Image#	20170	041390	521	48532
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04/13/2017 18 : 43

PAGE 1 / 13

FEC FORM 3	AND DI	-	RECEIPTS SEMENTS Committee		Of	fice Use Only
1. NAME OF COMMITTEE (in		NT 🔻	Example: If typing over the lines.	g, type	12FE4M5	
	ongress					
ADDRESS (number an	5 Halifax Ct					
Check if dif than previou reported. (A	usly   Marlton				NJ 08	053
2. FEC IDENTIFIC	CATION NUMBER ▼	CITY	<b>▲</b>		STATE 🔺	ZIP CODE
C C0055528	34	3. IS THI REPOI	~	OR	AMENDEC (A)	STATE ▼ DISTRICT
(a) Quarterly Ro	PORT (Choose One) eports: 5 Quarterly Report (Q1) 9 Quarterly Report (Q2)	(b) 12-Day	PRE-Election Repo	2C)	General (12G Special (12S)	
Octobe	r 15 Quarterly Report (Q3)	Electic	n on	D D /	Y Y Y Y	in the State of
January	/ 31 Year-End Report (YE)	(c) 30-Day	POST-Election Rep		Runoff (30R)	Special (30S)
Termina	ation Report (TER)	Electic	on on	D D /	Y Y Y Y	in the State of
5. Covering Period	01 / D D D 01	/ Y Y Y 2017	Y through	м м 03	/ D D / Y 31	Y Y Y 2017
I certify that I have e Type or Print Name of	examined this Report and Curtis, Eliza of Treasurer		my knowledge and k	oelief it is t	rue, correct and c	omplete.
Signature of Treasure	Curtis, Elizabeth, , , er		[Electronically ]	Filed]	Date	D D / Y Y Y Y 13 / 2017
	false, erroneous, or incomp	lete information	may subject the pers	on signing	this Report to the p	penalties of 52 U.S.C. §30109.
Office Use Only						FEC FORM 3 (Revised 05/2016)

Im	nage# 201704139052148533		
Γ	FEC Form 3 (Revised 05/2016)	SUMMARY PAGE of Receipts and Disbursements	PAGE 2 / 13
	Write or Type Committee Name Lonegan for Congress		
F	Report Covering the Period: From:	1 / D D / Y Y Y Y 01 / 2017 To:	03 / D / Y Y Y Y Y 2017
		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))	0.00	741348.94
	(b) Total Contribution Refunds (from Line 20(d))	0.00	12375.00
	(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	728973.94
7.	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	0.00	1241932.28
	(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	722.29
	(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	0.00	1241209.99
8.	Cash on Hand at Close of Reporting Period (from Line 27)	0.00	
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

## For further information contact:

342452.23

10. Debts and Obligations Owed **BY** the Committee (Itemize all on

Schedule C and/or Schedule D).....

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

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

lmane#	20170	413005	2148534
iiiiaye#	20170	413303	2140334

	Form 3 (Revised 05/2016)	DETAILED SUMMARY PAGE of Receipts	PAGE 3 / 13
	Committee Name for Congress		
Lonegan			
Report Cover	ing the Period: From:	01 / D D / Y Y Y Y 01 01 / 2017 To:	M M / D D / Y Y Y Y 03 31 2017
	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBL	JTIONS (other than loans) FROM	:	
Politic	duals/Persons Other Than al Committees	0.00	275000.48
	mized (use Schedule A)	0.00	448933.46
. ,	DTAL of contributions	0.00	723933.94
	al Party Committees Political Committees	0.00	7 7 65.00
( )	as PACs)	0.00	14750.00
(e) TOTAL	andidate	0.00	2600.00
	than loans) Lines 11(a)(iii), (b), (c), and (d))	0.00	741348.94
	rs from other 2ed committees	0.00	0.00
13. LOANS:			
	or Guaranteed by the date	0.00	496500.00
( )	her Loans	0.00	0.00
.,	LOANS 13(a) and (b))	0.00	496500.00
EXPENDIT	TO OPERATING URES Rebates, etc.)	0.00	722.29
15. OTHER RE		0.00	25100.59
11(e), 12, <sup>-</sup>	CEIPTS (add Lines 13(c), 14, and 15) Il to Line 24, page 4)	0.00	1263671.82

