

# 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 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY STATE ZIP CODE STATE DISTRICT  
Medford NJ 08055 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 in the State of    
(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 through M M / D D / Y Y Y Y  
05 / 15 / 2014 through 06 / 30 / 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  
12 / 09 / 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.

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Longan For Congress**

Report Covering the Period: From:  /  /  To:  /  /

	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))....	389327.69	895760.44
(b) Total Contribution Refunds (from Line 20(d)) .....		
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	389327.69	895760.44
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	480469.97	1148106.03
(b) Total Offsets to Operating Expenditures (from Line 14).....	97.56	722.29
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	480372.41	1147383.74
8. Cash on Hand at Close of Reporting Period (from Line 27).....	23352.29	
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).....	410115.96	

**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)

Write or Type Committee Name

**Lonegan For Congress**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	43896.83	234564.51
(ii) Unitemized.....	90265.86	397280.93
(iii) TOTAL of contributions from individuals ▶	134162.69	631845.44
(b) Political Party Committees.....	65	65
(c) Other Political Committees (such as PACs).....	11000	14750
(d) The Candidate.....	244100	249100
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	389327.69	895760.44
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>		
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	200000	496500
(b) All Other Loans.....		
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	200000	496500
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	97.56	722.29
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	25100.59	25100.59
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	614525.84	1418083.32

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	480469.97	1148106.03
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	246500	246500
(b) Of All Other Loans .....		
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	246500	246500
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) ►	726969.97	1394606.03

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	135796.42
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	614525.84
25. SUBTOTAL (add Line 23 and Line 24).....	750322.26
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	726969.97
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	23352.29

**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 5 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 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)  
**Longan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**OceanviewTitle Agency LLC**

Mailing Address 617 Union Ave Ste 13

City Brielle State NJ Zip Code 08730

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 07 / 2014

**Transaction ID : SA11Ai-CN72389**

Amount of Each Receipt this Period  
 300

SEE MEMO ITEM BELOW

**B.** Full Name (Last, First, Middle Initial)  
**Kevin Buckelew**

Mailing Address 614 Oceanview Rd

City Brielle State NJ Zip Code 08730

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

Name of Employer Occupation  
**COMMERCE INSURANCE SERVICES** **INSURANCE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 07 / 2014

**Transaction ID : SA11Ai-CN72390**

Amount of Each Receipt this Period  
 300

Partnership-OceanviewTitle Agency LLC

**[MEMO ITEM]**  
**\$300.00 MEMO Partnership Attributed**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Richard A Akers**

Mailing Address 476 Joralemon St Apt B-1

City Belleville State NJ Zip Code 07109-1866

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

Name of Employer Occupation  
**Essex Co Golf Course** **Range Manager**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 27 / 2014

**Transaction ID : SA11Ai-CN72281**

Amount of Each Receipt this Period  
 100

**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: (check only one)	PAGE 6 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A. Mrs Janet Allison**  
 Full Name (Last, First, Middle Initial)  
 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 Topeka Lutheran School Occupation Teacher  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **346**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 20 / 2014  
**Transaction ID : SA11Ai-CN73053**  
 Amount of Each Receipt this Period  
 35

**B. Ms Karen Anderson**  
 Full Name (Last, First, Middle Initial)  
 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 **580**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2014  
**Transaction ID : SA11Ai-CN73761**  
 Amount of Each Receipt this Period  
 100

**C. Mr. Jon M Aneson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 952 Jennifer Ln  
 City Manahawkin State NJ Zip Code 08050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Seahawk Systems Occupation President  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **2600**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2014  
**Transaction ID : SA11Ai-CN72256**  
 Amount of Each Receipt this Period  
 600

**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: (check only one)	PAGE 7 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input 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)  
**Longan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR Chris Armbrust**

Mailing Address 27w320 Roosevelt Rd

City Winfield State IL Zip Code 60190-1542

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

Name of Employer SELF Occupation Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **265**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : SA11Ai-CN72484**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 50

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Scott J Aruta**

Mailing Address 33c Parkway Dr

City Clark State NJ Zip Code 07066

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

Name of Employer Shading Systems Inc Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **225**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 30 / 2014

**Transaction ID : SA11Ai-CN71909**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100

**C.** Full Name (Last, First, Middle Initial)  
**Ms. Lynda Bachman**

Mailing Address 7824 Laurel Ave

City Cincinnati State OH Zip Code 45243

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 **2500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 10 / 2014

**Transaction ID : SA11Ai-CN72388**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2500

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

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

\_\_\_\_\_ 2650.00

\_\_\_\_\_

**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 8 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A. Ms De Ette Ette Barner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 718 La Portada St  
 City South Pasadena State CA Zip Code 91030-3627  
 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 **238**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 27 / 2014  
**Transaction ID : SA11Ai-CN73287**  
 Amount of Each Receipt this Period  
 113

**B. Mr. Herbert Becker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1133 Union School Rd  
 City Ava State IL Zip Code 62907-2008  
 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 / D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : SA11Ai-CN72730**  
 Amount of Each Receipt this Period  
 300

**C. Mr William Beutel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 Ginger Lake Dr W  
 City Glen Carbon State IL Zip Code 62034-3304  
 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 **220**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 06 / 2014  
**Transaction ID : SA11Ai-CN74236**  
 Amount of Each Receipt this Period  
 35

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

448.00

**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 9 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MR Robert E Bledsoe**

Mailing Address S5240 Damar Private Dr

City Eau Claire State WI Zip Code 54701-9974

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 **228**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2014

**Transaction ID : SA11Ai-CN73737**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 50

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Guy W Bock**

Mailing Address 6 Carton Rd

City Morristown State NJ Zip Code 07960-6341

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 **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 07 / 2014

**Transaction ID : SA11Ai-CN72392**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250

**C.** Full Name (Last, First, Middle Initial)  
**MR Harold G Brown**

Mailing Address 1336 Walnut St

City Kingman State KS Zip Code 67068-1061

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 Y Y  
 05 / 15 / 2014

**Transaction ID : SA11Ai-CN72526**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100

**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: (check only one)	PAGE 10 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MR Harold G Brown**

Mailing Address 1336 Walnut St

City Kingman State KS Zip Code 67068-1061

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 Y Y  
**06 / 06 / 2014**

**Transaction ID : SA11Ai-CN74218**

Amount of Each Receipt this Period  
**100**

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

Mailing Address 334 W Cedar St

City New Holland State PA Zip Code 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 **280**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 27 / 2014**

**Transaction ID : SA11Ai-CN73292**

Amount of Each Receipt this Period  
**35**

**C.** 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 **retired** Occupation **none**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 27 / 2014**

**Transaction ID : SA11Ai-CN71854**

Amount of Each Receipt this Period  
**100**

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

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

**235.00**

**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 11 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input 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)  
**Longan For Congress**

**A.** 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 Self Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 22 / 2014**

**Transaction ID : SA11Ai-CN73181**

Amount of Each Receipt this Period  
**100**

**B.** 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 **255**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 16 / 2014**

**Transaction ID : SA11Ai-CN72691**

Amount of Each Receipt this Period  
**50**

**C.** 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 **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 06 / 2014**

**Transaction ID : SA11Ai-CN74338**

Amount of Each Receipt this Period  
**25**

**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 12 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** 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 **690**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 27 / 2014**

**Transaction ID : SA11Ai-CN73272**

Amount of Each Receipt this Period  
**130**

**B.** 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 **820**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 02 / 2014**

