Code 95118-2303											
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <div>100</div>											
Name of Employer SOCIAL SERVICES	Occupation PROVIDER												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div>350</div>												

  

<b>B.</b> Full Name (Last, First, Middle Initial) <b>Ms Deanna Z Macek</b>		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>15</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	04		15		2014
M M	/	D D	/	Y Y Y Y									
04		15		2014									
Mailing Address 115 Truman Blvd		<b>Transaction ID : SA11Ai-CN68083</b>											
City Oakland	State NJ	Zip Code 07436-2025											
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <div>50</div>											
Name of Employer Self	Occupation Health Care												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div>350</div>												

  

<b>C.</b> Full Name (Last, First, Middle Initial) <b>Ms Deanna Z Macek</b>		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>07</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	05		07		2014
M M	/	D D	/	Y Y Y Y									
05		07		2014									
Mailing Address 115 Truman Blvd		<b>Transaction ID : SA11Ai-CN71348</b>											
City Oakland	State NJ	Zip Code 07436-2025											
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <div>100</div>											
Name of Employer Self	Occupation Health Care												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div>450</div>												

  

<b>SUBTOTAL</b> of Receipts This Page (optional).....		<div>250.00</div>
<b>TOTAL</b> This Period (last page this line number only).....		<div></div>

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**Mrs Mary Maker**

Mailing Address 609 N Oak St

City

Ponca City

State

OK

Zip Code

74601-4121

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

235

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		05		2014

Transaction ID : SA11Ai-CN70928

Amount of Each Receipt this Period

100

Full Name (Last, First, Middle Initial)

**Mr. Richard F Maragni**

Mailing Address 40 Spring Rd

City

Livingston

State

NJ

Zip Code

07039

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Roman Asphalt Corp.

Occupation

Controller

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

308

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		25		2014

Transaction ID : SA11Ai-CN68061

Amount of Each Receipt this Period

58

Full Name (Last, First, Middle Initial)

**Mrs. Beverly A Marinelli**

Mailing Address 28 Flemish Way

City

Lumberton

State

NJ

Zip Code

08048

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

725

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		24		2014

Transaction ID : SA11Ai-CN68121

Amount of Each Receipt this Period

500

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

658.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**Mr Matthew Marton**

Mailing Address 9 Tunis Cox Rd

City

Whitehouse Station

State

NJ

Zip Code

08889-3634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		27		2014

Transaction ID : SA11Ai-CN68075

Amount of Each Receipt this Period

200

Full Name (Last, First, Middle Initial)

**Mrs Marie Matchok**

Mailing Address 12 Gull Cv

City

Brigantine

State

NJ

Zip Code

08203-1280

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		14		2014

Transaction ID : SA11Ai-CN71681

Amount of Each Receipt this Period

50

Full Name (Last, First, Middle Initial)

**Mr Shiro Matsuoka**

Mailing Address 9000 Fellowship Rd

City

Basking Ridge

State

NJ

Zip Code

07920-3912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		01		2014

Transaction ID : SA11Ai-CN70719

Amount of Each Receipt this Period

200

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

450.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Mr Brian McAuley</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 02 / 2014	
Mailing Address 253 Indian Trail Dr		<b>Transaction ID : SA11Ai-CN68515</b>	
City Franklin Lakes	State NJ	Zip Code 07417-1014	Amount of Each Receipt this Period 250
FEC ID number of contributing federal political committee. C			
Name of Employer None	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Mr Walter McDonald</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 08 / 2014	
Mailing Address 2101 Stillwater Rd		<b>Transaction ID : SA11Ai-CN71410</b>	
City Newton	State NJ	Zip Code 07860-5533	Amount of Each Receipt this Period 1000
FEC ID number of contributing federal political committee. C			
Name of Employer None	Occupation None		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Happy McInnes</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 01 / 2014	
Mailing Address 205 S Marion Ave		<b>Transaction ID : SA11Ai-CN68159</b>	
City Wenonah	State NJ	Zip Code 08090	Amount of Each Receipt this Period 2600
FEC ID number of contributing federal political committee. C			
Name of Employer Cornell	Occupation Construction		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		3850.00	
<b>TOTAL</b> This Period (last page this line number only).....			

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**Dr Keith McLarnan**

Mailing Address 107 Dovercliff Rd

City

Hattiesburg

State

MS

Zip Code

39402-3012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
PHYSICIAN

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

225

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2014

Transaction ID : SA11Ai-CN71083

Amount of Each Receipt this Period

75

Full Name (Last, First, Middle Initial)

**Ms Luba N Melnyk**

Mailing Address 8132 Dongan Ave

City

Elmhurst

State

NY

Zip Code

11373-3731

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		07		2014

Transaction ID : SA11Ai-CN68931

Amount of Each Receipt this Period

300

Full Name (Last, First, Middle Initial)

**Ms Luba N Melnyk**

Mailing Address 8132 Dongan Ave

City

Elmhurst

State

NY

Zip Code

11373-3731

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		21		2014

Transaction ID : SA11Ai-CN69879

Amount of Each Receipt this Period

700

SUBTOTAL of Receipts This Page (optional).....

1075.00

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**Full Name (Last, First, Middle Initial)  
**A. Mrs Mary L Meltzer**

Mailing Address 14 Edgecomb Rd

City	State	Zip Code
Binghamton	NY	13905-4017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1100

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		07		2014

Transaction ID : SA11Ai-CN71356

Amount of Each Receipt this Period

800

Full Name (Last, First, Middle Initial)  
**B. Mr Carlyle N Montanye Jr.**

Mailing Address PO Box 14

City	State	Zip Code
Glyndon	MD	21071-0014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

225

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		22		2014

Transaction ID : SA11Ai-CN70022

Amount of Each Receipt this Period

75

Full Name (Last, First, Middle Initial)  
**C. Ms Mary Moodie**

Mailing Address 8120 Fellowship Rd

City	State	Zip Code
Basking Ridge	NJ	07920-3913

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		18		2014

Transaction ID : SA11Ai-CN69745

Amount of Each Receipt this Period

400

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1275.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

A. Full Name (Last, First, Middle Initial)  
**Mrs Ilse M Niedermayer**

Mailing Address 911 Yorkshire Rd

City	State	Zip Code
Colonial Heights	VA	23834-2622

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1195

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		26		2014

Transaction ID : SA11Ai-CN68118

Amount of Each Receipt this Period

295

B. Full Name (Last, First, Middle Initial)  
**Mrs Ilse M Niedermayer**

Mailing Address 911 Yorkshire Rd

City	State	Zip Code
Colonial Heights	VA	23834-2622

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2095

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		01		2014

Transaction ID : SA11Ai-CN70773

Amount of Each Receipt this Period

900

C. Full Name (Last, First, Middle Initial)  
**Mr Raymond V O'Brien Jr**

Mailing Address 102 Lands End

City	State	Zip Code
Ponte Vedra Beach	FL	32082-3906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

Transaction ID : SA11Ai-CN68215

Amount of Each Receipt this Period

1000

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2195.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Roland Oberlin**

Mailing Address 5404 Holly St

City State Zip Code  
Bellaire TX 77401-4704

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SOCIETE GENERALE PETRO ENG

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
250

Date of Receipt

M M / D D / Y Y Y Y  
05 01 2014

Transaction ID : SA11Ai-CN70724

Amount of Each Receipt this Period

250

**B.** Full Name (Last, First, Middle Initial)  
**Mr Richard R Olander**

Mailing Address 1742 N Fitzgerald Ln

City State Zip Code  
Hanford CA 93230-7901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
210

Date of Receipt

M M / D D / Y Y Y Y  
05 05 2014

Transaction ID : SA11Ai-CN71085

Amount of Each Receipt this Period

50

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Joseph C Olivo**

Mailing Address 63 Normandy Rd

City State Zip Code  
Marlton NJ 08053

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Perfect Printing Inc. Self Employed

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
500

Date of Receipt

M M / D D / Y Y Y Y  
05 02 2014

Transaction ID : SA11Ai-CN68174

Amount of Each Receipt this Period

500

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

800.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:

PAGE 62 OF 159

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**A. Full Name (Last, First, Middle Initial)  
**Miss Edith P Palmer**Mailing Address **282 Laroe Rd**

City	State	Zip Code
Chester	NY	10918-2435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**Occupation  
**RETIRED**

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SA11Ai-CN70411

Amount of Each Receipt this Period

500

B. Full Name (Last, First, Middle Initial)  
**Mr John B Paoletta II**Mailing Address **14 Wyndham Dr**

City	State	Zip Code
Bay Head	NJ	08742-4652

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**Retired**Occupation  
**Retired**

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		09		2014

Transaction ID : SA11Ai-CN68395

Amount of Each Receipt this Period

1500

C. Full Name (Last, First, Middle Initial)  
**Stephen Papazoglou**Mailing Address **724 Morris Blvd**

City	State	Zip Code
Toms River	NJ	08753-7228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**SELF EMPLOYED**Occupation  
**CPA**

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		06		2014

Transaction ID : SA11Ai-CN68242

Amount of Each Receipt this Period

1500

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**Mr Thomas Pappas**

Mailing Address 4808 S Arden Ave

City

Sioux Falls

State

SD

Zip Code

57103-5246

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

225

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		21		2014

Transaction ID : SA11Ai-CN69871

Amount of Each Receipt this Period

50

Full Name (Last, First, Middle Initial)

**Mr Nelson Payne**

Mailing Address 37119 Saber Ct

City

Greenbackville

State

VA

Zip Code

23356-2617

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2014

Transaction ID : SA11Ai-CN69625

Amount of Each Receipt this Period

200

Full Name (Last, First, Middle Initial)

**Mr Nelson Payne**

Mailing Address 37119 Saber Ct

City

Greenbackville

State

VA

Zip Code

23356-2617

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

550

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2014

Transaction ID : SA11Ai-CN70418

Amount of Each Receipt this Period

200

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

450.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 64 OF 159

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**Mr Nelson Payne**

Mailing Address 37119 Saber Ct

City

Greenbackville

State

VA

Zip Code

23356-2617

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

650

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		13		2014

Transaction ID : SA11Ai-CN71618

Amount of Each Receipt this Period

100

Full Name (Last, First, Middle Initial)

**Mr. Randy Pearce**

Mailing Address 444 George Pl

City

Wyckoff

State

NJ

Zip Code

07481-1820

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Attorney

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2014

Transaction ID : SA11Ai-CN68349

Amount of Each Receipt this Period

500

Full Name (Last, First, Middle Initial)

**Mr Robert C Piccirillo**

Mailing Address 14 Debaun Ave

City

West Caldwell

State

NJ

Zip Code

07006-7111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Manager

Occupation

Manager

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2014

Transaction ID : SA11Ai-CN71518

Amount of Each Receipt this Period

200

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

800.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 65 OF 159

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**Mr Robert Pitzer**

Mailing Address 1000 Parkview Dr Apt 511

City

Hallandale Beach

State

FL

Zip Code

33009-2931

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

225

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		14		2014

Transaction ID : SA11Ai-CN69474

Amount of Each Receipt this Period

50

Full Name (Last, First, Middle Initial)

**Mrs Marjorie E Powell**

Mailing Address 265 S Washington St

City

Constantine

State

MI

Zip Code

49042-1049

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

225

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		24		2014

Transaction ID : SA11Ai-CN70131

Amount of Each Receipt this Period

75

Full Name (Last, First, Middle Initial)

**Mrs Marjorie E Powell**

Mailing Address 265 S Washington St

City

Constantine

State

MI

Zip Code

49042-1049

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		01		2014

Transaction ID : SA11Ai-CN70728

Amount of Each Receipt this Period

75

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

200.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 66 OF 159

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**Mr. James Quattlebaum**

Mailing Address 2 Bishop Gadsden Way Unit 1038

City

Charleston

State

SC

Zip Code

29412

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

physician

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		29		2014

Transaction ID : SA11Ai-CN68137

Amount of Each Receipt this Period

500

Full Name (Last, First, Middle Initial)

**Ms Claire Rains**

Mailing Address 420 41st Ave

City

San Francisco

State

CA

Zip Code

94121-1512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

285

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		08		2014

Transaction ID : SA11Ai-CN69134

Amount of Each Receipt this Period

25

Full Name (Last, First, Middle Initial)

**Mr Frederick J Rast III**

Mailing Address 84 1st Ave

City

Atlantic Highlands

State

NJ

Zip Code

07716-1289

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Trachel Inc

Occupation

Executive

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		14		2014

Transaction ID : SA11Ai-CN71736

Amount of Each Receipt this Period

400

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

925.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 67 OF 159

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**Full Name (Last, First, Middle Initial)  
**A. Mrs Teresa Regard**

Mailing Address 720 E Cherry Ln

City	State	Zip Code
Arlington Heights	IL	60004-3217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		18		2014

Transaction ID : SA11Ai-CN69742

Amount of Each Receipt this Period

100

Full Name (Last, First, Middle Initial)  
**B. Mr Donald G Reinhard**

Mailing Address 75 Harvard Ave

City	State	Zip Code
Palmerton	PA	18071-1212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AdministratorOccupation  
Administrator

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		14		2014

Transaction ID : SA11Ai-CN71737

Amount of Each Receipt this Period

500

Full Name (Last, First, Middle Initial)  
**C. Mr Edward M Ridge**

Mailing Address 1642 Gibson Rd

City	State	Zip Code
Bensalem	PA	19020-3008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Partner

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		18		2014

Transaction ID : SA11Ai-CN69665

Amount of Each Receipt this Period

200

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

800.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 68 OF 159

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr Edward M Ridge**

Mailing Address 1642 Gibson Rd

City Bensalem	State PA	Zip Code 19020-3008
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Partner
-----------------------------------	-----------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : SA11Ai-CN70353

