10/01/2020 09 : 59

PAGE 1 / 13

REPORT OF RECEIPTS **AND DISBURSEMENTS**

PONIVI 3	For An Au	thorized Con	nmittee		Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT	. –	xample: If typing, t	ype 12FE4M5	
Lonegan for Congress					ı
ADDRESS (number and street)	5 Halifax Ct				
Check if different than previously reported. (ACC)	Marlton		1 1 1 1 1	NJ L	08053
2. FEC IDENTIFICATION NU	MBER ▼	CITY A		STATE A	ZIP CODE ▲
C C00555284		3. IS THIS REPORT	x NEW (N)	OR AMENDI	STATE ▼ DISTRICT NJ 03 1
4. TYPE OF REPORT (Choo	ose One)	(b) 12-Day PRE	E-Election Report f	or the	
(a) Quarterly Reports:		(b) 12-Day FRI		or trie.	
April 15 Quarterly Re	eport (Q1)	Ш	Primary (12P)	General (12	2G) Runoff (12R)
			Convention (12C	Special (12	(S)
July 15 Quarterly Re	port (Q2)		M M / D) D / Y Y Y Y	in the
October 15 Quarterly	Report (Q3)	Election on			State of
January 31 Year-End	Report (YE)	(c) 30-Day PO \$	ST-Election Report	for the:	
		(1, 30 24, 1 3			D 0 : 1 (200)
			General (30G)	Runoff (30I	R) Special (30S)
Termination Report (TER)	Election on	M M / D	Y Y Y Y	in the State of
5. Covering Period 07	0101	Y Y Y Y Y 2020	through	M M / D D /	Y Y Y Y Y 2020
I certify that I have examined this	Report and to Curtis, Elizabet		nowledge and belie	ef it is true, correct and	complete.
Curtis Signature of Treasurer	, Elizabeth, , ,		[Electronically Filed	Date	/ D D / Y Y Y Y Y Y 2020
NOTE: Submission of false, erroned	ous, or incomplete	e information may	subject the person	signing this Report to the	e penalties of 52 U.S.C. §30109
Office					FF0 F0P14 0
Use Only					FEC FORM 3 (Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

PAGE 2 / 13

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name Lonegan for Congress

2020 2020 09 30 01 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 741348.94 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 12375.00 (from Line 20(d)) (c) Net Contributions (other than loans) 0.00 728973.94 (subtract Line 6(b) from Line 6(a)) 7. Net Operating Expenditures (a) Total Operating Expenditures 0.00 1241932.28 (from Line 17) (b) Total Offsets to Operating 722.29 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 0.00 1241209.99 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 0.00 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 342452.23 Schedule C and/or Schedule D).....

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 05/2016)

PAGE 3 / 13

Write or Type Committee Name

07 2020 09 30 2020 01 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 0.00 275000.48 (i) Itemized (use Schedule A)...... 448933.46 0.00 (ii) Unitemized (iii) TOTAL of contributions 0.00 723933.94 from individuals 0.00 65.00 (b) Political Party Committees..... Other Political Committees 0.00 14750.00 (such as PACs)..... 0.00 2600.00 (d) The Candidate TOTAL CONTRIBUTIONS (other than loans) 0.00 (add Lines 11(a)(iii), (b), (c), and (d)).. 741348.94 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES

13. LOANS:		
(a) Made or Guaranteed by the Candidate	0.00	496500.00
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	496500.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	722.29
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	25100.59
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	0.00	1263671.82

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 13

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	0.00	1241932.28
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
10	LOAN REPAYMENTS:		
10.	(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
	(b) Of All Other Loans	0.00	0.00
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
0.	REFUNDS OF CONTRIBUTIONS TO:		
	(a) Individuals/Persons Other Than Political Committees	0.00	12375.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	12375.00
1.	OTHER DISBURSEMENTS	0.00	0.00
2.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	0.00	1254307.28
	III. CASH SU	JMMARY	
3.	CASH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	0.00
TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)		0.00	
5.	SUBTOTAL (add Line 23 and Line 24)		0.00
6.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	0.00
7.	CASH ON HAND AT CLOSE OF REPORTING	G PERIOD	0.00

SCHEDULE C (FEC Form 3) LOANS

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

PAGE 5
FOR LINE NUMBER: (check only one)

13a

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

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SC/10 Transaction ID: SC/10.4502

(Current loan amount of 50000.00 from a balance of 100000.00 has been forgiven per candidate letter dated

11/24/2014)

Form/Schedule: Transaction ID:

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

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

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

OF

13

13b Transaction ID: SC/10.4499 NAME OF COMMITTEE (In Full) Lonegan for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary Lonegan, Steven, , , General Mailing Address Other (specify) \blacktriangledown 212 Lărch Ave City State ZIP Code Personal Funds of the Candidate NJ 07603 Bogota Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 100000.00 0.00 100000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D16^D M 05M ž014 Y12/31/2014Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 100000.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

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

PAGE 8
FOR LINE NUMBER: (check only one)