**Transaction ID : SA11Ai-CN73754**

Amount of Each Receipt this Period  
**130**

**C.** Full Name (Last, First, Middle Initial)  
**MRS Joan K Chitrea**

Mailing Address 1980 Silverleaf Cir Unit M207

City Carlsbad State CA Zip Code 92009-8444

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 Y Y  
**05 / 23 / 2014**

**Transaction ID : SA11Ai-CN73231**

Amount of Each Receipt this Period  
**35**

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

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

**295.00**

**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 13 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** 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 **400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 04 / 2014**

**Transaction ID : SA11Ai-CN74089**

Amount of Each Receipt this Period  
**100**

**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 **2075**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 16 / 2014**

**Transaction ID : SA11Ai-CN72736**

Amount of Each Receipt this Period  
**300**

**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 **2475**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 06 / 2014**

**Transaction ID : SA11Ai-CN74286**

Amount of Each Receipt this Period  
**400**

**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: (check only one)	PAGE 14 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mrs Adele M Corbett**

Mailing Address 60 Pine Ridge Rd

City East Falmouth State MA Zip Code 02536-5215

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  
**05 / 29 / 2014**

**Transaction ID : SA11Ai-CN73487**

Amount of Each Receipt this Period  
**200**

**B.** Full Name (Last, First, Middle Initial)  
**Ms. Elizabeth D Curtis**

Mailing Address 5 Halifax Ct E

City Marlton State NJ Zip Code 08053

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

Name of Employer Lonegan for Congress Occupation Treasurer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **260**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 24 / 2014**

**Transaction ID : SA11Ai-CN71824**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Mrs Mary Czech**

Mailing Address 1105 Waikiki Dr

City Forked River State NJ Zip Code 08731-4733

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

Name of Employer CATALENT Occupation SALESPERSONS

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 27 / 2014**

**Transaction ID : SA11Ai-CN73296**

Amount of Each Receipt this Period  
**200**

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

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

**650.00**

**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 155  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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

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

Mailing Address **PO Box 293**

City **Lanoka Harbor** State **NJ** Zip Code **08734-0293**

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 Y Y  
**05 / 29 / 2014**

**Transaction ID : SA11Ai-CN73543**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. John W Day**

Mailing Address **614 Runyon Ave**

City **Piscataway** State **NJ** Zip Code **08854**

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

Name of Employer **IEEE** Occupation **Director**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 22 / 2014**

**Transaction ID : SA11Ai-CN71815**

Amount of Each Receipt this Period  
**200**

**C.** Full Name (Last, First, Middle Initial)  
**MRS Helen R Decker**

Mailing Address **PO Box 170009**

City **Arlington** State **TX** Zip Code **76003-0009**

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 Y Y  
**05 / 19 / 2014**

**Transaction ID : SA11Ai-CN72931**

Amount of Each Receipt this Period  
**200**

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

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

**650.00**

**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 16 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

Mailing Address 10 Geranium Dr

City Marilton 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 **1933**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 27 / 2014**

**Transaction ID : SA11Ai-CN72272**

Amount of Each Receipt this Period  
**200**

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

Mailing Address 10 Geranium Dr

City Marilton 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 **2133**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 01 / 2014**

**Transaction ID : SA11Ai-CN72366**

Amount of Each Receipt this Period  
**200**

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

Mailing Address 10 Geranium Dr

City Marilton 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 **2233**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 02 / 2014**

**Transaction ID : SA11Ai-CN73713**

Amount of Each Receipt this Period  
**100**

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

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

**500.00**

**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 17 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input 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)  
**Longan For Congress**

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

Mailing Address 10 Geranium Dr

City Marlon 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 **2283**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 02 / 2014**

**Transaction ID : SA11Ai-CN72430**

Amount of Each Receipt this Period  
**50**

**B.** Full Name (Last, First, Middle Initial)  
**Miss Barbara Desaussure**

Mailing Address 3842 Brookdale Blvd

City Castro Valley State CA Zip Code 94546-2016

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  
**06 / 03 / 2014**

**Transaction ID : SA11Ai-CN74034**

Amount of Each Receipt this Period  
**250**

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

Mailing Address 7708 Briar Ln

City Bellaire State MI Zip Code 49615-9203

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 **234**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 02 / 2014**

**Transaction ID : SA11Ai-CN74011**

Amount of Each Receipt this Period  
**60**

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

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

**360.00**

**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 18 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr Garnett M Dow**

Mailing Address 214 Vanderpool Ln

City Houston State TX Zip Code 77024-6142

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 Y Y  
**06 / 06 / 2014**

**Transaction ID : SA11Ai-CN74327**

Amount of Each Receipt this Period  
**200**

**B.** Full Name (Last, First, Middle Initial)  
**Mr James Downey**

Mailing Address 2600 Newbridge Rd

City Los Altos State CA Zip Code 94022

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 Y Y  
**05 / 19 / 2014**

**Transaction ID : SA11Ai-CN72856**

Amount of Each Receipt this Period  
**200**

**C.** Full Name (Last, First, Middle Initial)  
**Mr James Downey**

Mailing Address 2600 Newbridge Rd

City Los Altos State CA Zip Code 94022

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 **400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 27 / 2014**

**Transaction ID : SA11Ai-CN73297**

Amount of Each Receipt this Period  
**100**

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

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

**500.00**

**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 19 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input 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)  
**Longan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**James Downey**

Mailing Address 26000 Newbridge Dr

City Los Altos Hills State CA Zip Code 94022

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

Name of Employer altos sonoma corp. Occupation president

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 30 / 2014

**Transaction ID : SA11Ai-CN72024**

Amount of Each Receipt this Period  
**400**

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

Mailing Address 855 W Crescent Ave

City Allendale State NJ Zip Code 07401-2113

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

Name of Employer None Occupation None

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 16 / 2014

**Transaction ID : SA11Ai-CN72741**

Amount of Each Receipt this Period  
**200**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Arnold P Ferolito**

Mailing Address 101 Waters Edge Dr

City Jupiter State FL Zip Code 33477

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

Name of Employer RM Broadcasting LLC Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2014

**Transaction ID : SA11Ai-CN72426**

Amount of Each Receipt this Period  
**1000**

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

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

**1600.00**

**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 20 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input 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)  
**Longan For Congress**

**A.** 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 **350**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 19 / 2014**

**Transaction ID : SA11Ai-CN72778**

Amount of Each Receipt this Period  
**100**

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

Mailing Address 99-1647 Aiea Heights Dr

City Aiea	State HI	Zip Code 96701-2913
--------------	-------------	------------------------

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 **215**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 15 / 2014**

**Transaction ID : SA11Ai-CN72619**

Amount of Each Receipt this Period  
**35**

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

Mailing Address 99-1647 Aiea Heights Dr

City Aiea	State HI	Zip Code 96701-2913
--------------	-------------	------------------------

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 **265**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 28 / 2014**

**Transaction ID : SA11Ai-CN73447**

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: (check only one)	PAGE 21 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input 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)  
**Longan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr Dale Fortik**

Mailing Address 3009 Ray Ave

City Caldwell State ID Zip Code 83605-7103

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  
 06 / 06 / 2014

**Transaction ID : SA11Ai-CN74289**

Amount of Each Receipt this Period  
 50

**B.** Full Name (Last, First, Middle Initial)  
**Matthew Fortunato**

Mailing Address 21 Kilroy Rd

City Newton State NJ Zip Code 07860

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

Name of Employer ATD Consultants Occupation Consulting

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 30 / 2014

**Transaction ID : SA11Ai-CN71932**

Amount of Each Receipt this Period  
 250

**C.** Full Name (Last, First, Middle Initial)  
**Samantha Fortunato**

Mailing Address 21 Kilroy Rd

City Newton State NJ Zip Code 07860

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

Name of Employer Self Occupation Logistics Planner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 31 / 2014