Amount of Each Receipt this Period

<b>200</b>
------------

**B.** Full Name (Last, First, Middle Initial)  
**Mr Carl E Ring Jr.**

Mailing Address 511 Ridgewood Ave

City Glen Ridge	State NJ	Zip Code 07028-1821
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer None	Occupation Retired
--------------------------	-----------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**388.75**

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 03 / 2014

Transaction ID : SA11Ai-CN68666

Amount of Each Receipt this Period

<b>313.75</b>
---------------

**C.** Full Name (Last, First, Middle Initial)  
**Mr Carl E Ring Jr.**

Mailing Address 511 Ridgewood Ave

City Glen Ridge	State NJ	Zip Code 07028-1821
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer None	Occupation Retired
--------------------------	-----------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**399.68**

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 12 / 2014

Transaction ID : SA11Ai-CN71519

Amount of Each Receipt this Period

<b>10.93</b>
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**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

<b>524.68</b>
---------------

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 69 OF 159

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Mr. Thomas Rogers</b>			Date of Receipt M M / D D / Y Y Y Y 04 / 16 / 2014	
Mailing Address 106 W Maple Tree Dr			<b>Transaction ID : SA11Ai-CN68010</b>	
City Westampton	State NJ	Zip Code 08060-9600	Amount of Each Receipt this Period _____ 50	
FEC ID number of contributing federal political committee. C _____		Name of Employer NONE		
Occupation RETIRED		Election Cycle-to-Date _____ 350		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Mr. Thomas Rogers</b>			Date of Receipt M M / D D / Y Y Y Y 05 / 06 / 2014	
Mailing Address 106 W Maple Tree Dr			<b>Transaction ID : SA11Ai-CN68203</b>	
City Westampton	State NJ	Zip Code 08060-9600	Amount of Each Receipt this Period _____ 50	
FEC ID number of contributing federal political committee. C _____		Name of Employer NONE		
Occupation RETIRED		Election Cycle-to-Date _____ 400		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Mr. Thomas Rogers</b>			Date of Receipt M M / D D / Y Y Y Y 05 / 09 / 2014	
Mailing Address 106 W Maple Tree Dr			<b>Transaction ID : SA11Ai-CN68299</b>	
City Westampton	State NJ	Zip Code 08060-9600	Amount of Each Receipt this Period _____ 25	
FEC ID number of contributing federal political committee. C _____		Name of Employer NONE		
Occupation RETIRED		Election Cycle-to-Date _____ 425		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
<b>SUBTOTAL</b> of Receipts This Page (optional).....			_____ 125.00	
<b>TOTAL</b> This Period (last page this line number only).....			_____	

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 70 OF 159

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr Daniel Rossi**

Mailing Address 40 Kashey St

City Clifton	State NJ	Zip Code 07013-1459
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer None	Occupation Retired
--------------------------	-----------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		24		2014

Transaction ID : SA11Ai-CN68129

Amount of Each Receipt this Period

50
----

**B.** Full Name (Last, First, Middle Initial)  
**Mr Daniel Rossi**

Mailing Address 40 Kashey St

City Clifton	State NJ	Zip Code 07013-1459
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer None	Occupation Retired
--------------------------	-----------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 350

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		13		2014

Transaction ID : SA11Ai-CN71622

Amount of Each Receipt this Period

100
-----

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Paul E Rumley**

Mailing Address 165 Winding Way

City Haddonfield	State NJ	Zip Code 08033
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Metro Commercial Real Estate	Occupation Sales
--	---------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		01		2014

Transaction ID : SA11Ai-CN63004

Amount of Each Receipt this Period

250
-----

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

400.00
--------

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 71 OF 159

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr Robert Ryan**

Mailing Address **46 Fairway Ave**

City <b>West Orange</b>	State <b>NJ</b>	Zip Code <b>07052-2238</b>
----------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer <b>None</b>	Occupation <b>Retired</b>
---------------------------------	------------------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt

M M / D D / Y Y Y Y
04 / 30 / 2014

Transaction ID : SA11Ai-CN70371

Amount of Each Receipt this Period

<b>500</b>
------------

**B.** Full Name (Last, First, Middle Initial)  
**Salvatore Salvo**

Mailing Address **4 Campus Dr**

City <b>Parsippany</b>	State <b>NJ</b>	Zip Code <b>07054</b>
---------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer <b>Summit Financial Services</b>	Occupation <b>Executive</b>
--	--------------------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt

M M / D D / Y Y Y Y
05 / 09 / 2014

Transaction ID : SA11Ai-CN68392

Amount of Each Receipt this Period

<b>1000</b>
-------------

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Christopher Schiavone**

Mailing Address **7 Carton Rd**

City <b>Morristown</b>	State <b>NJ</b>	Zip Code <b>07960</b>
---------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer <b>RDC Golf Group</b>	Occupation <b>President</b>
---	--------------------------------

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
**3900**

Date of Receipt

M M / D D / Y Y Y Y
05 / 08 / 2014

Transaction ID : SA11Ai-CN68325

Amount of Each Receipt this Period

<b>1300</b>
-------------

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

<b>2800.00</b>
----------------

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 72 OF 159

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**Mr John Shillingburg**

Mailing Address 4800 Fillmore Ave Apt 603

City

Alexandria

State

VA

Zip Code

22311-5057

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

225

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		12		2014

Transaction ID : SA11Ai-CN71521

Amount of Each Receipt this Period

35

Full Name (Last, First, Middle Initial)

**Mrs. Carol Silverstein**

Mailing Address 1120 Califon-Cokesbury Rd

City

Lebanon

State

NJ

Zip Code

08833

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self employed

Occupation

Home furnishings designer

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		06		2014

Transaction ID : SA11Ai-CN67651

Amount of Each Receipt this Period

100

Full Name (Last, First, Middle Initial)

**Miss Holley Simmons**

Mailing Address 511 Clinton Ave

City

Toms River

State

NJ

Zip Code

08753-6706

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1200

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		13		2014

Transaction ID : SA11Ai-CN68398

Amount of Each Receipt this Period

1000

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1135.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 73 OF 159

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**Mr Orval Skrdlant**

Mailing Address 4316 Road W1

City

Norton

State

KS

Zip Code

67654-5465

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Self Employed

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

212

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		18		2014

Transaction ID : SA11Ai-CN69686

Amount of Each Receipt this Period

106

Full Name (Last, First, Middle Initial)

**Mr Orval Skrdlant**

Mailing Address 4316 Road W1

City

Norton

State

KS

Zip Code

67654-5465

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Self Employed

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

106

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		24		2014

Transaction ID : SA11Ai-CN70687

Amount of Each Receipt this Period

-106

Returned Check

Full Name (Last, First, Middle Initial)

**Mr. Ron Soussa**

Mailing Address 21 Eugene Dr

City

Montville

State

NJ

Zip Code

07045

FEC ID number of contributing  
federal political committee.

C

Name of Employer

retired

Occupation

retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

218

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		05		2014

Transaction ID : SA11Ai-CN68195

Amount of Each Receipt this Period

118

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

118.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 74 OF 159

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

<b>A. Ms. Avis Spies</b> Full Name (Last, First, Middle Initial) Mailing Address 60 Heyburn Rd City Chadds Ford State PA Zip Code 19317-9707 FEC ID number of contributing federal political committee. C Name of Employer RETIRED Occupation RETIRED Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 250		Date of Receipt M M / D D / Y Y Y Y 05 / 01 / 2014 <b>Transaction ID : SA11Ai-CN70781</b> Amount of Each Receipt this Period 100
<b>B. Mr William Sreen</b> Full Name (Last, First, Middle Initial) Mailing Address 127 Park Rd City Fair Haven State NJ Zip Code 07704-3136 FEC ID number of contributing federal political committee. C Name of Employer RETIRED Occupation RETIRED Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 245		Date of Receipt M M / D D / Y Y Y Y 04 / 30 / 2014 <b>Transaction ID : SA11Ai-CN70446</b> Amount of Each Receipt this Period 35
<b>C. Mr William Sreen</b> Full Name (Last, First, Middle Initial) Mailing Address 127 Park Rd City Fair Haven State NJ Zip Code 07704-3136 FEC ID number of contributing federal political committee. C Name of Employer RETIRED Occupation RETIRED Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 280		Date of Receipt M M / D D / Y Y Y Y 05 / 12 / 2014 <b>Transaction ID : SA11Ai-CN71522</b> Amount of Each Receipt this Period 35
<b>SUBTOTAL</b> of Receipts This Page (optional).....		170.00
<b>TOTAL</b> This Period (last page this line number only).....		

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**Full Name (Last, First, Middle Initial)  
**A. Mr Matthew Stabinsky**

Mailing Address 606 Bluebell Dr

City	State	Zip Code
Jackson	NJ	08527-4109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		22		2014

Transaction ID : SA11Ai-CN69963

Amount of Each Receipt this Period

500

Full Name (Last, First, Middle Initial)  
**B. Mr. Charles E Steen III**

Mailing Address 170 Post Kunhardt Rd

City	State	Zip Code
Bernardsville	NJ	07924-1516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Retired

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		26		2014

Transaction ID : SA11Ai-CN68099

Amount of Each Receipt this Period

100

Full Name (Last, First, Middle Initial)  
**C. Thomas Stenberg**

Mailing Address 6 Alwyngton Rd

City	State	Zip Code
Chestnut Hill	MA	02467

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
highland consumer fundOccupation  
investments

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		01		2014

Transaction ID : SA11Ai-CN68160

Amount of Each Receipt this Period

500

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1100.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 76 OF 159

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**Jack Stephenson**

Mailing Address 38 Briarcliff Rd

City

Gilford

State

NH

Zip Code

03249-6705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

295

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2014

Transaction ID : SA11Ai-CN68094

Amount of Each Receipt this Period

295

Full Name (Last, First, Middle Initial)

**Kurt A Stiefel**

Mailing Address 28 Pennsylvania Ave

City

Flemington

State

NJ

Zip Code

08822

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Johnson &amp; Johnson

Occupation

Manager

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		21		2014

Transaction ID : SA11Ai-CN68028

Amount of Each Receipt this Period

1000

Full Name (Last, First, Middle Initial)

**Mr David Stumbaugh**

Mailing Address 7623 Hayfield Rd

City

Alexandria

State

VA

Zip Code

22315-4034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

247

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2014

Transaction ID : SA11Ai-CN71692

Amount of Each Receipt this Period

53

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1348.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 77 OF 159

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Mr. Gerald W Sykes</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>14</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	05		14		2014
M M M	/	D D D	/	Y Y Y Y Y									
05		14		2014									
Mailing Address 382 Centerton Rd		<b>Transaction ID : SA11Ai-CN68386</b>											
City Bridgeton	State NJ	Zip Code 08302	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>2350</td> </tr> </table>						2350				
					2350								
FEC ID number of contributing federal political committee. C		Name of Employer G & G Communications Inc.											
Occupation President		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>2600</td> </tr> </table>							2600				
					2600								
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>300</td> </tr> </table>							300				
					300								
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Mr Patrick Terry</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>17</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	04		17		2014
M M M	/	D D D	/	Y Y Y Y Y									
04		17		2014									
Mailing Address 4 Ellington Dr		<b>Transaction ID : SA11Ai-CN69629</b>											
City Columbus	State NJ	Zip Code 08022-2300	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>450</td> </tr> </table>						450				
					450								
FEC ID number of contributing federal political committee. C		Name of Employer Retired											
Occupation Retired		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>450</td> </tr> </table>							450				
					450								
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>50</td> </tr> </table>							50				
					50								
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Mr David A Thomas</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>05</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	05		05		2014
M M M	/	D D D	/	Y Y Y Y Y									
05		05		2014									
Mailing Address 1132 Calle Florecita		<b>Transaction ID : SA11Ai-CN71051</b>											
City Chula Vista	State CA	Zip Code 91910-7901	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>2700.00</td> </tr> </table>						2700.00				
					2700.00								
FEC ID number of contributing federal political committee. C		Name of Employer RETIRED											
Occupation RETIRED		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>250</td> </tr> </table>							250				
					250								
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>2700.00</td> </tr> </table>							2700.00				
					2700.00								
<b>SUBTOTAL</b> of Receipts This Page (optional).....		<table border="1"> <tr> <td colspan="5"></td> <td>2700.00</td> </tr> </table>							2700.00				
					2700.00								
<b>TOTAL</b> This Period (last page this line number only).....		<table border="1"> <tr> <td colspan="5"></td> <td></td> </tr> </table>											

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 78 OF 159

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**A. Mrs Marina Timmermans**

Mailing Address 1703 Main St

City  
 Lynden

State  
 WA

Zip Code  
 98264-9115

FEC ID number of contributing  
 federal political committee.

C

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

215

Date of Receipt

M M / D D / Y Y Y Y  
 05 / 13 / 2014

Transaction ID : SA11Ai-CN71648

Amount of Each Receipt this Period

25

Full Name (Last, First, Middle Initial)

**B. Mr Bruce Townsend**

Mailing Address 701 Oak Ln

City  
 Franklin Lakes

State  
 NJ

Zip Code  
 07417-2308

FEC ID number of contributing  
 federal political committee.

C

Name of Employer  
 None

Occupation  
 Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

450

Date of Receipt

M M / D D / Y Y Y Y  
 04 / 26 / 2014

Transaction ID : SA11Ai-CN68110

Amount of Each Receipt this Period

200

Full Name (Last, First, Middle Initial)

**C. Mr E Lloyd Treadgold**

Mailing Address 1025 Anza St

City  
 San Francisco

State  
 CA

Zip Code  
 94118-4009

FEC ID number of contributing  
 federal political committee.