×	13a
	13b

13

OF

Transaction ID: SC/10.4501 NAME OF COMMITTEE (In Full) Lonegan for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary Lonegan, Steven, , , General Mailing Address Other (specify) \blacktriangledown 212 Lărch Ave City State ZIP Code Personal Funds of the Candidate NJ 07603 Bogota Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 100000.00 0.00 100000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D23^D M 05M ž014 Y12/31/2014 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 100000.00 TOTALS This Period (last page in this line only)..... 250000.00 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Excluding Loans

NAME OF COMMITTEE (In Full)

TEE (In Full)

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

PAGE 9 OF
FOR LINE NUMBER:
(check only one)

	9
×	10

	onegan for Congress	S			
	A. Full Name (Last, First, Middle Initial) of De Base Connect, Inc.	Nature of Debt (Purpose): Fundraising			
	Mailing Address 1155 15th St NW Suite 410			_	
	City Washington	State DC	Zip Code 20005		
	Outstanding Balance Beginning This Period 5725.37			Transaction ID : SD10.4539	
	Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period	
	0.00		0.00	5725.37	
	B. Full Name (Last, First, Middle Initial) of Deb Base Connect, Inc.	otor or Cre	ditor	Nature of Debt (Purpose): Fundraising	
	Mailing Address 1155 15th St NW Suite 410				
	City Washington	State DC	Zip Code 20005		
Ī	Outstanding Balance Beginning This Period			Transaction ID : SD10.4524	
	30605.27				
	Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period	
	0.00		0.00	30605.27	
Ì	C. Full Name (Last, First, Middle Initial) of De	btor or Cr	editor	Nature of Debt (Purpose):	
	Consolidated Mailing Services			Fundraising	
	Mailing Address 504 Shaw Rd Suite 206			-	
	City Sterling	State VA	Zip Code 20166		
Ī	Outstanding Balance Beginning This Period	<u>'</u>	,	Transaction ID : SD10.4541	
	225.62				
	Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period	
	0.00		0.00	225.62	
1)	SUBTOTALS This Period This Page (optional))	36556.26	
2)	TOTALS This Period (last page this line number	ber only) ···			
3)	3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4)	ADD 2) and 3) and carry forward to appropri	ate line of	Summary Page (last page only)	, , , , , , ,	

Excluding Loans

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

	9
X	10

NAME OF COMMITTEE (In Full)			
Lonegan for Congress			

Lonegan for Congress	>		
A. Full Name (Last, First, Middle Initial) of De	Nature of Debt (Purpose):		
Consolidated Mailing Services			Fundraising
Mailing Address 504 Shaw Rd Suite 206			
City	State	Zip Code	
Sterling	VA	20166	
Outstanding Balance Beginning This Period 5769.48			Transaction ID : SD10.4552
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
		 	
0.00		0.00	5769.48
B. Full Name (Last, First, Middle Initial) of Del Consolidated Mailing Services		or	Nature of Debt (Purpose): Fundraising
Mailing Address 504 Shaw Rd Suite 206			
City	State	Zip Code	
Sterling	VA	20166	
Amount Incurred This Period 0.00		Payment This Period 0.00	Outstanding Balance at Close of This Period 5532.90
C. Full Name (Last, First, Middle Initial) of De Consolidated Mailing Services		or	Nature of Debt (Purpose): Fundraising
Mailing Address 504 Shaw Rd Suite 206			
City	State	Zip Code	
Sterling	VA	20166	
Outstanding Balance Beginning This Period 9421.05			Transaction ID : SD10.4583
, , , , , , , , , , , , , , , , , , , ,		December This Decides	O total disconnection and Observation Residual
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
0.00		0.00	9421.05
SUBTOTALS This Period This Page (optional)		20723.43
TOTALS This Period (last page this line num	ber only) ······		>
TOTAL OUTSTANDING LOANS from Schedu	ule C (last pag	ge only)	>
ADD 2) and 3) and carry forward to appropr	iate line of Su	mmary Page (last page only)	>

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 11 OF
FOR LINE NUMBER:
(check only one)

	9
X	10

13

NAME OF COMMITTEE (In Full)