FEC Form 3 (Revised 05/2016) COLUMN A COLUMN B **II. DISBURSEMENTS Total This Period Election Cycle-to-Date** 0.00 1241932.28 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER 0.00 0.00 AUTHORIZED COMMITTEES ..... 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed 0.00 0.00 by the Candidate..... 0.00 0.00 (b) Of All Other Loans ..... (c) TOTAL LOAN REPAYMENTS 0.00 0.00 (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: Individuals/Persons Other (a) 0.00 12375.00 Than Political Committees ..... 0.00 0.00 (b) Political Party Committees..... Other Political Committees (c) 0.00 0.00 (such as PACs) ..... (d) TOTAL CONTRIBUTION REFUNDS 0.00 12375.00 (add Lines 20(a), (b), and (c))..... 0.00 0.00 21. OTHER DISBURSEMENTS ..... 22. TOTAL DISBURSEMENTS 0.00 1254307.28 (add Lines 17, 18, 19(c), 20(d), and 21)

## **III. CASH SUMMARY**

23.	CASH ON HAND AT BEGINNING OF REPORTING PERIOD		7		7		0.00
24	TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)		Ţ		7		0.00
25.	SUBTOTAL (add Line 23 and Line 24)		7		7	-	0.00
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)		7		,	-	0.00
27.	CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)		7		7		0.00

## DETAILED SUMMARY PAGE

of Disbursements

PAGE 4 / 13

•				PAGE 5 OF 13	
CHEDULE C (FEC Form 3) DANS		for eac	Use separate schedule(s) for each category of the Detailed Summary Page		
ME OF COMMITTEE (In Full) onegan for Congress			Transact	tion ID : SC/10.4502	
LOAN SOURCE Full Name (Last, First, Mic Lonegan, Steven, , ,	ddle Initial)		Memo Item	Election: 2014 <b>X</b> Primary General	
Mailing Address 212 Larch Ave				Other (specify)	
City Bogota	State NJ	ZIP Code 07603		Personal Funds of the Candidate	
Original Amount of Loan	Cumulative Pa	ment To Date	Balar	nce Outstanding at Close of This Peric	
100000.00	,	C	0.00	50000.00	
TERMS Date Incurred	C	ate Due	Interest Rate (If none, enter	0) Secured:	
M05 <sup>M</sup> / D09 <sup>D</sup> / Y Ž014 Y	M M / D D	<sup>/</sup> <sup>Y</sup> 12/31/2014 <sup>Y</sup>	0.0		
List All Endorsers or Guarantors (if any) t	o Loan Source	Name of	Employer		
1. Full Name (Last, First, Middle Initial)		Name of	Linployer		
Mailing Address		Occupatio	on		
City State	ZIP Code	Amount Guarantee Outstandi		y 1 y 1 y 1 y	
2. Full Name (Last, First, Middle Initial)		Name of	Employer		
Mailing Address		Occupatio	on		
City State	ZIP Code	Amount Guarantee Outstandi		y	
3. Full Name (Last, First, Middle Initial)		Name of	Employer		
Mailing Address		Occupatio	on		
City State	ZIP Code		Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)	ł	Name of	Employer		
Mailing Address		Occupatio	วท		
City State	ZIP Code	Amount Guarantee Outstandi		9 1 9 1 9 1	
UBTOTALS This Period This Page (optional).			- 14	50000.00	

## :97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

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:

age# 201104100002140000		-		PAGE 7 OF 13			
CHEDULE C (FEC Form 3) DANS			Use separate schedule(s) for each category of the Detailed Summary Page				
ME OF COMMITTEE (In Full) onegan for Congress			Transac	tion ID : SC/10.4499			
LOAN SOURCE Full Name (Last, First, Mic Lonegan, Steven, , ,	ddle Initial)		Memo Item	Election: 2014 X Primary General			
Mailing Address 212 Larch Ave				Other (specify)			
City Bogota	State NJ	ZIP Code 07603		Personal Funds of the Candidat			
Original Amount of Loan	Cumulative Pa	yment To Da	ite Bala	nce Outstanding at Close of This Peric			
100000.00	9		0.00	100000.00			
TERMS         Date Incurred           M05 <sup>M</sup> /         P16 <sup>D</sup> /         Y         2014         Y	м м / D D	Date Due	Interest Rate (If none, enter I/2014 <sup>v</sup> 0.0	0)			
		1		% (apr) Yes ¥ No			
List All Endorsers or Guarantors (if any) t 1. Full Name (Last, First, Middle Initial)	o Loan Source	N	ame of Employer				
Mailing Address		0	ocupation				
City State	City State ZIP Code			Amount Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)		N	ame of Employer				
Mailing Address			ccupation				
City State	ZIP Code	G	Amount Guaranteed Outstanding:				
3. Full Name (Last, First, Middle Initial)		N	ame of Employer				
Mailing Address		0	ccupation				
City State	ZIP Code	G	Amount Guaranteed Outstanding:				
4. Full Name (Last, First, Middle Initial)		N	ame of Employer				
Mailing Address		0	occupation				
City State	ZIP Code	G	mount Juaranteed Jutstanding:	9 1 9 1 7 1			
UBTOTALS This Period This Page (optional).				100000.00 7 7			