C

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

255

Date of Receipt

M M / D D / Y Y Y Y  
 04 / 08 / 2014

Transaction ID : SA11Ai-CN69103

Amount of Each Receipt this Period

50

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

275.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 79 OF 159

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr E Lloyd Treadgold**

Mailing Address 1025 Anza St

City San Francisco	State CA	Zip Code 94118-4009
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**305**

Date of Receipt

M M / D D / Y Y Y Y
05 / 02 / 2014

Transaction ID : SA11Ai-CN70847

Amount of Each Receipt this Period

<b>50</b>
-----------

**B.** Full Name (Last, First, Middle Initial)  
**Mrs Margaret Turiello**

Mailing Address 678 Foothill Rd

City Bridgewater	State NJ	Zip Code 08807-1848
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**205**

Date of Receipt

M M / D D / Y Y Y Y
04 / 29 / 2014

Transaction ID : SA11Ai-CN68214

Amount of Each Receipt this Period

<b>50</b>
-----------

**C.** Full Name (Last, First, Middle Initial)  
**Howard W Vaccarella**

Mailing Address 309 Colonial Dr

City Toms River	State NJ	Zip Code 08753
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested	Occupation Information Requested
---	-------------------------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**750**

Date of Receipt

M M / D D / Y Y Y Y
04 / 15 / 2014

Transaction ID : SA11Ai-CN68046

Amount of Each Receipt this Period

<b>750</b>
------------

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

<b>850.00</b>
---------------

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Howard W Vaccarella</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 08 / 2014	
Mailing Address 309 Colonial Dr		<b>Transaction ID : SA11Ai-CN68329</b>	
City Toms River	State NJ	Zip Code 08753	Amount of Each Receipt this Period 120
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 870		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Mr John Valerius</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 18 / 2014	
Mailing Address 1909 Canterbury St		<b>Transaction ID : SA11Ai-CN69714</b>	
City Irving	State TX	Zip Code 75062-3551	Amount of Each Receipt this Period 50
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Ms Gertrude Vandyk</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2014	
Mailing Address 842 Fox Hedge Rd		<b>Transaction ID : SA11Ai-CN71001</b>	
City Franklin Lks	State NJ	Zip Code 07417	Amount of Each Receipt this Period 300
FEC ID number of contributing federal political committee. C			
Name of Employer Homemaker	Occupation Homemaker		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		470.00	
<b>TOTAL</b> This Period (last page this line number only).....			



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 81 OF 159

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**Mrs Vera Vincz**

Mailing Address 26 Plymouth Pl

City

Edison

State

NJ

Zip Code

08837-3130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2014

Transaction ID : SA11Ai-CN71098

Amount of Each Receipt this Period

100

Full Name (Last, First, Middle Initial)

**Ms Helen Von Quintus**

Mailing Address PO Box 151685

City

Austin

State

TX

Zip Code

78715-1685

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		08		2014

Transaction ID : SA11Ai-CN69150

Amount of Each Receipt this Period

100

Full Name (Last, First, Middle Initial)

**Ms Helen Von Quintus**

Mailing Address PO Box 151685

City

Austin

State

TX

Zip Code

78715-1685

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2014

Transaction ID : SA11Ai-CN70302

Amount of Each Receipt this Period

50

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

250.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 82 OF 159

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**Ms Helen Von Quintus**

Mailing Address PO Box 151685

City

Austin

State

TX

Zip Code

78715-1685

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

450

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		05		2014

Transaction ID : SA11Ai-CN71002

Amount of Each Receipt this Period

50

Full Name (Last, First, Middle Initial)

**Mrs Elizabeth R Wade**

Mailing Address 5364 Calle Real Apt D

City

Santa Barbara

State

CA

Zip Code

93111-1685

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		07		2014

Transaction ID : SA11Ai-CN68821

Amount of Each Receipt this Period

200

Full Name (Last, First, Middle Initial)

**Mr Daniel Walsh**

Mailing Address 4 N 32nd Ave

City

Longport

State

NJ

Zip Code

08403-1524

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Unemployed

Occupation

Project Manager-Engineer

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

425

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		29		2014

Transaction ID : SA11Ai-CN68212

Amount of Each Receipt this Period

125

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

375.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 83 OF 159

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**Mr James Walsh**

Mailing Address 103 Mineral Springs Rd

City

Highland Mills

State

NY

Zip Code

10930-6228

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

600

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		18		2014

Transaction ID : SA11Ai-CN68023

Amount of Each Receipt this Period

100

Full Name (Last, First, Middle Initial)

**Mr James Walsh**

Mailing Address 103 Mineral Springs Rd

City

Highland Mills

State

NY

Zip Code

10930-6228

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

700

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2014

Transaction ID : SA11Ai-CN68095

Amount of Each Receipt this Period

100

Full Name (Last, First, Middle Initial)

**Mr James Walsh**

Mailing Address 103 Mineral Springs Rd

City

Highland Mills

State

NY

Zip Code

10930-6228

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

800

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2014

Transaction ID : SA11Ai-CN70341

Amount of Each Receipt this Period

100

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

300.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 84 OF 159

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. John Walsh**

Mailing Address 125 Saw Mill Rd

City State Zip Code  
North Haledon NJ 07508-2712

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
220

Date of Receipt

M M / D D / Y Y Y Y  
05 14 2014

Transaction ID : SA11Ai-CN71696

Amount of Each Receipt this Period

30

**B.** Full Name (Last, First, Middle Initial)  
**Ms Catherine Warren**

Mailing Address 356 Rossway Rd

City State Zip Code  
Pleasant Valley NY 12569-7415

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
1200

Date of Receipt

M M / D D / Y Y Y Y  
05 12 2014

Transaction ID : SA11Ai-CN71528

Amount of Each Receipt this Period

1200

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Beth Welsh**

Mailing Address 129 Blackburn Rd

City State Zip Code  
Summit NJ 07901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Bassett Associates Real Estate

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
300

Date of Receipt

M M / D D / Y Y Y Y  
04 24 2014

Transaction ID : SA11Ai-CN68131

Amount of Each Receipt this Period

200

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1430.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 85 OF 159

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

A. Full Name (Last, First, Middle Initial)  
**Joseph Williams**

Mailing Address 1018 Berkeley Ave

City	State	Zip Code
Ocean	NJ	07712

FEC ID number of contributing federal political committee.

C

Name of Employer  
 JP TURNER & CO

Occupation  
 RETAIL/SALES

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

750

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		15		2014

Transaction ID : SA11Ai-CN68047

Amount of Each Receipt this Period

750

B. Full Name (Last, First, Middle Initial)  
**Joseph Williams**

Mailing Address 1018 Berkeley Ave

City	State	Zip Code
Ocean	NJ	07712

FEC ID number of contributing federal political committee.

C

Name of Employer  
 JP TURNER & CO

Occupation  
 RETAIL/SALES

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

810

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2014

Transaction ID : SA11Ai-CN68331

Amount of Each Receipt this Period

60

C. Full Name (Last, First, Middle Initial)  
**Mr. Preston Wood**

Mailing Address 11 Landsdown Rd

City	State	Zip Code
Annandale	NJ	08801-3602

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		07		2014

Transaction ID : SA11Ai-CN71371

Amount of Each Receipt this Period

50

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

860.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 86 OF 159

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**Mr John Ziegler Jr**

Mailing Address 515 Grace Ter

City

New Oxford

State

PA

Zip Code

17350-7325

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		22		2014

Transaction ID : SA11Ai-CN70058

Amount of Each Receipt this Period

400

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

400.00

84661.68

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 87 OF 159

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**Gun Owners Of America Political Victory Fund**

Mailing Address 8001 Forbes Pl Ste 102

City	State	Zip Code
Springfield	VA	22151

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2014

Transaction ID : SA11C-CN68317

Amount of Each Receipt this Period

2000

Full Name (Last, First, Middle Initial)

**Lavallette PBA 372**

Mailing Address PO Box 534

City	State	Zip Code
Lavallette	NJ	08735

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2014

Transaction ID : SA11C-CN68448

Amount of Each Receipt this Period

250

Full Name (Last, First, Middle Initial)

**Liberty PAC**

Mailing Address PO Box 602

City	State	Zip Code
Lake Jackson	TX	77566

FEC ID number of contributing  
federal political committee.

C C00234641

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		29		2014

Transaction ID : SA11C-CN68209

Amount of Each Receipt this Period

1500

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3750.00

3750.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Mr Steven Lonegan</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>21</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	04		21		2014
M M M	/	D D D	/	Y Y Y Y Y									
04		21		2014									
Mailing Address 212 Larch Ave		<b>Transaction ID : SA13a-LN7</b>											
City Bogota	State NJ	Zip Code 07603	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>50000</td> </tr> </table>						50000				
					50000								
FEC ID number of contributing federal political committee. <b>C</b> H8NJ09088		Loan											
Name of Employer None	Occupation Candidate												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>50000</td> </tr> </table>								50000				
					50000								

  

<b>B.</b> Full Name (Last, First, Middle Initial) <b>Mr Steven Lonegan</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>29</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	04		29		2014
M M M	/	D D D	/	Y Y Y Y Y									
04		29		2014									
Mailing Address 212 Larch Ave		<b>Transaction ID : SA13a-LN8</b>											
City Bogota	State NJ	Zip Code 07603	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>40000</td> </tr> </table>						40000				
					40000								
FEC ID number of contributing federal political committee. <b>C</b> H8NJ09088		Loan											
Name of Employer None	Occupation Candidate												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>40000</td> </tr> </table>								40000				
					40000								

  

<b>C.</b> Full Name (Last, First, Middle Initial) <b>Mr Steven Lonegan</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>05</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	05		05		2014
M M M	/	D D D	/	Y Y Y Y Y									
05		05		2014									
Mailing Address 212 Larch Ave		<b>Transaction ID : SA13a-LN9</b>											
City Bogota	State NJ	Zip Code 07603	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>6500</td> </tr> </table>						6500				
					6500								
FEC ID number of contributing federal political committee. <b>C</b> H8NJ09088		Loan											
Name of Employer None	Occupation Candidate												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>6500</td> </tr> </table>								6500				
					6500								

  

<b>SUBTOTAL</b> of Receipts This Page (optional).....		<table border="1"> <tr> <td colspan="5"></td> <td>96500.00</td> </tr> </table>							96500.00
					96500.00				
<b>TOTAL</b> This Period (last page this line number only).....		<table border="1"> <tr> <td colspan="5"></td> <td></td> </tr> </table>							



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 89 OF 159

<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	--	-------------------------------------	------------------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**Mr Steven Lonegan**

Mailing Address 212 Larch Ave

City	State	Zip Code
Bogota	NJ	07603

FEC ID number of contributing federal political committee.

**C** H8NJ09088

Name of Employer  
None

Occupation  
Candidate

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

100000

Date of Receipt

MM / DD / YYYY  
05 / 09 / 2014

Transaction ID : SA13a-LN10

Amount of Each Receipt this Period

100000

Loan

Full Name (Last, First, Middle Initial)

**B.** Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.** Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

100000.00

196500.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 90 OF 159

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**A. TD Bank**

Mailing Address PO Box 1377

City	State	Zip Code
Lewiston	ME	04243

Purpose of Disbursement  
Bank Fee

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2014

Amount of Each Disbursement this Period

15.00
-------

Transaction ID : SB17-EX3292

Bank Fee

**B. TD Bank**

Mailing Address PO Box 1377

City	State	Zip Code
Lewiston	ME	04243

Purpose of Disbursement  
Bank Fee

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		24		2014

Amount of Each Disbursement this Period

15.00
-------

Transaction ID : SB17-EX3179

Bank Fee

**c. TD Bank**

Mailing Address PO Box 1377

City	State	Zip Code
Lewiston	ME	04243

Purpose of Disbursement  
Bank Fee

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		25		2014

Amount of Each Disbursement this Period

25.00
-------

Transaction ID : SB17-EX3180

Bank Fee

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

55.00
-------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 91 OF 159

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**A. TD Bank**

Mailing Address PO Box 1377

City	State	Zip Code
Lewiston	ME	04243

Purpose of Disbursement  
Bank Fee

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		28		2014

Amount of Each Disbursement this Period

55.00
-------

Transaction ID : SB17-EX3181

Bank Fee

**B. TD Bank**

Mailing Address PO Box 1377

City	State	Zip Code
Lewiston	ME	04243

Purpose of Disbursement  
Bank Fee

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		29		2014

Amount of Each Disbursement this Period

15.00
-------

Transaction ID : SB17-EX3182

Bank Fee

**c. TD Bank**

Mailing Address PO Box 1377

City	State	Zip Code
Lewiston	ME	04243

Purpose of Disbursement  
Bank Fee

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2014

Amount of Each Disbursement this Period

15.00
-------

Transaction ID : SB17-EX3183

Bank Fee

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

55.00
-------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 92 OF 159

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**A. TD Bank**

Mailing Address PO Box 1377

City	State	Zip Code
Lewiston	ME	04243

Purpose of Disbursement  
Bank Fee

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2014

Amount of Each Disbursement this Period

15.00
-------

Transaction ID : SB17-EX3184

Bank Fee

Full Name (Last, First, Middle Initial)

**B. TD Bank**

Mailing Address PO Box 1377

City	State	Zip Code
Lewiston	ME	04243

Purpose of Disbursement  
Bank Fee

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2014

Amount of Each Disbursement this Period

25.00
-------

Transaction ID : SB17-EX3185

Bank Fee

Full Name (Last, First, Middle Initial)

**C. TD Bank**

Mailing Address PO Box 1377

City	State	Zip Code
Lewiston	ME	04243

Purpose of Disbursement  
Bank Fee

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2014

Amount of Each Disbursement this Period

25.00
-------

Transaction ID : SB17-EX3186

Bank Fee

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

65.00
-------

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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 93 OF 159

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**A. TD Bank**

Mailing Address PO Box 1377

City	State	Zip Code
Lewiston	ME	04243

Purpose of Disbursement  
Bank Fees

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		09		2014

Amount of Each Disbursement this Period

15.00
-------

Transaction ID : SB17-EX3288

Bank Fees

Full Name (Last, First, Middle Initial)