**Transaction ID : SA11Ai-CN72174**

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: (check only one)	PAGE 22 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input 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)  
**Longan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Duane Fowler**

Mailing Address PO Box 50081

City Austin State TX Zip Code 78763

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 Y Y  
 05 / 30 / 2014

**Transaction ID : SA11Ai-CN72015**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Tom Fredericksen**

Mailing Address 13463 Margo St

City Omaha State NE Zip Code 68138-6184

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 Y Y  
 06 / 05 / 2014

**Transaction ID : SA11Ai-CN74708**

Amount of Each Receipt this Period  
**50**

**C.** Full Name (Last, First, Middle Initial)  
**MR Edward D Frick**

Mailing Address 2216 Wallace St

City Stroudsburg State PA Zip Code 18360-2809

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 **210**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : SA11Ai-CN72531**

Amount of Each Receipt this Period  
**35**

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

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

**335.00**

**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 23 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MR Edward D Frick**

Mailing Address 2216 Wallace St

City Stroudsburg State PA Zip Code 18360-2809

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 / D D / Y Y Y Y  
**05 / 29 / 2014**

**Transaction ID : SA11Ai-CN73541**

Amount of Each Receipt this Period  
**35**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. James J Fulcomer**

Mailing Address 356 Roberts Ave

City Seaside Pk State NJ Zip Code 08752

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  
**06 / 02 / 2014**

**Transaction ID : SA11Ai-CN72437**

Amount of Each Receipt this Period  
**25**

**C.** 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 **560**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 06 / 2014**

**Transaction ID : SA11Ai-CN74716**

Amount of Each Receipt this Period  
**35**

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

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

**95.00**

**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 24 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input 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)  
**Longan For Congress**

**A.** 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 **270**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 15 / 2014**

**Transaction ID : SA11Ai-CN72637**

Amount of Each Receipt this Period  
**50**

**B.** 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 **320**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 06 / 2014**

**Transaction ID : SA11Ai-CN74243**

Amount of Each Receipt this Period  
**50**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Philip Gibbs**

Mailing Address 231 Fellowship Rd

City Moorestown State NJ Zip Code 08057-3205

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

Name of Employer Information Requested Occupation Information Requested  
**The Gun Shop VP-Retail Sales**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 10 / 2014**

**Transaction ID : SA11Ai-CN72458**

Amount of Each Receipt this Period  
**-1125**  
 Returned Check

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

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

**-1025.00**

**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 25 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input 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)  
**Longan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MS Lise M Goga**

Mailing Address 95-1089 Paemoku PI

City Mililani State HI Zip Code 96789-6524

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  
**06 / 02 / 2014**

**Transaction ID : SA11Ai-CN73751**

Amount of Each Receipt this Period  
**100**

**B.** Full Name (Last, First, Middle Initial)  
**MS Lise M Goga**

Mailing Address 95-1089 Paemoku PI

City Mililani State HI Zip Code 96789-6524

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 **750**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 23 / 2014**

**Transaction ID : SA11Ai-CN74608**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**MR Robert Gripenburg**

Mailing Address 179 Larch Ave

City Dumont State NJ Zip Code 07628-1325

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 **230**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 28 / 2014**

**Transaction ID : SA11Ai-CN73464**

Amount of Each Receipt this Period  
**35**

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

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

**385.00**

**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 26 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input 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)  
**Longan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Dennis Halterman**

Mailing Address 2632 Alden Rd Box 266

City State Zip Code  
Bryn Athyn PA 19009-0266

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

Name of Employer Occupation  
Self Employed CPA

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**215**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 01 / 2014**

**Transaction ID : SA11Ai-CN72416**

Amount of Each Receipt this Period  
**50**

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

Mailing Address 1548 Franklin Cir

City State Zip Code  
Dacula GA 30019-1512

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

Name of Employer Occupation  
None Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 27 / 2014**

**Transaction ID : SA11Ai-CN73324**

Amount of Each Receipt this Period  
**300**

**C.** Full Name (Last, First, Middle Initial)  
**Miss Charlotte Harbs**

Mailing Address 6486 82nd Pl

City State Zip Code  
Middle Village NY 11379-2341

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  
**230**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 27 / 2014**

**Transaction ID : SA11Ai-CN73400**

Amount of Each Receipt this Period  
**50**

**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: (check only one)	PAGE 27 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input 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)  
**Longan For Congress**

**A.** 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 **800**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 27 / 2014**

**Transaction ID : SA11Ai-CN71846**

Amount of Each Receipt this Period  
**200**

**B.** 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 Requested Occupation Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **639**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 29 / 2014**

**Transaction ID : SA11Ai-CN73691**

Amount of Each Receipt this Period  
**113**

**C.** 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 None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 10 / 2014**

**Transaction ID : SA11Ai-CN72380**

Amount of Each Receipt this Period  
**100**

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

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

**413.00**

**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 28 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input 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)  
**Longan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Paul Heilman**

Mailing Address 1354 Oakhurst Ave

City San Carlos State CA Zip Code 94070

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

Name of Employer Twist Bioscience Occupation Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**05 / 30 / 2014**

**Transaction ID : SA11Ai-CN72060**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Kristin B Herendeen**

Mailing Address 7 Maple Rd

City Chatham State NJ Zip Code 07928

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 Y  
**05 / 27 / 2014**

**Transaction ID : SA11Ai-CN71843**

Amount of Each Receipt this Period  
**500**

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

Mailing Address 806 S 6th St

City Hot Springs State SD Zip Code 57747-2841

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 **350**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**05 / 20 / 2014**

**Transaction ID : SA11Ai-CN72990**

Amount of Each Receipt this Period  
**45**

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

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

**795.00**

**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 29 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

Mailing Address 806 S 6th St

City Hot Springs State SD Zip Code 57747-2841

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 **418**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 03 / 2014**

**Transaction ID : SA11Ai-CN74063**

Amount of Each Receipt this Period  
**68**

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

Mailing Address 8958 N Leonard St

City Portland State OR Zip Code 97203-3027

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

Name of Employer Information Requested Occupation Information Requested  
 RETIRED 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 / 15 / 2014**

**Transaction ID : SA11Ai-CN72660**

Amount of Each Receipt this Period  
**20**

**C.** 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 Information Requested Occupation Information Requested  
 NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **415**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 29 / 2014**

**Transaction ID : SA11Ai-CN73554**

Amount of Each Receipt this Period  
**100**

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

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

**188.00**

**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 30 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr Charles G Jackson**

Mailing Address 6940 Scenic Dr

City: Bloomsburg State: PA Zip Code: 17815-8684

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: **06 / 03 / 2014**

**Transaction ID : SA11Ai-CN74695**

Amount of Each Receipt this Period: **35**

**B.** Full Name (Last, First, Middle Initial)  
**Mr Charles G Jackson**

Mailing Address 6940 Scenic Dr

City: Bloomsburg State: PA Zip Code: 17815-8684

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: **06 / 30 / 2014**

**Transaction ID : SA11Ai-CN74755**

Amount of Each Receipt this Period: **30**

**C.** Full Name (Last, First, Middle Initial)  
**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: **750**

Date of Receipt: **05 / 27 / 2014**

**Transaction ID : SA11Ai-CN72271**

Amount of Each Receipt this Period: **250**

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

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

**315.00**

**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 31 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input 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)  
**Longan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**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 **350**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 29 / 2014