	(FEC Form 3)			Use separate schedule	
OANS				for each category of the Detailed Summary Pag	
AME OF COMMITT Lonegan for Co	, ,			Transac	tion ID : SC/10.4501
	Full Name (Last, First, Mic	ddle Initial)		Memo Item	Election: 2014
Lonegan, Ste	even,,,,				Primary     General
Mailing Address 212 Larch Ave					Other (specify) ▼
City		State	ZIP Code	e	Demonal Funda of the Condidate
Bogota		NJ	07603		Personal Funds of the Candidate
Original Amount	of Loan 100000.00	Cumulative Pa	yment To D	Date Bala	nce Outstanding at Close of This Perio
TERMS D	ate Incurred		Date Due	Interest Rate	
<sup>M</sup> 05 <sup>M</sup> / <sup>D</sup> 2	3 <sup>D</sup> / Y Ž014 Y	M M / D D	/ ¥12/3	(If none, enter 31/2014 <sup>Y</sup> 0.0	
	rs or Guarantors (if any) t	o Loan Source			
1. Full Name (La	ast, First, Middle Initial)			Name of Employer	
Mailing Addre	SS			Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y 1 1 y 1 1 x 1
2. Full Name (Las	st, First, Middle Initial)			Name of Employer	
Mailing Addres	S			Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y
3. Full Name (Las	st, First, Middle Initial)			Name of Employer	
Mailing Addres	SS			Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y
4. Full Name (Las	st, First, Middle Initial)			Name of Employer	
Mailing Addres	SS			Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y
SUBTOTALS This P	eriod This Page (optional).				100000.00
				<u> </u>	7 7 7 7 7 7 7 7
<b>OTALS</b> This Period	I (last page in this line only	y)		► L	250000.00
Carry outstanding t	alance only to LINE 3, Scl	hedule D, for this	s line. If no	o Schedule D, carry forw	ard to appropriate line of Summary.

SCHEDULE D (FEC Form 3)			(Use separate schedule(s) for each	) FOR LINE NUMBER:		
xcluding Loans nur				(check only one) 9 ★ 10		
Lonegan for Congres	S					
A. Full Name (Last, First, Middle Initial) of De Base Connect, Inc.	ebtor or Cre	ditor	Nature of D Fundraisin	ebt (Purpose): g		
Mailing Address 1155 15th St NW Suite 410						
City Washington	State DC	Zip Code 20005				
Outstanding Balance Beginning This Period			Transactio	on ID : SD10.4539		
5725.37 Amount Incurred This Period		Payment This Period	Qutstandi	ng Balance at Close of This Period		
0.00			00	5725.37		
B. Full Name (Last, First, Middle Initial) of De	btor or Crea	ditor	Nature of D	ebt (Purpose):		
Base Connect, Inc.			Fundraising			
Mailing Address 1155 15th St NW Suite 410						
City Washington	State DC	Zip Code 20005				
Outstanding Balance Beginning This Period			Transactio	on ID : SD10.4524		
30605.27						
Amount Incurred This Period	_	Payment This Period		ng Balance at Close of This Period		
0.00		0.	00	30605.27		
C. Full Name (Last, First, Middle Initial) of De Consolidated Mailing Services		editor	Nature of D Fundraisin	ebt (Purpose): g		
Mailing Address 504 Shaw Rd Suite 206						
City Sterling	State VA	Zip Code 20166				
Outstanding Balance Beginning This Period			Transact	ion ID : SD10.4541		
225.62						
Amount Incurred This Period		Payment This Period	Outstandi	ng Balance at Close of This Period		
0.00		y	00	225.62		
1) SUBTOTALS This Period This Page (optional	I)			36556.26		
2) TOTALS This Period (last page this line num	ber only)		···· • •	, , , , , , , , , , , , , , , , , , , ,		
3) TOTAL OUTSTANDING LOANS from Sched	ule C (last p	page only)	···· •			
4) ADD 2) and 3) and carry forward to appropr	iate line of	Summary Page (last page o		· · · · · · · · · · · · · · · · · · ·		