**B. TD Bank**

Mailing Address PO Box 1377

City	State	Zip Code
Lewiston	ME	04243

Purpose of Disbursement  
Bank Fees

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2014

Amount of Each Disbursement this Period

25.00
-------

Transaction ID : SB17-EX3289

Bank Fees

Full Name (Last, First, Middle Initial)

**c. TD Bank**

Mailing Address PO Box 1377

City	State	Zip Code
Lewiston	ME	04243

Purpose of Disbursement  
Bank Fees

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2014

Amount of Each Disbursement this Period

25.00
-------

Transaction ID : SB17-EX3290

Bank Fees

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

65.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Lonegan For Congress

Full Name (Last, First, Middle Initial)

**A. Trail Blazer Campaign Services Inc.**Mailing Address 620 Mendelssohn Avenue N  
Suite 186City State Zip Code  
Golden Valley MN 55427Purpose of Disbursement  
Software Licensing

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

Amount of Each Disbursement this Period

997.00
--------

Transaction ID : SB17-EX3233

Software Licensing

Full Name (Last, First, Middle Initial)

**B. Trail Blazer Campaign Services Inc.**Mailing Address 620 Mendelssohn Avenue N  
Suite 186City State Zip Code  
Golden Valley MN 55427Purpose of Disbursement  
Software Licensing

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2014

Amount of Each Disbursement this Period

997.00
--------

Transaction ID : SB17-EX3234

Software Licensing

Full Name (Last, First, Middle Initial)

**c. Vanco Services LLC**

Mailing Address 12600 Whitewater Dr Ste 200

City State Zip Code  
Minnetonka MN 55343Purpose of Disbursement  
Credit Card Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

Amount of Each Disbursement this Period

23.57
-------

Transaction ID : SB17-EX3191

Credit Card Fees

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2017.57

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Lonegan For Congress

Full Name (Last, First, Middle Initial)

**A. Vanco Services LLC**

Mailing Address 12600 Whitewater Dr Ste 200

City	State	Zip Code
Minnetonka	MN	55343

Purpose of Disbursement  
Credit Card Fees

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

24.44
-------

Transaction ID : SB17-EX3192

Credit Card Fees

**B. Vanco Services LLC**

Mailing Address 12600 Whitewater Dr Ste 200

City	State	Zip Code
Minnetonka	MN	55343

Purpose of Disbursement  
Credit Card Fees

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2014

Amount of Each Disbursement this Period

81.03
-------

Transaction ID : SB17-EX3193

Credit Card Fees

**c. Vanco Services LLC**

Mailing Address 12600 Whitewater Dr Ste 200

City	State	Zip Code
Minnetonka	MN	55343

Purpose of Disbursement  
Credit Card Fees

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2014

Amount of Each Disbursement this Period

6.94
------

Transaction ID : SB17-EX3194

Credit Card Fees

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

112.41

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Lonegan For Congress

Full Name (Last, First, Middle Initial)

**A. Vanco Services LLC**

Mailing Address 12600 Whitewater Dr Ste 200

City	State	Zip Code
Minnetonka	MN	55343

Purpose of Disbursement  
Credit Card Fees

001

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		08		2014

Amount of Each Disbursement this Period

22.94
-------

Transaction ID : SB17-EX3195

Credit Card Fees

**B. Vanco Services LLC**

Mailing Address 12600 Whitewater Dr Ste 200

City	State	Zip Code
Minnetonka	MN	55343

Purpose of Disbursement  
Credit Card Fees

001

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		09		2014

Amount of Each Disbursement this Period

5.67
------

Transaction ID : SB17-EX3196

Credit Card Fees

**c. Vanco Services LLC**

Mailing Address 12600 Whitewater Dr Ste 200

City	State	Zip Code
Minnetonka	MN	55343

Purpose of Disbursement  
Credit Card Fees

001

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		10		2014

Amount of Each Disbursement this Period

1.73
------

Transaction ID : SB17-EX3197

Credit Card Fees

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

30.34
-------



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Lonegan For Congress

Full Name (Last, First, Middle Initial)

**A. Vanco Services LLC**

Mailing Address 12600 Whitewater Dr Ste 200

City	State	Zip Code
Minnetonka	MN	55343

Purpose of Disbursement  
Credit Card Fees

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		11		2014

Amount of Each Disbursement this Period

3.66
------

Transaction ID : SB17-EX3198

Credit Card Fees

**B. Vanco Services LLC**

Mailing Address 12600 Whitewater Dr Ste 200

City	State	Zip Code
Minnetonka	MN	55343

Purpose of Disbursement  
Credit Card Fees

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2014

Amount of Each Disbursement this Period

52.80
-------

Transaction ID : SB17-EX3199

Credit Card Fees

**c. Vanco Services LLC**

Mailing Address 12600 Whitewater Dr Ste 200

City	State	Zip Code
Minnetonka	MN	55343

Purpose of Disbursement  
Credit Card Fees

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		16		2014

Amount of Each Disbursement this Period

6.06
------

Transaction ID : SB17-EX3200

Credit Card Fees

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

62.52

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Lonegan For Congress

Full Name (Last, First, Middle Initial)

**A. Vanco Services LLC**

Mailing Address 12600 Whitewater Dr Ste 200

City	State	Zip Code
Minnetonka	MN	55343

Purpose of Disbursement  
Credit Card Fees

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		17		2014

Amount of Each Disbursement this Period

20	19	18	17	16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1	.	0
																					3.20

Transaction ID : SB17-EX3201

Credit Card Fees

**B. Vanco Services LLC**

Mailing Address 12600 Whitewater Dr Ste 200

City	State	Zip Code
Minnetonka	MN	55343

Purpose of Disbursement  
Credit Card Fees

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		18		2014

Amount of Each Disbursement this Period

20	19	18	17	16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1	.	0
																					10.30

Transaction ID : SB17-EX3203

Credit Card Fees

**C. Vanco Services LLC**

Mailing Address 12600 Whitewater Dr Ste 200

City	State	Zip Code
Minnetonka	MN	55343

Purpose of Disbursement  
Credit Card Fees

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		18		2014

Amount of Each Disbursement this Period

20	19	18	17	16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1	.	0
																					6.63

Transaction ID : SB17-EX3202

Credit Card Fees

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

20.13

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Lonegan For Congress

Full Name (Last, First, Middle Initial)

**A. Vanco Services LLC**

Mailing Address 12600 Whitewater Dr Ste 200

City	State	Zip Code
Minnetonka	MN	55343

Purpose of Disbursement  
Credit Card Fees

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2014

Amount of Each Disbursement this Period

1.83
------

Transaction ID : SB17-EX3204

Credit Card Fees

**B. Vanco Services LLC**

Mailing Address 12600 Whitewater Dr Ste 200

City	State	Zip Code
Minnetonka	MN	55343

Purpose of Disbursement  
Credit Card Fees

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		22		2014

Amount of Each Disbursement this Period

24.99
-------

Transaction ID : SB17-EX3205

Credit Card Fees

**c. Vanco Services LLC**

Mailing Address 12600 Whitewater Dr Ste 200

City	State	Zip Code
Minnetonka	MN	55343

Purpose of Disbursement  
Credit Card Fees

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		23		2014

Amount of Each Disbursement this Period

32.90
-------

Transaction ID : SB17-EX3206

Credit Card Fees

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

59.72

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Lonegan For Congress

Full Name (Last, First, Middle Initial)

**A. Vanco Services LLC**

Mailing Address 12600 Whitewater Dr Ste 200

City	State	Zip Code
Minnetonka	MN	55343

Purpose of Disbursement  
Credit Card Fees

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		24		2014

Amount of Each Disbursement this Period

9.14
------

Transaction ID : SB17-EX3207

Credit Card Fees

Full Name (Last, First, Middle Initial)

**B. Vanco Services LLC**

Mailing Address 12600 Whitewater Dr Ste 200

City	State	Zip Code
Minnetonka	MN	55343

Purpose of Disbursement  
Credit Card Fees

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		25		2014

Amount of Each Disbursement this Period

5.46
------

Transaction ID : SB17-EX3208

Credit Card Fees

Full Name (Last, First, Middle Initial)

**C. Vanco Services LLC**

Mailing Address 12600 Whitewater Dr Ste 200

City	State	Zip Code
Minnetonka	MN	55343

Purpose of Disbursement  
Credit Card Fees

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		28		2014

Amount of Each Disbursement this Period

8.28
------

Transaction ID : SB17-EX3209

Credit Card Fees

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

22.88

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Lonegan For Congress

Full Name (Last, First, Middle Initial)

**A. Vanco Services LLC**

Mailing Address 12600 Whitewater Dr Ste 200

City	State	Zip Code
Minnetonka	MN	55343

Purpose of Disbursement  
Credit Card Fees

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		29		2014

Amount of Each Disbursement this Period

56.83
-------

Transaction ID : SB17-EX3210

Credit Card Fees

Full Name (Last, First, Middle Initial)

**B. Vanco Services LLC**

Mailing Address 12600 Whitewater Dr Ste 200

City	State	Zip Code
Minnetonka	MN	55343

Purpose of Disbursement  
Credit Card Fees

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		30		2014

Amount of Each Disbursement this Period

9.86
------

Transaction ID : SB17-EX3211

Credit Card Fees

Full Name (Last, First, Middle Initial)

**C. Vanco Services LLC**

Mailing Address 12600 Whitewater Dr Ste 200

City	State	Zip Code
Minnetonka	MN	55343

Purpose of Disbursement  
Credit Card Fees

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2014

Amount of Each Disbursement this Period

12.57
-------

Transaction ID : SB17-EX3212

Credit Card Fees

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

79.26

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 102 OF 159

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Lonegan For Congress

Full Name (Last, First, Middle Initial)

**A. Vanco Services LLC**

Mailing Address 12600 Whitewater Dr Ste 200

City	State	Zip Code
Minnetonka	MN	55343

Purpose of Disbursement  
Credit Card Fees

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2014

Amount of Each Disbursement this Period

75.92
-------

Transaction ID : SB17-EX3213

Credit Card Fees

Full Name (Last, First, Middle Initial)

**B. Vanco Services LLC**

Mailing Address 12600 Whitewater Dr Ste 200

City	State	Zip Code
Minnetonka	MN	55343

Purpose of Disbursement  
Credit Card Fees

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2014

Amount of Each Disbursement this Period

133.47
--------

Transaction ID : SB17-EX3214

Credit Card Fees

Full Name (Last, First, Middle Initial)

**c. Vanco Services LLC**

Mailing Address 12600 Whitewater Dr Ste 200

City	State	Zip Code
Minnetonka	MN	55343

Purpose of Disbursement  
Credit Card Fees

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		06		2014

Amount of Each Disbursement this Period

82.63
-------

Transaction ID : SB17-EX3215

Credit Card Fees

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

292.02

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**A. Vanco Services LLC**

Mailing Address 12600 Whitewater Dr Ste 200

City	State	Zip Code
Minnetonka	MN	55343

Purpose of Disbursement  
Credit Card Fees

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		07		2014

Amount of Each Disbursement this Period

12.42
-------

Transaction ID : SB17-EX3216

Credit Card Fees

**B. Vanco Services LLC**

Mailing Address 12600 Whitewater Dr Ste 200

City	State	Zip Code
Minnetonka	MN	55343

Purpose of Disbursement  
Credit Card Fees

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		09		2014

Amount of Each Disbursement this Period

13.69
-------

Transaction ID : SB17-EX3217

Credit Card Fees

**c. Vanco Services LLC**

Mailing Address 12600 Whitewater Dr Ste 200

City	State	Zip Code
Minnetonka	MN	55343

Purpose of Disbursement  
Credit Card Fees

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2014

Amount of Each Disbursement this Period

18.22
-------

Transaction ID : SB17-EX3218

Credit Card Fees

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

44.33
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Lonegan For Congress

Full Name (Last, First, Middle Initial)

**A. Vanco Services LLC**

Mailing Address 12600 Whitewater Dr Ste 200

City	State	Zip Code
Minnetonka	MN	55343

Purpose of Disbursement  
Credit Card Fees

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		13		2014

Amount of Each Disbursement this Period

51.70
-------

Transaction ID : SB17-EX3219

Credit Card Fees

**B. Vanco Services LLC**

Mailing Address 12600 Whitewater Dr Ste 200

City	State	Zip Code
Minnetonka	MN	55343

Purpose of Disbursement  
Credit Card Fees

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		14		2014

Amount of Each Disbursement this Period

10.71
-------

Transaction ID : SB17-EX3220

Credit Card Fees

**c. The Printing Express LLC**

Mailing Address 21 Warehouse Road

City	State	Zip Code
Harrisonburg	VA	22801

Purpose of Disbursement  
Printing

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2014

Amount of Each Disbursement this Period

3815.25
---------

Transaction ID : SB17-EX3139

Printing

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3877.66



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 105 OF 159

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Lonegan For Congress

Full Name (Last, First, Middle Initial)

**A. The Printing Express LLC**

Mailing Address 21 Warehouse Road

City	State	Zip Code
Harrisonburg	VA	22801

Purpose of Disbursement  
Stationary

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		08		2014

Amount of Each Disbursement this Period

973.19
--------

Transaction ID : SB17-EX3231

Stationary

**B. The Printing Express LLC**

Mailing Address 21 Warehouse Road

City	State	Zip Code
Harrisonburg	VA	22801

Purpose of Disbursement  
Palm Cards

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		30		2014

Amount of Each Disbursement this Period

78.98
-------

Transaction ID : SB17-EX3232

Palm Cards

**c. Staples**

Mailing Address 557 Route 17 South

City	State	Zip Code
Paramus	NJ	07652

Purpose of Disbursement  
Office Supplies

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2014

Amount of Each Disbursement this Period

42.79
-------

Transaction ID : SB17-EX3159

Office Supplies

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1094.96

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 106 OF 159

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Lonegan For Congress

Full Name (Last, First, Middle Initial)