**Transaction ID : SA11Ai-CN73700**

Amount of Each Receipt this Period  
 100

**B.** Full Name (Last, First, Middle Initial)  
**Elisabeth A Jalinski**

Mailing Address 1439 Sauvignon Dr

City Toms River State NJ Zip Code 08753

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

Name of Employer Homemaker Occupation Homemaker/Administrative Assistant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 25 / 2014

**Transaction ID : SA11Ai-CN71836**

Amount of Each Receipt this Period  
 2600

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Josh A Jalinski**

Mailing Address 1439 Sauvignon Dr

City Toms River State NJ Zip Code 08753

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

Name of Employer Jalinski Advisory Group Inc. Occupation Financial Advisor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 25 / 2014

**Transaction ID : SA11Ai-CN71834**

Amount of Each Receipt this Period  
 2600

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

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

5300.00

**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 32 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input 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)  
**Longan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Eric Javits**

Mailing Address 150 Bradley Pl Apt 407

City State Zip Code  
Palm Beach FL 33480-3836

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  
500

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 19 / 2014

**Transaction ID : SA11Ai-CN73640**

Amount of Each Receipt this Period  
500

**B.** Full Name (Last, First, Middle Initial)  
**Jim Johnson**

Mailing Address PO Box 1144

City State Zip Code  
Troy MT 59935

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

Name of Employer Occupation  
Chlor Rid marketing

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 20 / 2014

**Transaction ID : SA11Ai-CN68442**

Amount of Each Receipt this Period  
100

**C.** Full Name (Last, First, Middle Initial)  
**Mrs Joyce E Jones**

Mailing Address 1302 NE Trilein Dr

City State Zip Code  
Ankeny IA 50021-4510

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  
223

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 02 / 2014

**Transaction ID : SA11Ai-CN73741**

Amount of Each Receipt this Period  
53

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

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

653.00

**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 155
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Zane Jones**

Mailing Address 405 Chrislyn

City State Zip Code  
Troy TX 76579

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

Name of Employer Occupation  
brookshire brothers pharmacist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 30 / 2014**

**Transaction ID : SA11Ai-CN71994**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**M Jugovich**

Mailing Address 175 W Grand Ave

City State Zip Code  
Montvale NJ 07645-2019

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  
**300**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 09 / 2014**

**Transaction ID : SA11Ai-CN74409**

Amount of Each Receipt this Period  
**200**

**C.** Full Name (Last, First, Middle Initial)  
**Mrs Ferenc Kacsinta**

Mailing Address 7323 Cartwright Ave

City State Zip Code  
Sun Valley CA 91352-5107

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

Name of Employer Occupation  
Requested Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**398.83**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 15 / 2014**

**Transaction ID : SA11Ai-CN72495**

Amount of Each Receipt this Period  
**178.83**

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

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

**1378.83**

**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 34 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A. Mrs Ferenc Kacsinta**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7323 Cartwright Ave  
 City Sun Valley State CA Zip Code 91352-5107  
 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 498.83

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 06 / 2014  
**Transaction ID : SA11Ai-CN74188**  
 Amount of Each Receipt this Period  
 100

**B. MS Mary B Kasbohm**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 149 Fleetwood Ter  
 City Buffalo State NY Zip Code 14221-4469  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Requested Occupation Requested  
 RETIRED RETIRED  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 400

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 06 / 2014  
**Transaction ID : SA11Ai-CN74315**  
 Amount of Each Receipt this Period  
 50

**C. MRS Nancy E Kays**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2231 N Indian Hill Blvd  
 City Claremont State CA Zip Code 91711-1727  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Requested Occupation Requested  
 RET CONTRACTOR RET CONTRACTOR  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 215

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 06 / 2014  
**Transaction ID : SA11Ai-CN74320**  
 Amount of Each Receipt this Period  
 60

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

210.00

**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 35 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input 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)  
**Longan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Earl G Kendrick**

Mailing Address 3964 E Paradise View Dr

City Paradise Valley	State AZ	Zip Code 85253
-------------------------	-------------	-------------------

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

Name of Employer SOFTWARE EXECUTIVE	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  
 05 / 20 / 2014

**Transaction ID : SA11Ai-CN68440**

Amount of Each Receipt this Period  
2600

**B.** Full Name (Last, First, Middle Initial)  
**Ms. Randy Kendrick**

Mailing Address 3964 E Paradise View Dr

City Paradise Valley	State AZ	Zip Code 85253
-------------------------	-------------	-------------------

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 / D D / Y Y Y Y  
 05 / 20 / 2014

**Transaction ID : SA11Ai-CN68439**

Amount of Each Receipt this Period  
2600

**C.** Full Name (Last, First, Middle Initial)  
**MR David H Keyston**

Mailing Address PO Box 7066

City Carmel	State CA	Zip Code 93921-7066
----------------	-------------	------------------------

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  
600

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 19 / 2014

**Transaction ID : SA11Ai-CN72941**

Amount of Each Receipt this Period  
200

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

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

5400.00

**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 36 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input 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)  
**Longan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR David H Keyston**

Mailing Address **PO Box 7066**

City **Carmel** State **CA** Zip Code **93921-7066**

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 **800**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 06 / 2014**

**Transaction ID : SA11Ai-CN74321**

Amount of Each Receipt this Period  
**200**

**B.** 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 **1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 29 / 2014**

**Transaction ID : SA11Ai-CN73490**

Amount of Each Receipt this Period  
**550**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Steven P King**

Mailing Address **39 William Penn Rd**

City **Warren** State **NJ** Zip Code **07059**

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

Name of Employer **Self - Jessy Seafoods USA LLC** Occupation **owner**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 02 / 2014**

**Transaction ID : SA11Ai-CN72310**

Amount of Each Receipt this Period  
**100**

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

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

**850.00**

**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 37 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input 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)  
**Longan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr Allan P Kirby Jr**

Mailing Address **PO Box 90**

City **Mendham** State **NJ** Zip Code **07945**

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

Name of Employer **SELF EMPLOYED** Occupation **INVESTOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 10 / 2014**

**Transaction ID : SA11Ai-CN72455**

Amount of Each Receipt this Period  
**-2600**

Returned Check

**B.** 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 **350**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 27 / 2014**

**Transaction ID : SA11Ai-CN73354**

Amount of Each Receipt this Period  
**50**

**C.** Full Name (Last, First, Middle Initial)  
**Richard Kley**

Mailing Address **4879 S Prestwick Cir**

City **Fayetteville** State **AR** Zip Code **72704**

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

Name of Employer **Bold Dental** Occupation **CEO**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 31 / 2014**

**Transaction ID : SA11Ai-CN72102**

Amount of Each Receipt this Period  
**500**

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

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

**-2050.00**

**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 38 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input 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)  
**Longan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Peter F Knipe**

Mailing Address 289 Mt Hope Ave G-15

City State Zip Code  
Dover NJ 07801

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

Name of Employer Occupation  
Fragomen Procurement Supply Chain

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**225**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 20 / 2014**

**Transaction ID : SA11Ai-CN68457**

Amount of Each Receipt this Period  
**100**

**B.** Full Name (Last, First, Middle Initial)  
**Mr Peter Kukk**

Mailing Address 1 Vincent Rd Apt 4a

City State Zip Code  
Bronxville NY 10708-6523

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  
**300**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 27 / 2014**