Lonegan for Congress

L	onegan for Congress	S			
	A. Full Name (Last, First, Middle Initial) of De	Nature of Debt (Purpose): Fundraising			
	Consolidated Mailing Services	Consolidated Mailing Services			
ŀ	Mailing Address 504 Shaw Rd	Mailing Address 504 Shaw Rd			
	Suite 206	Suite 206			
	City Sterling	State VA	Zip Code 20166		
ŀ	Outstanding Balance Beginning This Period		20100	Transaction ID : SD10.4811	
				Transaction is . 3510.4011	
	14548.45				
	Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period	
	0.00		0.00	14548.45	
ŀ	B. Full Name (Last, First, Middle Initial) of Deb	ntor or Credit	or.	I (5.1.6)	
	Integram	otor or orcan	SI.	Nature of Debt (Purpose): Fundraising	
				_	
	Mailing Address 22695 Commerce Center Ct				
ŀ	City	State	Zip Code	_	
	Dulles	VA	20166		
	Outstanding Balance Beginning This Period			Transaction ID : SD10.4548	
	7661.09				
	Amount Incurred This Period Payment This Period			Outstanding Balance at Close of This Period	
	0.00		7661.09		
	3.00			,	
Ī	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):	
	Legacy Lists Inc - Brokerage			Fundraising	
ŀ	Mailing Address 1155 - 15th Street NW				
ļ	Suite 410	01-1-	7'. 0. 1.		
	City Washington	State DC	Zip Code 20005		
ı	Outstanding Balance Beginning This Period			Transaction ID : SD10.4514	
				Transaction is . Ob 10.4314	
	1199.54				
	Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period	
	0.00		0.00	1199.54	
1)	SUBTOTALS This Period This Page (optional))		23409.08	
2)	TOTALS This Period (last page this line number	ber only) ·······	······································		
<i>C,</i>	TOTAL OUTSTANDING LOADS (1. 0 // :		7 7	
3)	TOTAL OUTSTANDING LOANS from Schedu	uie C (last pag	ge only)······		
4)	ADD 2) and 3) and carry forward to appropri	ate line of Su	ımmary Page (last page only)		

Excluding Loans

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

PAGE 12 OF FOR LINE NUMBER: (check only one)

	9
X	10

13

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) of D Legacy Lists Inc - Brokerage	Nature of Debt (Purpose): Fundraising			
Legacy Lists IIIC - Blokelage				
Mailing Address 1155 - 15th Street NW Suite 410				
City	State	Zip Code		
Washington	DC	20005		
Outstanding Balance Beginning This Period	d		Transaction ID : SD10.4538	
5793.47				
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period	
0.00		0.00	5793.47	
B. Full Name (Last, First, Middle Initial) of De	Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):	
Legacy Lists Inc - Brokerage			Fundraising	
Mailing Address 1155 - 15th Street NW				
Mailing Address 1155 - 15th Street NW Suite 410				
City	State	Zip Code		
Washington	DC	20005		
Outstanding Balance Beginning This Perior	d		Transaction ID : SD10.4547	
1813.69				
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period	
0.00		0.00	1813.69	
C. Full Name (Last, First, Middle Initial) of D	ebtor or Cre	ditor	Nature of Debt (Purpose):	
Legacy Lists Inc Mgmt			Fundraising	
Mailing Address 1155-15th St NW				
City	State	Zip Code		
Washington	DC	20005		
Outstanding Balance Beginning This Period	d		Transaction ID : SD10.4535	
1884.93				
Amount Incurred This Period	4	Payment This Period	Outstanding Balance at Close of This Period	
		 		
0.00		0.00	1884.93	
SUBTOTALS This Period This Page (options	al) ······		9492.09	
TOTALS This Period (last page this line nur	nber only) ····		·	
			>	
	nber onlv) ····		•	

(Use separate schedule(s) for each

PAGE 13 OF FOR LINE NUMBER:

	9
v	10

Excluding Loans			numbered line)	(encont entry ento)	x 10
NAME OF COMMITTEE (In Full)			•		
Lonegan for Congre	SS				
A. Full Name (Last, First, Middle Initial) of Legacy Lists Inc Mgmt		Nature of Debt (Purpose): Fundraising			
Mailing Address 1155-15th St NW	Mailing Address 1155- 15th St NW				
City Washington	State DC	Zip Code 20005			
Outstanding Balance Beginning This Peri	Outstanding Balance Beginning This Period 2271.37		Transacti	Transaction ID : SD10.4540	
Amount Incurred This Period		Payment This Period	Outstandi	ng Balance at Close of Thi	s Period
0.00		0.	00	, , , , , , , , , , , , , , , , , , , ,	37
B. Full Name (Last, First, Middle Initial) of I	Debtor or Cre	ditor	Nature of E	Debt (Purpose):	
Mailing Address	Mailing Address				
City	State	Zip Code			
Outstanding Balance Beginning This Period Amount Incurred This Period		Payment This Period	Outstandi	ng Balance at Close of Thi	s Period
C. Full Name (Last, First, Middle Initial) of	. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Debt (Purpose):	
Mailing Address	Mailing Address				
City	State	Zip Code			
Outstanding Balance Beginning This Peri	Outstanding Balance Beginning This Period				
Amount Incurred This Period	- -	Payment This Period	Outstandi	ng Balance at Close of Thi	s Period
9 9		7 7 7		7 7 7	<u> </u>
1) SUBTOTALS This Period This Page (option	nal) ·····		-	, 2271.	37
2) TOTALS This Period (last page this line no	umber only) ···			92452.:	23
3) TOTAL OUTSTANDING LOANS from Sch	TOTAL OUTSTANDING LOANS from Schedule C (last page only)			250000.0	00
4) ADD 2) and 3) and carry forward to appro	ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				23