**A. Staples**

Mailing Address 557 Route 17 South

City	State	Zip Code
Paramus	NJ	07652

Purpose of Disbursement  
Office Supplies

001

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	Primary 2014

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2014

Amount of Each Disbursement this Period

28.13
-------

Transaction ID : SB17-EX3160

Office Supplies

**B. Staples**

Full Name (Last, First, Middle Initial)

Mailing Address 557 Route 17 South

City	State	Zip Code
Paramus	NJ	07652

Purpose of Disbursement  
Office Supplies

001

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	Primary 2014

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

Amount of Each Disbursement this Period

14.67
-------

Transaction ID : SB17-EX3161

Office Supplies

**C. Staples**

Full Name (Last, First, Middle Initial)

Mailing Address 557 Route 17 South

City	State	Zip Code
Paramus	NJ	07652

Purpose of Disbursement  
Office Supplies

001

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	Primary 2014

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		17		2014

Amount of Each Disbursement this Period

42.79
-------

Transaction ID : SB17-EX3162

Office Supplies

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

85.59
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**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 107 OF 159

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Lonegan For Congress

Full Name (Last, First, Middle Initial)

**A. Staples**

Mailing Address 557 Route 17 South

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		25		2014

City	State	Zip Code
Paramus	NJ	07652

Amount of Each Disbursement this Period

140.67
--------

Purpose of Disbursement  
Office Supplies

001

Transaction ID : SB17-EX3163

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

Office Supplies

State: District:

Full Name (Last, First, Middle Initial)

**B. Staples**

Mailing Address 557 Route 17 South

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		28		2014

City	State	Zip Code
Paramus	NJ	07652

Amount of Each Disbursement this Period

70.62
-------

Purpose of Disbursement  
Office Supplies

001

Transaction ID : SB17-EX3164

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

Office Supplies

State: District:

Full Name (Last, First, Middle Initial)

**C. Staples**

Mailing Address 557 Route 17 South

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2014

City	State	Zip Code
Paramus	NJ	07652

Amount of Each Disbursement this Period

12.60
-------

Purpose of Disbursement  
Office Supplies

001

Transaction ID : SB17-EX3165

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

Office Supplies

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

223.89

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 108 OF 159

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

## **A. Staples**

Mailing Address 557 Route 17 South

City State Zip Code  
 Paramus NJ 07652

Purpose of Disbursement  
 Office Supplies

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
 05 05 2014

Amount of Each Disbursement this Period

164.35

Transaction ID : SB17-EX3166

Office Supplies

Full Name (Last, First, Middle Initial)

## **B. Staples**

Mailing Address 557 Route 17 South

City State Zip Code  
 Paramus NJ 07652

Purpose of Disbursement  
 Office Supplies

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
 05 07 2014

Amount of Each Disbursement this Period

7.27

Transaction ID : SB17-EX3167

Office Supplies

Full Name (Last, First, Middle Initial)

## **C. Staples**

Mailing Address 557 Route 17 South

City State Zip Code  
 Paramus NJ 07652

Purpose of Disbursement  
 Office Supplies

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
 05 12 2014

Amount of Each Disbursement this Period

60.03

Transaction ID : SB17-EX3261

Office Supplies

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

231.65

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 109 OF 159

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**A. United States Postal Service**

Mailing Address 143 E Ridgewood Ave

City	State	Zip Code
Ridgewood	NJ	07450

Purpose of Disbursement  
Postage

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		08		2014

Amount of Each Disbursement this Period

250.60

Transaction ID : SB17-EX3151

Postage

**B. United States Postal Service**

Mailing Address 143 E Ridgewood Ave

City	State	Zip Code
Ridgewood	NJ	07450

Purpose of Disbursement  
Postage

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		17		2014

Amount of Each Disbursement this Period

147.00

Transaction ID : SB17-EX3152

Postage

**c. United States Postal Service**

Mailing Address 143 E Ridgewood Ave

City	State	Zip Code
Ridgewood	NJ	07450

Purpose of Disbursement  
Postage

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		22		2014

Amount of Each Disbursement this Period

1715.00

Transaction ID : SB17-EX3153

Postage

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2112.60

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Lonegan For Congress

Full Name (Last, First, Middle Initial)

**A. United States Postal Service**

Mailing Address 143 E Ridgewood Ave

City	State	Zip Code
Ridgewood	NJ	07450

Purpose of Disbursement  
Postage

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		30		2014

Amount of Each Disbursement this Period

392.00
--------

Transaction ID : SB17-EX3154

Postage

Full Name (Last, First, Middle Initial)

**B. United States Postal Service**

Mailing Address 143 E Ridgewood Ave

City	State	Zip Code
Ridgewood	NJ	07450

Purpose of Disbursement  
Postage

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		06		2014

Amount of Each Disbursement this Period

1.61
------

Transaction ID : SB17-EX3155

Postage

Full Name (Last, First, Middle Initial)

**C. United States Postal Service**

Mailing Address 143 E Ridgewood Ave

City	State	Zip Code
Ridgewood	NJ	07450

Purpose of Disbursement  
Postage

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		08		2014

Amount of Each Disbursement this Period

16.95
-------

Transaction ID : SB17-EX3156

Postage

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

410.56

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**A. United States Postal Service**

Mailing Address 143 E Ridgewood Ave

City	State	Zip Code
Ridgewood	NJ	07450

Purpose of Disbursement  
Postage

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		08		2014

Amount of Each Disbursement this Period

3.52
------

Transaction ID : SB17-EX3157

Postage

**B. United States Postal Service**

Mailing Address 143 E Ridgewood Ave

City	State	Zip Code
Ridgewood	NJ	07450

Purpose of Disbursement  
Postage

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		08		2014

Amount of Each Disbursement this Period

3.01
------

Transaction ID : SB17-EX3158

Postage

**c. United States Postal Service**

Mailing Address 143 E Ridgewood Ave

City	State	Zip Code
Ridgewood	NJ	07450

Purpose of Disbursement  
Postage

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		09		2014

Amount of Each Disbursement this Period

49.00
-------

Transaction ID : SB17-EX3286

Postage

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

55.53

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 112 OF 159

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Lonegan For Congress

Full Name (Last, First, Middle Initial)

**A. United States Postal Service**

Mailing Address 143 E Ridgewood Ave

City	State	Zip Code
Ridgewood	NJ	07450

Purpose of Disbursement  
Postage

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		14		2014

Amount of Each Disbursement this Period

78.40
-------

Transaction ID : SB17-EX3287

Postage

Full Name (Last, First, Middle Initial)

**B. Treasurer State Of New Jersey**

Mailing Address PO Box 111

City	State	Zip Code
Trenton	NJ	08625

Purpose of Disbursement  
Payroll Taxes

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		25		2014

Amount of Each Disbursement this Period

358.82
--------

Transaction ID : SB17-EX3268

Payroll Taxes

Full Name (Last, First, Middle Initial)

**C. Treasurer State Of New Jersey**

Mailing Address PO Box 111

City	State	Zip Code
Trenton	NJ	08625

Purpose of Disbursement  
Payroll Taxes

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		08		2014

Amount of Each Disbursement this Period

431.87
--------

Transaction ID : SB17-EX3269

Payroll Taxes

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

869.09



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Lonegan For Congress

Full Name (Last, First, Middle Initial)

**A. Obed Bazakian**

Mailing Address 38 E. Ridgewood Avenue #181

City	State	Zip Code
Ridgewood	NJ	07450

Purpose of Disbursement  
Payroll

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2014

Amount of Each Disbursement this Period

1179.33

Transaction ID : SB17-EX3248

Payroll

Full Name (Last, First, Middle Initial)

**B. Obed Bazakian**

Mailing Address 38 E. Ridgewood Avenue #181

City	State	Zip Code
Ridgewood	NJ	07450

Purpose of Disbursement  
Payroll

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		17		2014

Amount of Each Disbursement this Period

1275.53

Transaction ID : SB17-EX3249

Payroll

Full Name (Last, First, Middle Initial)

**c. Obed Bazakian**

Mailing Address 38 E. Ridgewood Avenue #181

City	State	Zip Code
Ridgewood	NJ	07450

Purpose of Disbursement  
Payroll

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2014

Amount of Each Disbursement this Period

881.55

Transaction ID : SB17-EX3250

Payroll

**SUBTOTAL** of Disbursements This Page (optional).....

3336.41

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**A. Gretchen Hahn**

Mailing Address 38 E. Ridgewood Avenue #181

City	State	Zip Code
Ridgewood	NJ	07450

Purpose of Disbursement  
Fundraising Consultant

001

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2014

Amount of Each Disbursement this Period

412.50
--------

Transaction ID : SB17-EX3237

Fundraising Consultant

Full Name (Last, First, Middle Initial)

**B. Gretchen Hahn**

Mailing Address 38 E. Ridgewood Avenue #181

City	State	Zip Code
Ridgewood	NJ	07450

Purpose of Disbursement  
Fundraising Consulting

001

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		22		2014

Amount of Each Disbursement this Period

2108.04
---------

Transaction ID : SB17-EX3238

Fundraising Consulting

Full Name (Last, First, Middle Initial)

**c. Christopher Santora**

Mailing Address 38 E. Ridgewood Avenue #181

City	State	Zip Code
Ridgewood	NJ	07450

Purpose of Disbursement  
Payroll

001

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2014

Amount of Each Disbursement this Period

2074.98
---------

Transaction ID : SB17-EX3242

Payroll

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4595.52

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**A. Christopher Santora**

Mailing Address 38 E. Ridgewood Avenue #181

City	State	Zip Code
Ridgewood	NJ	07450

Purpose of Disbursement  
Payroll

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		17		2014

Amount of Each Disbursement this Period

2114.98
---------

Transaction ID : SB17-EX3243

Payroll

Full Name (Last, First, Middle Initial)

**B. Christopher Santora**

Mailing Address 38 E. Ridgewood Avenue #181

City	State	Zip Code
Ridgewood	NJ	07450

Purpose of Disbursement  
Payroll

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2014

Amount of Each Disbursement this Period

2074.98
---------

Transaction ID : SB17-EX3247

Payroll

Full Name (Last, First, Middle Initial)

**C. First Virginia Community Bank**

Mailing Address 11325 Random Hills Rd

City	State	Zip Code
Fairfax	VA	22030

Purpose of Disbursement  
Fundraising

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

Amount of Each Disbursement this Period

338.67
--------

Transaction ID : SB17-EX3293

Fundraising

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4528.63

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**A. First Virginia Community Bank**

Mailing Address 11325 Random Hills Rd

City	State	Zip Code
Fairfax	VA	22030

Purpose of Disbursement  
Fundraising

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

Amount of Each Disbursement this Period

15.00
-------

Transaction ID : SB17-EX3294

Fundraising

Full Name (Last, First, Middle Initial)

**B. First Virginia Community Bank**

Mailing Address 11325 Random Hills Rd

City	State	Zip Code
Fairfax	VA	22030

Purpose of Disbursement  
Fundraising

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

Amount of Each Disbursement this Period

66.25
-------

Transaction ID : SB17-EX3295

Fundraising

Full Name (Last, First, Middle Initial)

**C. First Virginia Community Bank**

Mailing Address 11325 Random Hills Rd

City	State	Zip Code
Fairfax	VA	22030

Purpose of Disbursement  
Fundraising

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		10		2014

Amount of Each Disbursement this Period

462.85
--------

Transaction ID : SB17-EX3296

Fundraising

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

544.10

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 117 OF 159

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Lonegan For Congress

Full Name (Last, First, Middle Initial)

**A. First Virginia Community Bank**

Mailing Address 11325 Random Hills Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		11		2014

City	State	Zip Code
Fairfax	VA	22030

Amount of Each Disbursement this Period

30.00
-------

Purpose of Disbursement  
Fundraising

001

Transaction ID : SB17-EX3315

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

Fundraising

State:

District:

Full Name (Last, First, Middle Initial)

**B. First Virginia Community Bank**

Mailing Address 11325 Random Hills Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2014

City	State	Zip Code
Fairfax	VA	22030

Amount of Each Disbursement this Period

65.00
-------

Purpose of Disbursement  
Fundraising

001

Transaction ID : SB17-EX3297

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

Fundraising

State:

District:

Full Name (Last, First, Middle Initial)

**C. First Virginia Community Bank**

Mailing Address 11325 Random Hills Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		22		2014

City	State	Zip Code
Fairfax	VA	22030

Amount of Each Disbursement this Period

40.00
-------

Purpose of Disbursement  
Fundraising

001

Transaction ID : SB17-EX3298

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

Fundraising

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

135.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 118 OF 159

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Lonegan For Congress

Full Name (Last, First, Middle Initial)

**A. First Virginia Community Bank**

Mailing Address 11325 Random Hills Rd

Date of Disbursement

M M	D D	Y Y Y Y
04	22	2014

City	State	Zip Code
Fairfax	VA	22030

Amount of Each Disbursement this Period

65.00
-------

Purpose of Disbursement  
Fundraising

001

Transaction ID : SB17-EX3299

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	Primary 2014

Fundraising

State:

District:

Full Name (Last, First, Middle Initial)

**B. First Virginia Community Bank**

Mailing Address 11325 Random Hills Rd

Date of Disbursement

M M	D D	Y Y Y Y
05	01	2014

City	State	Zip Code
Fairfax	VA	22030

Amount of Each Disbursement this Period

291.17
--------

Purpose of Disbursement  
Fundraising

001

Transaction ID : SB17-EX3308

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	Primary 2014

Fundraising

State:

District:

Full Name (Last, First, Middle Initial)