**Transaction ID : SA11Ai-CN72283**

Amount of Each Receipt this Period  
**50**

**C.** Full Name (Last, First, Middle Initial)  
**Mr Robert P Lamb**

Mailing Address 500 Hooper Ave

City State Zip Code  
Toms River NJ 08753

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

Name of Employer Occupation  
None Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 23 / 2014**

**Transaction ID : SA11Ai-CN72257**

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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MRS Virginia Lapointe**

Mailing Address 20454 Rancho La Floresta Rd

City	State	Zip Code
Covina	CA	91724-3522

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 **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 06 / 2014**

**Transaction ID : SA11Ai-CN74297**

Amount of Each Receipt this Period  
**100**

**B.** 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 Information Requested	Occupation Information Requested
GUGGEHEIM BROTHERS	MGMT/EXECUTIVES

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **450**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 10 / 2014**

**Transaction ID : SA11Ai-CN72383**

Amount of Each Receipt this Period  
**100**

**C.** 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 Information Requested	Occupation Information Requested
NONE	RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **275**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 16 / 2014**

**Transaction ID : SA11Ai-CN72748**

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: (check only one)	PAGE 40 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input 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)  
**Longan For Congress**

**A.** 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 Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**325**

Date of Receipt  
M M / D D / Y Y Y Y  
**06 / 06 / 2014**

**Transaction ID : SA11Ai-CN74248**

Amount of Each Receipt this Period  
**50**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Andrew S Leong**

Mailing Address 566 Commercial St

City State Zip Code  
San Francisco CA 94111-3028

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  
**300**

Date of Receipt  
M M / D D / Y Y Y Y  
**06 / 02 / 2014**

**Transaction ID : SA11Ai-CN73755**

Amount of Each Receipt this Period  
**100**

**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 Occupation  
CA Dept of Justice Lawyer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**625**

Date of Receipt  
M M / D D / Y Y Y Y  
**05 / 16 / 2014**

**Transaction ID : SA11Ai-CN72704**

Amount of Each Receipt this Period  
**50**

**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: (check only one)	PAGE 41 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input 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)  
**Longan 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 **700**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 06 / 2014

**Transaction ID : SA11Ai-CN74718**

Amount of Each Receipt this Period  
**75**

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

Mailing Address 3955 Montgomery Rd

City Cincinnati State OH Zip Code 45212-3733

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 **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2014

**Transaction ID : SA11Ai-CN74143**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Ms Lorraine Lovelace**

Mailing Address 4974 Rio Verde Dr

City San Jose State CA Zip Code 95118-2303

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 Y Y  
 06 / 05 / 2014

**Transaction ID : SA11Ai-CN74144**

Amount of Each Receipt this Period  
**100**

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

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

**675.00**

**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 42 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr David Loveland**

Mailing Address 709 Eayrestown Rd

City Lumberton State NJ Zip Code 08048-3176

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 Y Y  
**05 / 29 / 2014**

**Transaction ID : SA11Ai-CN73563**

Amount of Each Receipt this Period  
**50**

**B.** Full Name (Last, First, Middle Initial)  
**Ms Deanna Z Macek**

Mailing Address 115 Truman Blvd

City Oakland State NJ Zip Code 07436-2025

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

Name of Employer **Self** Occupation **Health Care**

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  
**05 / 31 / 2014**

**Transaction ID : SA11Ai-CN72170**

Amount of Each Receipt this Period  
**50**

**C.** 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 **335**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 15 / 2014**

**Transaction ID : SA11Ai-CN72661**

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: (check only one)	PAGE 43 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input 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)  
**Longan For Congress**

**A.** 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 **408**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 22 / 2014**

**Transaction ID : SA11Ai-CN71813**

Amount of Each Receipt this Period  
**100**

**B.** 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 **508**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 02 / 2014**

**Transaction ID : SA11Ai-CN72319**

Amount of Each Receipt this Period  
**100**

**C.** 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 **608**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : SA11Ai-CN72398**

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 44 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input 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)  
**Longan For Congress**

**A.** 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 **825**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2014

**Transaction ID : SA11Ai-CN72350**

Amount of Each Receipt this Period  
 100

**B.** Full Name (Last, First, Middle Initial)  
**Anthony S Marinello**

Mailing Address 417 Arneys Mt-birmingham Rd

City Pemberton State NJ Zip Code 08068

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

Name of Employer SAS Group LLC Occupation Private Investigator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **225**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2014

**Transaction ID : SA11Ai-CN72414**

Amount of Each Receipt this Period  
 100

**C.** Full Name (Last, First, Middle Initial)  
**MR Robert T Martin**

Mailing Address 9 Diamond Dr

City Key West State FL Zip Code 33040-5633

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

Name of Employer None Occupation None

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  
 05 / 19 / 2014

**Transaction ID : SA11Ai-CN72929**

Amount of Each Receipt this Period  
 500

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

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

700.00

**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 155  
(check only one)  
 11a 12   
  11b 13a   
  11c 13b   
  11d 14   
  15

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

**A.** Full Name (Last, First, Middle Initial)  
**MR Robert T Martin**

Mailing Address 9 Diamond Dr

City State Zip Code  
Key West FL 33040-5633

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

Name of Employer Occupation  
None None

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**1500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 12 / 2014**

**Transaction ID : SA11Ai-CN74505**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**MR Stefano A Masi**

Mailing Address 4 Squire Ct

City State Zip Code  
Mahwah NJ 07430-1580

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

Name of Employer Occupation  
MASI BOYLE ASSOCIATES ADMINISTRATORS/OFF WORKERS

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**225**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 05 / 2014**

**Transaction ID : SA11Ai-CN74158**

Amount of Each Receipt this Period  
**50**

**C.** Full Name (Last, First, Middle Initial)  
**MRS Marie Matchok**

Mailing Address 12 Gull Cv

City State Zip Code  
Brigantine NJ 08203-1280

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  
**350**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 27 / 2014**

**Transaction ID : SA11Ai-CN73435**

Amount of Each Receipt this Period  
**100**

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

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

**1150.00**

**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 46 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input 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)  
**Longan For Congress**

**A.** 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 Self Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **325**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 27 / 2014**

**Transaction ID : SA11Ai-CN73305**

Amount of Each Receipt this Period  
**100**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Mark McQuillan**

Mailing Address 1087A Prospect Ave.

City Mountainside State NJ Zip Code 07092

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

Name of Employer Capital Contracting Occupation Manager

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  
**06 / 02 / 2014**

**Transaction ID : SA11Ai-CN72425**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**James Mcroberts**

Mailing Address 2937 Cape Henry Dr

City Virginia Beach State VA Zip Code 23451

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

Name of Employer armada hoffer construction company Occupation construction manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 30 / 2014**

**Transaction ID : SA11Ai-CN71902**

Amount of Each Receipt this Period  
**250**

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

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

**850.00**

**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 47 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input 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)  
**Longan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Beverly McVey**

Mailing Address 11925 S 49th W Ave

City Sapulpa State OK Zip Code 74066

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

Name of Employer retired Occupation homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 30 / 2014

**Transaction ID : SA11Ai-CN72038**

Amount of Each Receipt this Period  
 2000

**B.** Full Name (Last, First, Middle Initial)  
**Mrs Mary L Meltzer**

Mailing Address 14 Edgecomb Rd

City Binghamton State NY Zip Code 13905-4017

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 **1500**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 16 / 2014

**Transaction ID : SA11Ai-CN74545**

Amount of Each Receipt this Period  
 400

**C.** Full Name (Last, First, Middle Initial)  
**Mrs Rosemary Mumbach**

Mailing Address 47 Glen St

City Springville State NY Zip Code 14141-1003

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 **210**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 29 / 2014