FEC	Schedule	D	(Form	3)	(Revised	05/2016)	i
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SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS Excluding Loans			(Use separate schedule(s) for each numbered line)	PAGE10OF13FOR LINE NUMBER: (check only one)9\$\$\mathbf{X}\$10
A. Full Name (Last, First, Middle Initial) of De Consolidated Mailing Services		tor	Nature of D Fundraisin	ebt (Purpose): g
Mailing Address 504 Shaw Rd Suite 206				
City Sterling	State VA	Zip Code 20166		
Outstanding Balance Beginning This Period			Transactio	on ID : SD10.4552
5769.48 Amount Incurred This Period		Payment This Period	Qutstandi	ng Balance at Close of This Period
0.00	· · ·		00	5769.48
		y		
B. Full Name (Last, First, Middle Initial) of Det Consolidated Mailing Services	otor or Credite	or	Nature of D Fundraising	ebt (Purpose): J
Mailing Address 504 Shaw Rd Suite 206				
City Sterling	State VA	Zip Code 20166		
Outstanding Balance Beginning This Period 5532.90			Transactio	on ID : SD10.4555
Amount Incurred This Period		Payment This Period	Outstandi	ng Balance at Close of This Period
0.00		7 7	00	5532.90
C. Full Name (Last, First, Middle Initial) of De Consolidated Mailing Services		tor	Nature of D Fundraisin	ebt (Purpose): g
Mailing Address 504 Shaw Rd Suite 206				
City Sterling	State VA	Zip Code 20166		
Outstanding Balance Beginning This Period			Transact	ion ID : SD10.4583
9421.05				
Amount Incurred This Period		Payment This Period	Outstandi	ng Balance at Close of This Period
0.00		7 7 7	00	9421.05
1) SUBTOTALS This Period This Page (optional	)		··· •	20723.43
2) TOTALS This Period (last page this line num	per only)		···· •	
3) TOTAL OUTSTANDING LOANS from Schedu	ile C (last pag	ge only)	···· •	7
4) ADD 2) and 3) and carry forward to appropri	ate line of Su	ummary Page (last page o		7 7 7

FEC Schedule D (Form 3) (Revised 05/2016)

				PAGE 11 OF 13	
			(Use separate		
DEBTS AND OBLIGATIONS			schedule(s) for each	FOR LINE NUMBER: (check only one) 9	
Excluding Loans				(check chily chec) <b>x</b> 10	
NAME OF COMMITTEE (In Full)			•	• • • •	
Lonegan for Congres	S				
A. Full Name (Last, First, Middle Initial) of De		r		Debt (Purpose):	
Consolidated Mailing Services			Fundraisir	g	
Mailing Address 504 Shaw Rd Suite 206					
City	State	Zip Code			
Sterling	VA	20166			
Outstanding Balance Beginning This Period			Transacti	on ID : SD10.4811	
14548.45					
Amount Incurred This Period	F	Payment This Period	Outstand	ng Balance at Close of This Period	
0.00			00	14548.45	
B. Full Name (Last, First, Middle Initial) of Del	htor or Creditor				
Integram			Fundraisin	Nature of Debt (Purpose):	
lintegram				5	
Mailing Address 22695 Commerce Center Ct					
City	State	Zip Code			
Dulles	VA	20166			
Outstanding Balance Beginning This Period			Transacti	on ID : SD10.4548	
7661.09					
Amount Incurred This Deviad	ſ	Doumont This Davied	Outstand	ng Balance at Close of This Period	
Amount Incurred This Period		Payment This Period			
0.00		, , , , , , , , , , , , , , , , , , , ,	00	7661.09	
C. Full Name (Last, First, Middle Initial) of De	ebtor or Credito	r	Nature of D	)ebt (Purpose):	
Legacy Lists Inc - Brokerage			Fundraisir	g	
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 Period			Transact	ion ID : SD10.4514	
1199.54					
Amount Incurred This Period	F	Payment This Period	Outstand	ng Balance at Close of This Period	
0.00		,	00	1199.54	
1) SUBTOTALS This Period This Page (optional	I)		··· •	23409.08	
2) TOTALS This Period (last page this line num	ber only)				
3) TOTAL OUTSTANDING LOANS from Schedu	ule C (last page	e only)	···· •	, , ,	
4) ADD 2) and 3) and carry forward to appropr	iate line of Sum	nmary Page (last page o	only) 🕨	, , ,	
				7 7 7	
			FEC	Schedule D (Form 3) (Revised 05/2016	