**C. First Virginia Community Bank**

Mailing Address 11325 Random Hills Rd

Date of Disbursement

M M	D D	Y Y Y Y
05	05	2014

City	State	Zip Code
Fairfax	VA	22030

Amount of Each Disbursement this Period

65.00
-------

Purpose of Disbursement  
Fundraising

001

Transaction ID : SB17-EX3309

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	Primary 2014

Fundraising

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

421.17

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**A. First Virginia Community Bank**

Mailing Address 11325 Random Hills Rd

City	State	Zip Code
Fairfax	VA	22030

Purpose of Disbursement  
Fundraising

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2014

Amount of Each Disbursement this Period

20.00
-------

Transaction ID : SB17-EX3314

Fundraising

Full Name (Last, First, Middle Initial)

**B. First Virginia Community Bank**

Mailing Address 11325 Random Hills Rd

City	State	Zip Code
Fairfax	VA	22030

Purpose of Disbursement  
Fundraising

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		06		2014

Amount of Each Disbursement this Period

55.25
-------

Transaction ID : SB17-EX3310

Fundraising

Full Name (Last, First, Middle Initial)

**C. First Virginia Community Bank**

Mailing Address 11325 Random Hills Rd

City	State	Zip Code
Fairfax	VA	22030

Purpose of Disbursement  
Fundraising

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2014

Amount of Each Disbursement this Period

253.32
--------

Transaction ID : SB17-EX3312

Fundraising

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

328.57

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Lonegan For Congress

Full Name (Last, First, Middle Initial)

**A. First Virginia Community Bank**

Mailing Address 11325 Random Hills Rd

City	State	Zip Code
Fairfax	VA	22030

Purpose of Disbursement  
Fundraising

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		13		2014

Amount of Each Disbursement this Period

815.00
--------

Transaction ID : SB17-EX3313

Fundraising

Full Name (Last, First, Middle Initial)

**B. Capitol Caging Corp**Mailing Address 504 SHAW ROAD  
SUITE 217

City	State	Zip Code
STERLING	VA	20166

Purpose of Disbursement  
Fundraising

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		24		2014

Amount of Each Disbursement this Period

1119.97
---------

Transaction ID : SB17-EX3306

Fundraising

Full Name (Last, First, Middle Initial)

**c. Capitol Caging Corp**Mailing Address 504 SHAW ROAD  
SUITE 217

City	State	Zip Code
STERLING	VA	20166

Purpose of Disbursement  
Fundraising

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		09		2014

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : SB17-EX3307

Fundraising

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

2434.97



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Lonegan For Congress

Full Name (Last, First, Middle Initial)

**A. Impact Dialing LLC**

Mailing Address 70 NE Tillamook Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		06		2014

City	State	Zip Code
Portland	OR	97212

Amount of Each Disbursement this Period

450.00
--------

Purpose of Disbursement  
Phone Bank

001

Transaction ID : SB17-EX3284

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

Phone Bank

State:

District:

Full Name (Last, First, Middle Initial)

**B. Century Data Mailing Systems**Mailing Address 1155 - 15TH STREET NW  
SUITE 410

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

City	State	Zip Code
WASHINGTON	DC	20005

Amount of Each Disbursement this Period

27327.52
----------

Purpose of Disbursement  
Fundraising

001

Transaction ID : SB17-EX3302

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

Fundraising

State:

District:

Full Name (Last, First, Middle Initial)

**c. Century Data Mailing Systems**Mailing Address 1155 - 15TH STREET NW  
SUITE 410

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		24		2014

City	State	Zip Code
WASHINGTON	DC	20005

Amount of Each Disbursement this Period

4797.22
---------

Purpose of Disbursement  
Fundraising

001

Transaction ID : SB17-EX3303

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

Fundraising

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

32574.74

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Lonegan For Congress

Full Name (Last, First, Middle Initial)

**A. Century Data Mailing Systems**Mailing Address 1155 - 15TH STREET NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
Fundraising

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
04	24	2014

Amount of Each Disbursement this Period

23132.22
----------

Transaction ID : SB17-EX3304

Fundraising

**B. Simpkins Escrow LLC**

Mailing Address 29243 St Just Dr

City UNIONVILLE State VA Zip Code 22567

Purpose of Disbursement  
Fundraising

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
04	01	2014

Amount of Each Disbursement this Period

358.76
--------

Transaction ID : SB17-EX3300

Fundraising

**c. Simpkins Escrow LLC**

Mailing Address 29243 St Just Dr

City UNIONVILLE State VA Zip Code 22567

Purpose of Disbursement  
Fundraising

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
04	24	2014

Amount of Each Disbursement this Period

241.35
--------

Transaction ID : SB17-EX3301

Fundraising

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

23732.33

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**A. Arthur J. Finkelstein & Assoc. Inc.**

Mailing Address 16 North Astor Street

City	State	Zip Code
Irvington	NY	10533

Purpose of Disbursement  
Strategic Consulting

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17-EX3262

Strategic Consulting

Full Name (Last, First, Middle Initial)

**B. Arthur J. Finkelstein & Assoc. Inc.**

Mailing Address 16 North Astor Street

City	State	Zip Code
Irvington	NY	10533

Purpose of Disbursement  
Polling

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2014

Amount of Each Disbursement this Period

7381.00

Transaction ID : SB17-EX3263

Polling

Full Name (Last, First, Middle Initial)

**c. Campaign Marketing Strategies**

Mailing Address 3240 Wilson Boulevard Suite 202

City	State	Zip Code
Arlington	VA	22201

Purpose of Disbursement  
Phone Bank

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

Amount of Each Disbursement this Period

25.00

Transaction ID : SB17-EX3240

Phone Bank

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

12406.00

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Lonegan For Congress

Full Name (Last, First, Middle Initial)

**A. Campaign Marketing Strategies**

Mailing Address 3240 Wilson Boulevard Suite 202

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		08		2014

City	State	Zip Code
Arlington	VA	22201

Amount of Each Disbursement this Period

26.69
-------

Purpose of Disbursement  
Phone Bank

001

Transaction ID : SB17-EX3241

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

Phone Bank

State:

District:

Full Name (Last, First, Middle Initial)

**B. Home Depot**

Mailing Address 1035 Rt 1

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		13		2014

City	State	Zip Code
Edison	NJ	08837

Amount of Each Disbursement this Period

426.92
--------

Purpose of Disbursement  
Signage

001

Transaction ID : SB17-EX3223

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

Signage

State:

District:

Full Name (Last, First, Middle Initial)

**C. Braddock's Tavern**

Mailing Address 39 S Main St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2014

City	State	Zip Code
Medford	NJ	08055

Amount of Each Disbursement this Period

82.84
-------

Purpose of Disbursement  
Meals

001

Transaction ID : SB17-EX3169

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

Meals

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

536.45

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**A. Ingram**

Mailing Address 22695 Commerce Center Court

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

City State Zip Code  
Dulles VA 20166

Amount of Each Disbursement this Period

Purpose of Disbursement  
Fundraising

001

9380.60

Transaction ID : SB17-EX3305

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

Fundraising

State:

District:

Full Name (Last, First, Middle Initial)

**B. Elizabeth Curtis**

Mailing Address 5 Halifax Ct

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2014

City State Zip Code  
Marlton NJ 08053

Amount of Each Disbursement this Period

Purpose of Disbursement  
Payroll

001

1153.01

Transaction ID : SB17-EX3244

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

Payroll

State:

District:

Full Name (Last, First, Middle Initial)

**C. Elizabeth Curtis**

Mailing Address 5 Halifax Ct

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		17		2014

City State Zip Code  
Marlton NJ 08053

Amount of Each Disbursement this Period

Purpose of Disbursement  
Payroll

001

1396.10

Transaction ID : SB17-EX3245

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

Payroll

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

11929.71

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 126 OF 159

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial) <b>A. Elizabeth Curtis</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014	
Mailing Address 5 Halifax Ct		Amount of Each Disbursement this Period 1622.38	
City Marlton	State NJ	Zip Code 08053	Transaction ID : SB17-EX3246
Purpose of Disbursement Payroll	Category/ Type 001		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Payroll
State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		
Full Name (Last, First, Middle Initial) <b>B. Internal Revenue Service</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014	
Mailing Address PO Box 931000		Amount of Each Disbursement this Period 4185.34	
City Louisville	State KY	Zip Code 40293	Transaction ID : SB17-EX3264
Purpose of Disbursement Payroll Taxes	Category/ Type 001		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Payroll Taxes
State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		
Full Name (Last, First, Middle Initial) <b>c. Internal Revenue Service</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2014	
Mailing Address PO Box 931000		Amount of Each Disbursement this Period 1510.88	
City Louisville	State KY	Zip Code 40293	Transaction ID : SB17-EX3265
Purpose of Disbursement Payroll Taxes	Category/ Type 001		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Payroll Taxes
State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		
<b>SUBTOTAL</b> of Disbursements This Page (optional).....		7318.60	
<b>TOTAL</b> This Period (last page this line number only).....			

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 127 OF 159

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**A. Internal Revenue Service**

Mailing Address PO Box 931000

City	State	Zip Code
Louisville	KY	40293

Purpose of Disbursement  
Payroll Taxes

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		08		2014

Amount of Each Disbursement this Period

4926.05

Transaction ID : SB17-EX3266

Payroll Taxes

**B. Medport Diner**

Mailing Address 122 New Jersey 70

City	State	Zip Code
Medford	NJ	08055

Purpose of Disbursement  
Meals

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		22		2014

Amount of Each Disbursement this Period

119.87

Transaction ID : SB17-EX3168

Meals

**C. William McClintock Associates**

Mailing Address 1583 E 2nd St

City	State	Zip Code
Scotch Plains	NJ	07076

Purpose of Disbursement  
Envelopes

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

Amount of Each Disbursement this Period

632.37

Transaction ID : SB17-EX3235

Envelopes

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5678.29

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 128 OF 159

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Lonegan For Congress

Full Name (Last, First, Middle Initial)

**A. William McClintock Associates**

Mailing Address 1583 E 2nd St

City	State	Zip Code
Scotch Plains	NJ	07076

Purpose of Disbursement  
Stationary

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2014

Amount of Each Disbursement this Period

2076.87

Transaction ID : SB17-EX3236

Stationary

**B. Labels & Lists Inc**

Mailing Address 2500 116th Ave NE #3

City	State	Zip Code
Bellevue	WA	98004

Purpose of Disbursement  
List Acquisition

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2014

Amount of Each Disbursement this Period

260.93

Transaction ID : SB17-EX3279

List Acquisition

**C. Labels & Lists Inc**

Mailing Address 2500 116th Ave NE #3

City	State	Zip Code
Bellevue	WA	98004

Purpose of Disbursement  
List Acquisition

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		13		2014

Amount of Each Disbursement this Period

300.88

Transaction ID : SB17-EX3280

List Acquisition

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2638.68



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 129 OF 159

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Lonegan For Congress

Full Name (Last, First, Middle Initial)

**A. Charles C Johnson Research Services**

Mailing Address 1986 Verde Vista Dr

City	State	Zip Code
Monterey Park	CA	91754

Purpose of Disbursement  
Transportation

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		23		2014

Amount of Each Disbursement this Period

532.00
--------

Transaction ID : SB17-EX3275

Transportation

**B. Creative Direct LLC**

Mailing Address 25 E Main St

City	State	Zip Code
Richmond	VA	23219

Purpose of Disbursement  
Advertising - print

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

12600.00
----------

Transaction ID : SB17-EX3146

Advertising - print

**C. Creative Direct LLC**

Mailing Address 25 E Main St

City	State	Zip Code
Richmond	VA	23219

Purpose of Disbursement  
Advertising - print

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		08		2014

Amount of Each Disbursement this Period

13844.00
----------

Transaction ID : SB17-EX3147

Advertising - print

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

26976.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 130 OF 159

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**A. Creative Direct LLC**

Mailing Address 25 E Main St

City	State	Zip Code
Richmond	VA	23219

Purpose of Disbursement  
Advertising - print

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		16		2014

Amount of Each Disbursement this Period

13836.00
----------

Transaction ID : SB17-EX3148

Advertising - print

**B. Creative Direct LLC**

Mailing Address 25 E Main St

City	State	Zip Code
Richmond	VA	23219

Purpose of Disbursement  
Advertising - print

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		28		2014

Amount of Each Disbursement this Period

15511.70
----------

Transaction ID : SB17-EX3149

Advertising - print

**C. Creative Direct LLC**

Mailing Address 25 E Main St

City	State	Zip Code
Richmond	VA	23219

Purpose of Disbursement  
Advertising - print

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2014

Amount of Each Disbursement this Period

19518.00
----------

Transaction ID : SB17-EX3150

Advertising - print

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

48865.70

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**A. Creative Direct LLC**

Mailing Address 25 E Main St

City	State	Zip Code
Richmond	VA	23219

Purpose of Disbursement  
Advertising - Print

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2014

Amount of Each Disbursement this Period

13842.00
----------

Transaction ID : SB17-EX3222

Advertising - Print

**B. Alexa Coombs**

Mailing Address 10524 Rosehaven St #111

City	State	Zip Code
Fairfax	VA	22030

Purpose of Disbursement  
Transportation

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		10		2014

Amount of Each Disbursement this Period

269.00
--------

Transaction ID : SB17-EX3140

Transportation

**C. Alexa Coombs**

Mailing Address 10524 Rosehaven St #111

City	State	Zip Code
Fairfax	VA	22030

Purpose of Disbursement  
Payroll

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2014

Amount of Each Disbursement this Period

889.60
--------

Transaction ID : SB17-EX3251

Payroll

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

15000.60

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 132 OF 159

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**A. Alexa Coombs**

Mailing Address 10524 Rosehaven St #111

City	State	Zip Code
Fairfax	VA	22030

Purpose of Disbursement  
Payroll

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		17		2014

Amount of Each Disbursement this Period

1102.60
---------

Transaction ID : SB17-EX3252

Payroll

**B. Alexa Coombs**

Mailing Address 10524 Rosehaven St #111

City	State	Zip Code
Fairfax	VA	22030

Purpose of Disbursement  
Payroll

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2014

Amount of Each Disbursement this Period

674.89
--------

Transaction ID : SB17-EX3253

Payroll

**C. Association Of NJ Rifle & Pistol Clubs**

Mailing Address 179-9 Rt 46 #125

City	State	Zip Code
Rockaway	NJ	07866

Purpose of Disbursement  
Advertising

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		18		2014

Amount of Each Disbursement this Period

600.00
--------

Transaction ID : SB17-EX3291

Advertising

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2377.49

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 133 OF 159

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**A. Strategic Compliance Resources LLC**