**Transaction ID : SA11Ai-CN73513**

Amount of Each Receipt this Period  
 75

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

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

2475.00

**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 48 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input 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)  
**Longan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr Theodore F Munday**

Mailing Address 16 Steven Rd

City Kendall Park State NJ Zip Code 08824-1421

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 **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 01 / 2014**

**Transaction ID : SA11Ai-CN72375**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Mr Clair J Murphy**

Mailing Address 1626 Ruth St N

City Saint Paul State MN Zip Code 55119-3064

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 **230**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 23 / 2014**

**Transaction ID : SA11Ai-CN73233**

Amount of Each Receipt this Period  
**40**

**C.** Full Name (Last, First, Middle Initial)  
**Ms. Constance Murray**

Mailing Address 629 Devon Ave

City Moorestown State NJ Zip Code 08057

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

Name of Employer DeLaney Family Chiropractic Occupation Office manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 27 / 2014**

**Transaction ID : SA11Ai-CN72264**

Amount of Each Receipt this Period  
**100**

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

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

**640.00**

**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 49 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Ms Kathleen M Nakasuji**

Mailing Address 200 N 5th St

City Alhambra State CA Zip Code 91801-7442

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 **225**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 20 / 2014**

**Transaction ID : SA11Ai-CN73041**

Amount of Each Receipt this Period  
**25**

**B.** Full Name (Last, First, Middle Initial)  
**MRS Louise Newhold**

Mailing Address 3900 Maris Ct

City Bakersfield State CA Zip Code 93313-3521

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 **206**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 02 / 2014**

**Transaction ID : SA11Ai-CN73780**

Amount of Each Receipt this Period  
**53**

**C.** Full Name (Last, First, Middle Initial)  
**MRS Mary J Noll**

Mailing Address 67 Woodside Dr

City Lumberton State NJ Zip Code 08048-5277

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 **275**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 27 / 2014**

**Transaction ID : SA11Ai-CN73328**

Amount of Each Receipt this Period  
**75**

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

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

**153.00**

**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 50 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mrs Ruth H Northrup**

Mailing Address 8 Sands Point Rd

City Washingtonville State NY Zip Code 10992-2010

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 **275**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 27 / 2014**

**Transaction ID : SA11Ai-CN73330**

Amount of Each Receipt this Period  
**75**

**B.** Full Name (Last, First, Middle Initial)  
**MRS Helen Oberstar**

Mailing Address 512 Belden Hill Rd

City Wilton State CT Zip Code 06897-4221

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 **210**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 15 / 2014**

**Transaction ID : SA11Ai-CN72601**

Amount of Each Receipt this Period  
**70**

**C.** Full Name (Last, First, Middle Initial)  
**MRS Helen Oberstar**

Mailing Address 512 Belden Hill Rd

City Wilton State CT Zip Code 06897-4221

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 **280**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 29 / 2014**

**Transaction ID : SA11Ai-CN73604**

Amount of Each Receipt this Period  
**70**

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

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

**215.00**

**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 51 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MR Richard R Olander**

Mailing Address 1742 N Fitzgerald Ln

City Hanford State CA Zip Code 93230-7901

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 **270**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 15 / 2014**

**Transaction ID : SA11Ai-CN72466**

Amount of Each Receipt this Period  
**60**

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

Mailing Address 1742 N Fitzgerald Ln

City Hanford State CA Zip Code 93230-7901

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 **340**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 02 / 2014**

**Transaction ID : SA11Ai-CN73950**

Amount of Each Receipt this Period  
**70**

**C.** Full Name (Last, First, Middle Initial)  
**MISS Rosie Omlin**

Mailing Address 2743 Baker Rd

City Modesto State CA Zip Code 95358-8263

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

Name of Employer SELF Occupation DAIRY FARMER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 16 / 2014**

**Transaction ID : SA11Ai-CN72707**

Amount of Each Receipt this Period  
**100**

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

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

**230.00**

**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 52 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input 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)  
**Longan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Joseph S Orrico**

Mailing Address 9 Meredith Ct

City Monmouth Beach State NJ Zip Code 07750

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

Name of Employer Prop Blends LLC Occupation Sales

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 30 / 2014**

**Transaction ID : SA11Ai-CN71962**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Stephen Papazoglou**

Mailing Address 724 Morris Blvd

City Toms River State NJ Zip Code 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 **2600**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 19 / 2014**

**Transaction ID : SA11Ai-CN68417**

Amount of Each Receipt this Period  
**1100**

**C.** 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 **265**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 15 / 2014**

**Transaction ID : SA11Ai-CN72644**

Amount of Each Receipt this Period  
**40**

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

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

**1390.00**

**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 53 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr Thomas Pappas**

Mailing Address 4808 S Arden Ave

City State Zip Code  
Sioux Falls SD 57103-5246

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  
**365**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 15 / 2014**

**Transaction ID : SA11Ai-CN72645**

Amount of Each Receipt this Period  
**100**

**B.** Full Name (Last, First, Middle Initial)  
**Mr Nelson Payne**

Mailing Address 37119 Saber Ct

City State Zip Code  
Greenbackville VA 23356-2617

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  
**675**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 27 / 2014**

**Transaction ID : SA11Ai-CN73363**

Amount of Each Receipt this Period  
**25**

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

Mailing Address 909 Cottonwood St

City State Zip Code  
Woodland CA 95695-4314

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  
**205**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 06 / 2014**

**Transaction ID : SA11Ai-CN74358**

Amount of Each Receipt this Period  
**40**

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

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

**165.00**

**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 54 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr Stephen Pinterich**

Mailing Address **27 Hoover Ave**

City **Bloomfield** State **NJ** Zip Code **07003-5226**

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  
**208**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 02 / 2014**

**Transaction ID : SA11Ai-CN73730**

Amount of Each Receipt this Period  
**208**

**B.** Full Name (Last, First, Middle Initial)  
**Phyllis Pohl**

Mailing Address **10510 Laurel Estates Ln**

City **Lake Worth** State **FL** Zip Code **33449-8639**

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  
**244**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 27 / 2014**

**Transaction ID : SA11Ai-CN73308**

Amount of Each Receipt this Period  
**50**

**C.** Full Name (Last, First, Middle Initial)  
**Phyllis Pohl**

Mailing Address **10510 Laurel Estates Ln**

City **Lake Worth** State **FL** Zip Code **33449-8639**

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  
**294**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 27 / 2014**

**Transaction ID : SA11Ai-CN73415**

Amount of Each Receipt this Period  
**50**

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

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

**308.00**

**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 55 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Phyllis Pohl**

Mailing Address 10510 Laurel Estates Ln

City Lake Worth State FL Zip Code 33449-8639

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 **360**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 02 / 2014**

**Transaction ID : SA11Ai-CN73731**

Amount of Each Receipt this Period  
**66**

**B.** Full Name (Last, First, Middle Initial)  
**Phyllis Pohl**

Mailing Address 10510 Laurel Estates Ln

City Lake Worth State FL Zip Code 33449-8639

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 **435**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 02 / 2014**

**Transaction ID : SA11Ai-CN73927**

Amount of Each Receipt this Period  
**75**

**C.** 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 Information Requested Occupation Information Requested  
 Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 19 / 2014**

**Transaction ID : SA11Ai-CN72784**

Amount of Each Receipt this Period  
**50**

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

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

**191.00**

**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 56 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input 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)  
**Longan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MRS Marjorie E Powell**

Mailing Address 265 S Washington St

City State Zip Code  
Constantine MI 49042-1049

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  
**450**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 06 / 2014**