EC Schedul	еD	(Form	3)	(Revised	05/2016)
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SCHEDULE D (FEC Form 3)			(Use separate	PAGE 12 OF 13	
DEBTS AND OBLIGATIONS			schedule(s) for each numbered line)	FOR LINE NUMBER: (check only one) 9	
NAME OF COMMITTEE (In Full)					
Lonegan for Congres	S				
A. Full Name (Last, First, Middle Initial) of De Legacy Lists Inc - Brokerage	btor or Credit	or	Nature of D Fundraisin	lebt (Purpose): g	
Mailing Address 1155 - 15th Street NW Suite 410					
City Washington	State DC	Zip Code 20005			
Outstanding Balance Beginning This Period			Transactio	on ID : SD10.4538	
5793.47					
Amount Incurred This Period		Payment This Period	Outstandi	ng Balance at Close of This Period	
0.00		0.	00	5793.47	
		9		- y	
B. Full Name (Last, First, Middle Initial) of Del Legacy Lists Inc - Brokerage	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Legacy Lists Inc - Brokerage			ebt (Purpose): g	
Mailing Address 1155 - 15th Street NW Suite 410					
City Washington	State DC	Zip Code 20005			
Outstanding Balance Beginning This Period			Transactio	on ID : SD10.4547	
1813.69					
Amount Incurred This Period		Payment This Period	Outstandi	ng Balance at Close of This Period	
0.00		, <u>,</u> <u>,</u> <u>,</u>	00	1813.69	
C. Full Name (Last, First, Middle Initial) of De	btor or Credit	or	Nature of D	ebt (Purpose):	
Legacy Lists Inc Mgmt				Fundraising	
Mailing Address 1155- 15th St NW					
City	State	Zip Code			
Washington	DC	20005			
Outstanding Balance Beginning This Period			Transact	ion ID : SD10.4535	
1884.93					
Amount Incurred This Period		Payment This Period	Outstandi	ng Balance at Close of This Period	
0.00	0.00		00	1884.93	
1) SUBTOTALS This Period This Page (optional	)		···· •	9492.09	
2) TOTALS This Period (last page this line num	ber only)		▶		
3) TOTAL OUTSTANDING LOANS from Schedu	ule C (last pag	je only)			
4) ADD 2) and 3) and carry forward to appropr	iate line of Su	mmary Page (last page o		7 7 7	

FEC Schedule D (Form 3) (Revised 05/2016)

HEDULE D (FEC Form 3)		(Use separate	PAGE 13 OF 13	
EBTS AND OBLIGATIONS		schedule(s)	FOR LINE NUMBER:	
		for each numbered line)	(check only one) 9	
AME OF COMMITTEE (In Full)			numbered line)	<b>X</b> 10
. ,				
Lonegan for Congres				
A. Full Name (Last, First, Middle Initial) of Legacy Lists Inc Mgmt	Debtor or Cre	ditor	Nature of D Fundraisin	ebt (Purpose): g
Mailing Address 1155- 15th St NW				
City	State	Zip Code		
Washington	DC	20005		
Outstanding Balance Beginning This Perio	od	I	Transacti	on ID : SD10.4540
2271.37				
Amount Incurred This Period		Payment This Period	Outstandi	ng Balance at Close of This Period
0.00		0.0		
		, , , , , , , , , , , , , , , , , , , ,		, 2271.37
B. Full Name (Last, First, Middle Initial) of D	ebtor or Cred	litor	Nature of D	ebt (Purpose):
Mailing Address				
Maning Address				
City	State	Zip Code		
Outstanding Balance Beginning This Period	od			
Amount Incurred This Period		Payment This Period	Qutstandi	ng Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of	Debtor or Cre	ditor	Network	
			Nature of L	ebt (Purpose):
Mailing Address				
City	State	Zip Code		
Outstanding Balance Beginning This Perio				
	1			
Amount Incurred This Period		Payment This Period	Outstandi	ng Balance at Close of This Perio
		- y		- y
I) SUBTOTALS This Period This Page (optior	nal)		··· •	2271.37
TOTALS This Period (last page this line number only)			···· • •	92452.23
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)			···· •	250000.00
4) ADD 2) and 3) and carry forward to appro				342452.23
. , , ,		,		7 7 7

FEC Schedule D (Form 3) (Revised 05/2016)