Mailing Address 2100 E Katella Ave #408

City	State	Zip Code
Anaheim	CA	92806

Purpose of Disbursement  
Technical Support

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2014

Amount of Each Disbursement this Period

2250.00
---------

Transaction ID : SB17-EX3239

Technical Support

Full Name (Last, First, Middle Initial)

**B. Constance Murray**

Mailing Address 629 Devon Ave

City	State	Zip Code
Moorestown	NJ	08057

Purpose of Disbursement  
Payroll

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2014

Amount of Each Disbursement this Period

851.12
--------

Transaction ID : SB17-EX3256

Payroll

Full Name (Last, First, Middle Initial)

**C. Constance Murray**

Mailing Address 629 Devon Ave

City	State	Zip Code
Moorestown	NJ	08057

Purpose of Disbursement  
Payroll

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		17		2014

Amount of Each Disbursement this Period

1119.80
---------

Transaction ID : SB17-EX3257

Payroll

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4220.92

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 134 OF 159

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**A. Constance Murray**

Mailing Address 629 Devon Ave

City	State	Zip Code
Moorestown	NJ	08057

Purpose of Disbursement  
Payroll

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2014

Amount of Each Disbursement this Period

771.67
--------

Transaction ID : SB17-EX3258

Payroll

**B. Constance Murray**

Mailing Address 629 Devon Ave

City	State	Zip Code
Moorestown	NJ	08057

Purpose of Disbursement  
Postage

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		08		2014

Amount of Each Disbursement this Period

588.00
--------

Transaction ID : SB17-EX3259

Postage

**C. United States Postal Service**

Mailing Address 143 E Ridgewood Ave

City	State	Zip Code
Ridgewood	NJ	07450

Purpose of Disbursement  
Postage

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		08		2014

Amount of Each Disbursement this Period

588.00
--------

Transaction ID : SB17-EX3260

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1359.67

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 135 OF 159

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Lonegan For Congress

Full Name (Last, First, Middle Initial)

**A. Multi Media Services Corp**

Mailing Address 915 King St

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement  
Advertising - Television

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2014

Amount of Each Disbursement this Period

13770.00
----------

Transaction ID : SB17-EX3141

Advertising - Television

**B. Multi Media Services Corp**

Mailing Address 915 King St

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement  
Advertising - Television

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		11		2014

Amount of Each Disbursement this Period

13778.00
----------

Transaction ID : SB17-EX3142

Advertising - Television

**c. Multi Media Services Corp**

Mailing Address 915 King St

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement  
Advertising - Television

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2014

Amount of Each Disbursement this Period

20000.00
----------

Transaction ID : SB17-EX3143

Advertising - Television

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

47548.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 136 OF 159

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**A. Multi Media Services Corp**

Mailing Address 915 King St

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement  
Advertising - Television

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		25		2014

Amount of Each Disbursement this Period

30000.00
----------

Transaction ID : SB17-EX3144

Advertising - Television

**B. Multi Media Services Corp**

Mailing Address 915 King St

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement  
Advertising - Television

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2014

Amount of Each Disbursement this Period

42500.00
----------

Transaction ID : SB17-EX3145

Advertising - Television

**C. Multi Media Services Corp**

Mailing Address 915 King St

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement  
Advertising - Television

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2014

Amount of Each Disbursement this Period

55000.00
----------

Transaction ID : SB17-EX3221

Advertising - Television

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

127500.00



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 137 OF 159

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**A. Jamestown Associates**

Mailing Address 5 Mapleton Rd Ste 300

City	State	Zip Code
Princeton	NJ	08540

Purpose of Disbursement  
Production

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		18		2014

Amount of Each Disbursement this Period

8600.00

Transaction ID : SB17-EX3270

Production

**B. Jamestown Associates**

Mailing Address 5 Mapleton Rd Ste 300

City	State	Zip Code
Princeton	NJ	08540

Purpose of Disbursement  
Production

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2014

Amount of Each Disbursement this Period

15214.17

Transaction ID : SB17-EX3271

Production

**C. Jamestown Associates**

Mailing Address 5 Mapleton Rd Ste 300

City	State	Zip Code
Princeton	NJ	08540

Purpose of Disbursement  
Palm Cards

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		14		2014

Amount of Each Disbursement this Period

1543.86

Transaction ID : SB17-EX3272

Palm Cards

**SUBTOTAL** of Disbursements This Page (optional).....

25358.03

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 138 OF 159

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**A. Jamestown Associates**

Mailing Address 5 Mapleton Rd Ste 300

City	State	Zip Code
Princeton	NJ	08540

Purpose of Disbursement  
Production

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		14		2014

Amount of Each Disbursement this Period

2140.00
---------

Transaction ID : SB17-EX3273

Production

**B. Thaler Web Solutions LLC**

Mailing Address 158 E River Rd

City	State	Zip Code
Rumson	NJ	07760

Purpose of Disbursement  
Technical Support

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		17		2014

Amount of Each Disbursement this Period

2812.50
---------

Transaction ID : SB17-EX3274

Technical Support

**C. Timothy Kelly**

Mailing Address PO Box 605

City	State	Zip Code
Waverly	PA	18471

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		17		2014

Amount of Each Disbursement this Period

870.42
--------

Transaction ID : SB17-EX3254

Payroll

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5822.92

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 139 OF 159

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Lonegan For Congress

Full Name (Last, First, Middle Initial)

**A. Timothy Kelly**

Mailing Address PO Box 605

City	State	Zip Code
Waverly	PA	18471

Purpose of Disbursement  
Payroll

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2014

Amount of Each Disbursement this Period

1504.74
---------

Transaction ID : SB17-EX3255

Payroll

Full Name (Last, First, Middle Initial)

**B. GotPrint.com**

Mailing Address 7651 N San Fernando Rd

City	State	Zip Code
Burbank	CA	91505

Purpose of Disbursement  
Palm Cards

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		22		2014

Amount of Each Disbursement this Period

429.86
--------

Transaction ID : SB17-EX3278

Palm Cards

Full Name (Last, First, Middle Initial)

**c. Spirits Unlimited**

Mailing Address 941 Rt 37 W #1

City	State	Zip Code
Toms River	NJ	08755

Purpose of Disbursement  
Fundraiser - Beverages

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2014

Amount of Each Disbursement this Period

266.28
--------

Transaction ID : SB17-EX3225

Fundraiser - Beverages

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

2200.88

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 140 OF 159

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**A. Capone's Gourmet Pizza & Pasta**

Mailing Address 17 Washington St

City	State	Zip Code
Toms River	NJ	08753

Purpose of Disbursement  
Fundraiser - Food

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2014

Amount of Each Disbursement this Period

750.97
--------

Transaction ID : SB17-EX3224

Fundraiser - Food

**B. Stencils Online LLC**

Mailing Address 70 Industrial Park Dr Ste 7

City	State	Zip Code
Franklin	NH	03235

Purpose of Disbursement  
Signage

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) Primary 2014

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		07		2014

Amount of Each Disbursement this Period

370.40
--------

Transaction ID : SB17-EX3285

Signage

**C.**

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

--

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1121.37

433433.46

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

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10-LN5

Lonegan For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Steven Lonegan

**[PERSONAL FUNDS]**

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

212 Larch Ave

City

State

ZIP Code

Bogota

NJ

07603

Original Amount of Loan

25000

Cumulative Payment To Date

.00

Balance Outstanding at Close of This Period

25000.00

**TERMS**

Date Incurred

M 01 / D 15 / Y 2014

Date Due

M 12 / D 31 / Y 2014

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ 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)..... ►

25000.00

**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**

PAGE 142 OF 159

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10-LN6

Lonegan For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Steven Lonegan

**[PERSONAL FUNDS]**

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

212 Larch Ave

City

State

ZIP Code

Bogota

NJ

07603

Original Amount of Loan

75000

Cumulative Payment To Date

.00

Balance Outstanding at Close of This Period

75000.00

**TERMS**

Date Incurred

M 01 / D 29 / Y 2014

Date Due

M 12 / D 31 / Y 2014

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ 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)..... ►

75000.00

**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**

PAGE 143 OF 159

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10-LN7

Lonegan For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

Steven Lonegan

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

212 Larch Ave

City

State

ZIP Code

Bogota

NJ

07603

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

50000

.00

50000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 04 M

D 21 D

Y 2014 Y

M 12 M

D 31 D

Y 2014 Y

0.00

% (apr)

☐ Yes☒ 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.

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

PAGE 144 OF 159

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10-LN8

Lonegan For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Steven Lonegan

**[PERSONAL FUNDS]**

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

212 Larch Ave

City

State

ZIP Code

Bogota

NJ

07603

Original Amount of Loan

40000

Cumulative Payment To Date

.00

Balance Outstanding at Close of This Period

40000.00

**TERMS**

Date Incurred

M / D / Y  
04 / 29 / 2014

Date Due

M / D / Y  
12 / 31 / 2014

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ 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)..... ►

40000.00

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

PAGE 145 OF 159

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10-LN9

Lonegan For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Steven Lonegan

**[PERSONAL FUNDS]**

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

212 Larch Ave

City

State

ZIP Code

Bogota

NJ

07603

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

6500

.00

6500.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 05 M

D 05 D

Y 2014 Y

M 12 M

D 31 D

Y 2014 Y

0.00

% (apr)

☐ Yes☒ 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)..... ►

6500.00

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

PAGE 146 OF 159

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10-LN10

Lonegan For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

Steven Lonegan

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

212 Larch Ave

City

State

ZIP Code

Bogota

NJ

07603

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

100000

.00

100000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 05

D 09

Y 2014 Y

M 12

D 31

Y 2014 Y

0.00

% (apr)

☐ Yes☒ 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)..... ►

296500.00

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)

PAGE 147 OF 159

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

**The Printing Express LLC**

Nature of Debt (Purpose):

Invoice: Printing

Mailing Address 21 Warehouse Road

City State

Zip Code

Harrisonburg

VA

22801-9704

Outstanding Balance Beginning This Period

3815.25

Transaction ID : SD10-INV1685

Amount Incurred This Period

.00

Payment This Period

3815.25

Outstanding Balance at Close of This Period

.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Alexa Coombs**

Nature of Debt (Purpose):

Invoice: Transportation

Mailing Address 10524 Rosehaven St #111

City State

Zip Code

Fairfax

VA

22030

Outstanding Balance Beginning This Period

269.00

Transaction ID : SD10-INV1869

Amount Incurred This Period

.00

Payment This Period

269.00

Outstanding Balance at Close of This Period

.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Legacy Lists Inc - Brokerage**

Nature of Debt (Purpose):

Invoice: Fundraising

Mailing Address 1155 - 15TH STREET NW  
SUITE 410

City

State

Zip Code

WASHINGTON

DC

20005

Outstanding Balance Beginning This Period

5403.74

Transaction ID : SD10-INV1878

Amount Incurred This Period

.00

Payment This Period

.00

Outstanding Balance at Close of This Period

5403.74

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

5403.74

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

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

0.00

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 148 OF 159

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  
**Association Of NJ Rifle & Pistol Clubs**Nature of Debt (Purpose):  
Invoice: Advertising

Mailing Address 179-9 Rt 46 #125

City State Zip Code  
Rockaway NJ 07866

Outstanding Balance Beginning This Period

600.00

Transaction ID : SD10-INV1870

Amount Incurred This Period

.00

Payment This Period

600.00

Outstanding Balance at Close of This Period

.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Base Connect Inc.**Nature of Debt (Purpose):  
Invoice: FundraisingMailing Address 1155 - 15TH ST NW  
SUITE 410City State Zip Code  
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

1442.93

Transaction ID : SD10-INV1871

Amount Incurred This Period

.00

Payment This Period

.00

Outstanding Balance at Close of This Period

1442.93

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Capitol Caging Corp**Nature of Debt (Purpose):  
Invoice: FundraisingMailing Address 504 SHAW ROAD  
SUITE 217City State Zip Code  
STERLING VA 20166

Outstanding Balance Beginning This Period

1119.97

Transaction ID : SD10-INV1872

Amount Incurred This Period

.00

Payment This Period

1119.97

Outstanding Balance at Close of This Period

.00

1) **SUBTOTALS** This Period This Page (optional) ..... ►

1442.93

2) **TOTALS** This Period (last page this line number only) ..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ►

0.00

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

0.00

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 149 OF 159

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

**Century Data Systems Corp**

Nature of Debt (Purpose):

Invoice: Fundraising

Mailing Address 1155 - 15TH STREET NW  
SUITE 410

City State

Zip Code

WASHINGTON

DC

20005

Outstanding Balance Beginning This Period

2767.50

Transaction ID : SD10-INV1873

Amount Incurred This Period

.00

Payment This Period

.00

Outstanding Balance at Close of This Period

2767.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Colortree Marketing Resources**

Nature of Debt (Purpose):

Invoice: Fundraising

Mailing Address PO Box 28960

City State

Zip Code

Henrico

VA

23228

Outstanding Balance Beginning This Period

10035.60

Transaction ID : SD10-INV1874

Amount Incurred This Period

.00

Payment This Period

.00

Outstanding Balance at Close of This Period

10035.60

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Consolidated Mailing Services**

Nature of Debt (Purpose):

Invoice: Fundraising

Mailing Address 504 SHAW ROAD  
SUITE 206

City

State

Zip Code

STERLING

VA

20166

Outstanding Balance Beginning This Period

5637.96

Transaction ID : SD10-INV1875

Amount Incurred This Period

.00

Payment This Period

.00

Outstanding Balance at Close of This Period

5637.96

1) **SUBTOTALS** This Period This Page (optional) .....