**Transaction ID : SA11Ai-CN74377**

Amount of Each Receipt this Period  
**100**

**B.** Full Name (Last, First, Middle Initial)  
**Ms Elizabeth Quinlan**

Mailing Address 5901 W 107th St Apt 157

City State Zip Code  
Overland Park KS 66207-3843

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  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 15 / 2014**

**Transaction ID : SA11Ai-CN72502**

Amount of Each Receipt this Period  
**150**

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

Mailing Address 5901 W 107th St Apt 157

City State Zip Code  
Overland Park KS 66207-3843

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  
**450**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 02 / 2014**

**Transaction ID : SA11Ai-CN73881**

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: (check only one)	PAGE 57 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MR Dennis Ragone**

Mailing Address 374 Marsh Landing Way

City Venice State FL Zip Code 34292-5316

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 **275**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 01 / 2014**

**Transaction ID : SA11Ai-CN72367**

Amount of Each Receipt this Period  
**100**

**B.** 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 **345**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 27 / 2014**

**Transaction ID : SA11Ai-CN73309**

Amount of Each Receipt this Period  
**60**

**C.** Full Name (Last, First, Middle Initial)  
**MRS Teresa A Regard**

Mailing Address 720 E Cherry Ln

City Arlington Heights State IL Zip Code 60004-3217

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 Y Y  
**05 / 15 / 2014**

**Transaction ID : SA11Ai-CN72481**

Amount of Each Receipt this Period  
**100**

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

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

**260.00**

**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 58 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Quentin Remein**

Mailing Address 18 Wynkoop Ct

City State Zip Code  
Bethesda MD 20817-5936

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  
250

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 23 / 2014

**Transaction ID : SA11Ai-CN73256**

Amount of Each Receipt this Period  
250

**B.** Full Name (Last, First, Middle Initial)  
**Mr Richard G Robertson**

Mailing Address 10510 Clipper Dr

City State Zip Code  
Fairfax Station VA 22039-1918

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

Name of Employer Information Requested Occupation Information Requested  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
312

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 27 / 2014

**Transaction ID : SA11Ai-CN73286**

Amount of Each Receipt this Period  
208

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Thomas Rogers**

Mailing Address 106 W Maple Tree Dr

City State Zip Code  
Westampton NJ 08060-9600

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

Name of Employer Information Requested Occupation Information Requested  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
525

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 17 / 2014

**Transaction ID : SA11Ai-CN68408**

Amount of Each Receipt this Period  
50

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

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

508.00

**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 59 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input 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)  
**Longan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Thomas Rogers**

Mailing Address 106 W Maple Tree Dr

City Westampton State NJ Zip Code 08060-9600

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 **575**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 24 / 2014

**Transaction ID : SA11Ai-CN71826**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 50

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Thomas Rogers**

Mailing Address 106 W Maple Tree Dr

City Westampton State NJ Zip Code 08060-9600

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 **675**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 01 / 2014

**Transaction ID : SA11Ai-CN72345**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Thomas Rogers**

Mailing Address 106 W Maple Tree Dr

City Westampton State NJ Zip Code 08060-9600

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 **700**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11Ai-CN72396**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 25

**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: PAGE 60 OF 155  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Mrs Nancy Rolfs**

Mailing Address 4201 Lakeside Ave N

City State Zip Code  
Brooklyn Center MN 55429-3840

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  
**225**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 06 / 2014**

**Transaction ID : SA11Ai-CN74302**

Amount of Each Receipt this Period  
**75**

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

Mailing Address 600 Jefferson Ave Apt 7

City State Zip Code  
Avon By The Sea NJ 07717-1040

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

Name of Employer Occupation  
Securitas Security Guard

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 27 / 2014**

**Transaction ID : SA11Ai-CN73311**

Amount of Each Receipt this Period  
**200**

**C.** Full Name (Last, First, Middle Initial)  
**Mr Robert W Rosene**

Mailing Address 2550 38th Ave NE Unit 211

City State Zip Code  
Minneapolis MN 55421-5037

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  
**225**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 02 / 2014**

**Transaction ID : SA11Ai-CN73758**

Amount of Each Receipt this Period  
**50**

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

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

**325.00**

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

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

FOR LINE NUMBER: PAGE 61 OF 155  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

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

Mailing Address 2550 38th Ave NE Unit 211

City Minneapolis State MN Zip Code 55421-5037

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 **275**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 02 / 2014**

**Transaction ID : SA11Ai-CN73957**

Amount of Each Receipt this Period  
**50**

**B.** Full Name (Last, First, Middle Initial)  
**MISS Fannie M Rosta SR**

Mailing Address 215 Passaic Ave Apt 5j

City Passaic State NJ Zip Code 07055

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 **210**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 15 / 2014**

**Transaction ID : SA11Ai-CN72520**

Amount of Each Receipt this Period  
**30**

**C.** Full Name (Last, First, Middle Initial)  
**MISS Fannie M Rosta SR**

Mailing Address 215 Passaic Ave Apt 5j

City Passaic State NJ Zip Code 07055

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 **240**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 02 / 2014**

**Transaction ID : SA11Ai-CN73858**

Amount of Each Receipt this Period  
**30**

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

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

**110.00**

**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 62 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input 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)  
**Longan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MISS Fannie M Rosta SR**

Mailing Address 215 Passaic Ave Apt 5j

City Passaic	State NJ	Zip Code 07055
-----------------	-------------	-------------------

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	/	D D	/	Y Y Y Y
06		02		2014

**Transaction ID : SA11Ai-CN73859**

Amount of Each Receipt this Period  
**15**

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

Mailing Address 200 Ocean Lane Dr Apt 1002

City Key Biscayne	State FL	Zip Code 33149-1420
----------------------	-------------	------------------------

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
06		09		2014

**Transaction ID : SA11Ai-CN74417**

Amount of Each Receipt this Period  
**500**

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

Mailing Address 7 Carton Rd

City Morristown	State NJ	Zip Code 07960
--------------------	-------------	-------------------

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

Name of Employer RDC Golf Group	Occupation President
------------------------------------	-------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06		04		2014

**Transaction ID : SA11Ai-CN72453**

Amount of Each Receipt this Period  
**-1300**

Returned Check

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

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

**-785.00**

**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 63 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input 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)  
**Longan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs Barbara P Scidmore**

Mailing Address 5013 Dorsett Dr

City Madison State WI Zip Code 53711-2603

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 Y Y  
 05 / 19 / 2014

**Transaction ID : SA11Ai-CN72882**

Amount of Each Receipt this Period  
 100

**B.** Full Name (Last, First, Middle Initial)  
**Mr Paul H Seidenstucker**

Mailing Address 10790 Rose Ave Unit 106

City Los Angeles State CA Zip Code 90034-4440

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 / D D / Y Y Y Y Y Y  
 05 / 19 / 2014

**Transaction ID : SA11Ai-CN72777**

Amount of Each Receipt this Period  
 200

**C.** Full Name (Last, First, Middle Initial)  
**MR John J Sieffert JR**

Mailing Address 740 Randall Dr

City Troy State MI Zip Code 48085-4853

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 Y Y  
 05 / 15 / 2014

**Transaction ID : SA11Ai-CN72472**

Amount of Each Receipt this Period  
 100

**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: (check only one)	PAGE 64 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input 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)  
**Longan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr Paul Singer**

Mailing Address 1708 Locust St

City Philadelphia State PA Zip Code 19103-6107

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

Name of Employer SELF Occupation FINANCE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 27 / 2014