18441.06

2) **TOTALS** This Period (last page this line number only) .....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....

0.00

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

0.00

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 150 OF 159

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

**Donor Precision LLC**

Nature of Debt (Purpose):

Invoice: Fundraising

Mailing Address 1900 N CULPEPER STREET

City State

Zip Code

ARLINGTON

VA

22207

Outstanding Balance Beginning This Period

764.12

Transaction ID : SD10-INV1876

Amount Incurred This Period

.00

Payment This Period

.00

Outstanding Balance at Close of This Period

764.12

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Integram**

Nature of Debt (Purpose):

Invoice: Fundraising

Mailing Address 22695 Commerce Center Court

City State

Zip Code

Dulles

VA

20166

Outstanding Balance Beginning This Period

27031.99

Transaction ID : SD10-INV1877

Amount Incurred This Period

.00

Payment This Period

9380.60

Outstanding Balance at Close of This Period

17651.39

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Legacy Lists Inc - Mgmt**

Nature of Debt (Purpose):

Invoice: Fundraising

Mailing Address 1155 - 15TH STREET NW

City

State

Zip Code

Washington

DC

20005

Outstanding Balance Beginning This Period

1721.10

Transaction ID : SD10-INV1879

Amount Incurred This Period

.00

Payment This Period

.00

Outstanding Balance at Close of This Period

1721.10

1) **SUBTOTALS** This Period This Page (optional) ..... ►

20136.61

2) **TOTALS** This Period (last page this line number only) ..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ►

0.00

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

0.00

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 151 OF 159

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

**Simpkins Escrow LLC**

Nature of Debt (Purpose):

Invoice: Fundraising

Mailing Address 29243 St Just Dr

City State

Zip Code

UNIONVILLE

VA

22567

Outstanding Balance Beginning This Period

600.11

Transaction ID : SD10-INV1880

Amount Incurred This Period

.00

Payment This Period

600.11

Outstanding Balance at Close of This Period

.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Labels & Lists Inc**

Nature of Debt (Purpose):

Invoice: List Acquisition

Mailing Address 2500 116th Ave NE #3

City State

Zip Code

Bellevue

WA

98004

Outstanding Balance Beginning This Period

.00

Transaction ID : SD10-INV2994

Amount Incurred This Period

214.00

Payment This Period

.00

Outstanding Balance at Close of This Period

214.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Treasurer Sate Of Virginia**

Nature of Debt (Purpose):

Invoice: Payroll Taxes

Mailing Address PO Box 1879

City

State

Zip Code

Richmond

VA

23218

Outstanding Balance Beginning This Period

.00

Transaction ID : SD10-INV3038

Amount Incurred This Period

55.42

Payment This Period

.00

Outstanding Balance at Close of This Period

55.42

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

269.42

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

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

0.00

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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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

**Treasurer State Of New Jersey**

Nature of Debt (Purpose):

Invoice: Payroll Taxes

Mailing Address PO Box 111

City State

Zip Code

Trenton

NJ

08625

Outstanding Balance Beginning This Period

.00

Transaction ID : SD10-INV3039

Amount Incurred This Period

579.94

Payment This Period

.00

Outstanding Balance at Close of This Period

579.94

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Internal Revenue Service**

Nature of Debt (Purpose):

Invoice: Payroll Taxes

Mailing Address PO Box 931000

City State

Zip Code

Louisville

KY

40293

Outstanding Balance Beginning This Period

.00

Transaction ID : SD10-INV3040

Amount Incurred This Period

6246.94

Payment This Period

.00

Outstanding Balance at Close of This Period

6246.94

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Arent Fox LLP**

Nature of Debt (Purpose):

Invoice: Legal Fees

Mailing Address 1675 Broadway

City

State

Zip Code

New York

NY

10019

Outstanding Balance Beginning This Period

.00

Transaction ID : SD10-INV3041

Amount Incurred This Period

5000.00

Payment This Period

.00

Outstanding Balance at Close of This Period

5000.00

1) **SUBTOTALS** This Period This Page (optional) .....

11826.88

2) **TOTALS** This Period (last page this line number only) .....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....

0.00

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

0.00



**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Lonegan For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Painter Communications**

Nature of Debt (Purpose):

Invoice: Phone Banks

Mailing Address 75 Maple St #203

City State

Zip Code

Conshohocken

PA

19428

Outstanding Balance Beginning This Period

.00

Transaction ID : SD10-INV3007

Amount Incurred This Period

4460.00

Payment This Period

.00

Outstanding Balance at Close of This Period

4460.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Airnet Group Inc.**

Nature of Debt (Purpose):

Invoice: Technical Support

Mailing Address P.O. Box 11181

City State

Zip Code

Chattanooga

TN

37401

Outstanding Balance Beginning This Period

.00

Transaction ID : SD10-INV3012

Amount Incurred This Period

339.70

Payment This Period

.00

Outstanding Balance at Close of This Period

339.70

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Jamestown Associates**

Nature of Debt (Purpose):

Invoice: Production

Mailing Address 5 Mapleton Rd Ste 300

City

State

Zip Code

Princeton

NJ

08540

Outstanding Balance Beginning This Period

.00

Transaction ID : SD10-INV2980

Amount Incurred This Period

2514.50

Payment This Period

.00

Outstanding Balance at Close of This Period

2514.50

1) **SUBTOTALS** This Period This Page (optional) ..... ►

7314.20

2) **TOTALS** This Period (last page this line number only) ..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ►

0.00

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

0.00

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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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

**Gretchen Hahn**

Nature of Debt (Purpose):

Invoice: Fundraising Consulting

Mailing Address 38 E. Ridgewood Avenue #181

City State

Zip Code

Ridgewood

NJ

07450

Outstanding Balance Beginning This Period

.00

Transaction ID : SD10-INV2983

Amount Incurred This Period

1039.50

Payment This Period

.00

Outstanding Balance at Close of This Period

1039.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Hierographics**

Nature of Debt (Purpose):

Invoice: T-Shirts

Mailing Address 51 Woodthrush Trail

City State

Zip Code

Medford

NJ

08055

Outstanding Balance Beginning This Period

.00

Transaction ID : SD10-INV3036

Amount Incurred This Period

563.20

Payment This Period

.00

Outstanding Balance at Close of This Period

563.20

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Constance Murray**

Nature of Debt (Purpose):

Invoice: Postage

Mailing Address 629 Devon Ave

City

State

Zip Code

Moorestown

NJ

08057

Outstanding Balance Beginning This Period

.00

Transaction ID : SD10-INV3029

Amount Incurred This Period

586.28

Payment This Period

.00

Outstanding Balance at Close of This Period

586.28

1) **SUBTOTALS** This Period This Page (optional) ..... ►

2188.98

2) **TOTALS** This Period (last page this line number only) ..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ►

0.00

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

0.00

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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☒ 10

NAME OF COMMITTEE (In Full)

**Lonegan For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Arthur J. Finkelstein & Assoc. Inc.**

Nature of Debt (Purpose):

Invoice: Strategic Consulting

Mailing Address 16 North Astor Street

City State

Zip Code

Irvington

NY

10533

Outstanding Balance Beginning This Period

.00

Transaction ID : SD10-INV3030

Amount Incurred This Period

5000.00

Payment This Period

.00

Outstanding Balance at Close of This Period

5000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Strategic Compliance Resources LLC**

Nature of Debt (Purpose):

Invoice: Technical Support

Mailing Address 2100 E Katella Ave #408

City State

Zip Code

Anaheim

CA

92806

Outstanding Balance Beginning This Period

.00

Transaction ID : SD10-INV3031

Amount Incurred This Period

210.00

Payment This Period

.00

Outstanding Balance at Close of This Period

210.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Campaign Marketing Strategies**

Nature of Debt (Purpose):

Invoice: Phone Bank

Mailing Address 3240 Wilson Boulevard Suite 202

City

State

Zip Code

Arlington

VA

22201

Outstanding Balance Beginning This Period

.00

Transaction ID : SD10-INV3032

Amount Incurred This Period

724.91

Payment This Period

.00

Outstanding Balance at Close of This Period

724.91

1) **SUBTOTALS** This Period This Page (optional) ..... ►

5934.91

2) **TOTALS** This Period (last page this line number only) ..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ►

0.00

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

0.00

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

**Lonegan For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**AmTrust**

Nature of Debt (Purpose):

Invoice: Insurance - Workers Compensation

Mailing Address 800 Superior Ave E 21st Fl

City State

Zip Code

Cleveland

OH

44114

Outstanding Balance Beginning This Period

.00

Transaction ID : SD10-INV3033

Amount Incurred This Period

656.00

Payment This Period

.00

Outstanding Balance at Close of This Period

656.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Birtwhistle & Livingston Inc.**

Nature of Debt (Purpose):

Invoice: Insurance - Liability

Mailing Address 71 E Palisades Ave

City State

Zip Code

Englewood

NJ

07631

Outstanding Balance Beginning This Period

.00

Transaction ID : SD10-INV3034

Amount Incurred This Period

732.50

Payment This Period

.00

Outstanding Balance at Close of This Period

732.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Base Connect Inc.**

Nature of Debt (Purpose):

Invoice: Fundraising

Mailing Address 1155 - 15TH ST NW  
SUITE 410

City

State

Zip Code

WASHINGTON

DC

20005

Outstanding Balance Beginning This Period

.00

Transaction ID : SD10-INV3060

Amount Incurred This Period

32048.20

Payment This Period

.00

Outstanding Balance at Close of This Period

32048.20

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

33436.70

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

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

0.00

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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☒ 10

NAME OF COMMITTEE (In Full)

**Lonegan For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Capitol Caging Corp**

Nature of Debt (Purpose):

Invoice: Fundraising

Mailing Address 504 SHAW ROAD  
SUITE 217

City State

Zip Code

STERLING

VA

20166

Outstanding Balance Beginning This Period

.00

Transaction ID : SD10-INV3061

Amount Incurred This Period

936.03

Payment This Period

.00

Outstanding Balance at Close of This Period

936.03

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Century Data Systems Corp**

Nature of Debt (Purpose):

Invoice: Fundraising

Mailing Address 1155 - 15TH STREET NW  
SUITE 410

City State

Zip Code

WASHINGTON

DC

20005

Outstanding Balance Beginning This Period

.00

Transaction ID : SD10-INV3062

Amount Incurred This Period

7101.24

Payment This Period

.00

Outstanding Balance at Close of This Period

7101.24

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Colortree Marketing Resources**

Nature of Debt (Purpose):

Invoice: Fundraising

Mailing Address PO Box 28960

City

State

Zip Code

Henrico

VA

23228

Outstanding Balance Beginning This Period

.00

Transaction ID : SD10-INV3063

Amount Incurred This Period

27948.12

Payment This Period

.00

Outstanding Balance at Close of This Period

27948.12

1) **SUBTOTALS** This Period This Page (optional) ..... ►

35985.39

2) **TOTALS** This Period (last page this line number only) ..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ►

0.00

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

0.00

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
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numbered line)

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☒ 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):

Invoice: Fundraising

Mailing Address 504 SHAW ROAD  
SUITE 206City State Zip Code  
STERLING VA 20166

Outstanding Balance Beginning This Period

.00

Transaction ID : SD10-INV3064

Amount Incurred This Period

5760.22

Payment This Period

.00

Outstanding Balance at Close of This Period

5760.22

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Donor Precision LLC**

Nature of Debt (Purpose):

Invoice: Fundraising

Mailing Address 1900 N CULPEPER STREET

City State Zip Code  
ARLINGTON VA 22207

Outstanding Balance Beginning This Period

.00

Transaction ID : SD10-INV3065

Amount Incurred This Period

1940.73

Payment This Period

.00

Outstanding Balance at Close of This Period

1940.73

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Integram**

Nature of Debt (Purpose):

Invoice: Fundraising

Mailing Address 22695 Commerce Center Court

City State Zip Code  
Dulles VA 20166

Outstanding Balance Beginning This Period

.00

Transaction ID : SD10-INV3066

Amount Incurred This Period

37846.32

Payment This Period

.00

Outstanding Balance at Close of This Period

37846.32

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

45547.27

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

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

0.00

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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(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):

Invoice: Fundraising

Mailing Address 1155 - 15TH STREET NW  
SUITE 410City State Zip Code  
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

.00

Transaction ID : SD10-INV3067

Amount Incurred This Period

11197.21

Payment This Period

.00

Outstanding Balance at Close of This Period

11197.21

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Legacy Lists Inc - Mgmt**

Nature of Debt (Purpose):

Invoice: Fundraising

Mailing Address 1155 - 15TH STREET NW

City State Zip Code  
Washington DC 20005

Outstanding Balance Beginning This Period

.00

Transaction ID : SD10-INV3068

Amount Incurred This Period

4161.66

Payment This Period

.00

Outstanding Balance at Close of This Period

4161.66

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Simpkins Escrow LLC**

Nature of Debt (Purpose):

Invoice: Fundraising

Mailing Address 29243 St Just Dr

City State Zip Code  
UNIONVILLE VA 22567

Outstanding Balance Beginning This Period

.00

Transaction ID : SD10-INV3069

Amount Incurred This Period

368.69

Payment This Period

.00

Outstanding Balance at Close of This Period

368.69

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

15727.56

2) **TOTALS** This Period (last page this line number only) ..... ▶

203655.65

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

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

203655.65