**Transaction ID : SA11Ai-CN71851**

Amount of Each Receipt this Period  
**350**

**B.** Full Name (Last, First, Middle Initial)  
**MR Robert Steele**

Mailing Address 10210 Stone School Rd

City Prospect State KY Zip Code 40059-9548

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 Y Y  
 05 / 16 / 2014

**Transaction ID : SA11Ai-CN72710**

Amount of Each Receipt this Period  
**75**

**C.** Full Name (Last, First, Middle Initial)  
**Thomas A Stevenson Jr.**

Mailing Address 1032 Hedding-jacksonville Rd

City Bordentown State NJ Zip Code 08505

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

Name of Employer Federal Government Occupation Facilities Planning

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  
 05 / 24 / 2014

**Transaction ID : SA11Ai-CN72255**

Amount of Each Receipt this Period  
**500**

**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: (check only one)	PAGE 65 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input 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)  
**Longan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Sylvia N Strauss**

Mailing Address 315 Wearimus Rd

City State Zip Code  
Hohokus NJ 07423

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

Name of Employer Occupation  
Self Designer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**350**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 01 / 2014**

**Transaction ID : SA11Ai-CN72233**

Amount of Each Receipt this Period  
**350**

**B.** Full Name (Last, First, Middle Initial)  
**MR David Stumbaugh**

Mailing Address 7623 Hayfield Rd

City State Zip Code  
Alexandria VA 22315-4034

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  
**300**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 27 / 2014**

**Transaction ID : SA11Ai-CN73420**

Amount of Each Receipt this Period  
**53**

**C.** Full Name (Last, First, Middle Initial)  
**MR Donald E Switzer**

Mailing Address 455 Laughbaum Dr

City State Zip Code  
Galion OH 44833-1037

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  
**06 / 02 / 2014**

**Transaction ID : SA11Ai-CN73894**

Amount of Each Receipt this Period  
**70**

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

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

**473.00**

**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 66 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input 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)  
**Longan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr Patrick Terry**

Mailing Address 4 Ellington Dr

City Columbus State NJ Zip Code 08022-2300

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 / D D / Y Y Y Y Y Y  
**05 / 27 / 2014**

**Transaction ID : SA11Ai-CN72268**

Amount of Each Receipt this Period  
**200**

**B.** Full Name (Last, First, Middle Initial)  
**Mr James J Thompson**

Mailing Address 1720 Archuleta Dr NE

City Albuquerque State NM Zip Code 87112-4859

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 Y Y  
**05 / 19 / 2014**

**Transaction ID : SA11Ai-CN73636**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**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 **315**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 27 / 2014**

**Transaction ID : SA11Ai-CN73317**

Amount of Each Receipt this Period  
**100**

**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: (check only one)	PAGE 67 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input 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)  
**Longan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR Raymond G Tobin**

Mailing Address **PO Box 710218**

City **San Diego** State **CA** Zip Code **92171-0218**

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 Y Y  
**05 / 15 / 2014**

**Transaction ID : SA11Ai-CN72475**

Amount of Each Receipt this Period  
**300**

**B.** Full Name (Last, First, Middle Initial)  
**MR Raymond G Tobin**

Mailing Address **PO Box 710218**

City **San Diego** State **CA** Zip Code **92171-0218**

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 / D D / Y Y Y Y Y Y  
**06 / 05 / 2014**

**Transaction ID : SA11Ai-CN74710**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**MR Raymond G Tobin**

Mailing Address **PO Box 710218**

City **San Diego** State **CA** Zip Code **92171-0218**

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 / D D / Y Y Y Y Y Y  
**06 / 06 / 2014**

**Transaction ID : SA11Ai-CN74731**

Amount of Each Receipt this Period  
**250**

**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: (check only one)	PAGE 68 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input 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)  
**Longan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr Bruce Townsend**

Mailing Address 701 Oak Ln

City State Zip Code  
Franklin Lakes NJ 07417-2308

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

Name of Employer Occupation  
None Retired

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  
**06 / 02 / 2014**

**Transaction ID : SA11Ai-CN72442**

Amount of Each Receipt this Period  
**50**

**B.** Full Name (Last, First, Middle Initial)  
**MR E Lloyd Treadgold**

Mailing Address 1025 Anza St

City State Zip Code  
San Francisco CA 94118-4009

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  
**355**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 19 / 2014**

**Transaction ID : SA11Ai-CN72828**

Amount of Each Receipt this Period  
**50**

**C.** Full Name (Last, First, Middle Initial)  
**MR E Lloyd Treadgold**

Mailing Address 1025 Anza St

City State Zip Code  
San Francisco CA 94118-4009

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  
**405**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 02 / 2014**

**Transaction ID : SA11Ai-CN73734**

Amount of Each Receipt this Period  
**50**

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

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

**150.00**

**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 69 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input 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)  
**Longan For Congress**

**A. Mr Robert Tritsch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 31 Winchester Oval  
 City New Rochelle State NY Zip Code 10805-2909  
 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 **235**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 20 / 2014  
**Transaction ID : SA11Ai-CN73098**  
 Amount of Each Receipt this Period  
 100

**B. Mrs Margaret Turiello**  
 Full Name (Last, First, Middle Initial)  
 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 **255**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 02 / 2014  
**Transaction ID : SA11Ai-CN72432**  
 Amount of Each Receipt this Period  
 50

**C. MS Betty G Tway**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9601 Southbrook Dr Apt S315  
 City Jacksonville State FL Zip Code 32256-0811  
 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  
 06 / 05 / 2014  
**Transaction ID : SA11Ai-CN74163**  
 Amount of Each Receipt this Period  
 10

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

160.00

**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 70 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MR John Valerius**

Mailing Address 1909 Canterbury St

City Irving State TX Zip Code 75062-3551

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 / D D / Y Y Y Y Y Y  
**06 / 02 / 2014**

**Transaction ID : SA11Ai-CN73934**

Amount of Each Receipt this Period  
**50**

**B.** 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 **550**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 02 / 2014**

**Transaction ID : SA11Ai-CN73787**

Amount of Each Receipt this Period  
**100**

**C.** Full Name (Last, First, Middle Initial)  
**Mr Roy Wagner**

Mailing Address 2824 Wesley Ave

City Ocean City State NJ Zip Code 08226-2342

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 **750**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 06 / 2014**

**Transaction ID : SA11Ai-CN74726**

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: (check only one)	PAGE 71 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MR Calvin E Wahl**

Mailing Address 131 Fuhrman Ave

City Ramsey	State NJ	Zip Code 07446-2252
----------------	-------------	------------------------

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  
**253**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 29 / 2014**

**Transaction ID : SA11Ai-CN73585**

Amount of Each Receipt this Period  
**53**

**B.** Full Name (Last, First, Middle Initial)  
**MR Calvin E Wahl**

Mailing Address 131 Fuhrman Ave

City Ramsey	State NJ	Zip Code 07446-2252
----------------	-------------	------------------------

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  
**303**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 02 / 2014**

**Transaction ID : SA11Ai-CN72434**

Amount of Each Receipt this Period  
**50**

**C.** Full Name (Last, First, Middle Initial)  
**MR J D Walker**

Mailing Address 6917 Bal Lake Dr

City Fort Worth	State TX	Zip Code 76116-8017
--------------------	-------------	------------------------

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  
**213**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 15 / 2014**

**Transaction ID : SA11Ai-CN72577**

Amount of Each Receipt this Period  
**30**

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

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

**133.00**

**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 72 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input 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)  
**Longan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR J D Walker**

Mailing Address 6917 Bal Lake Dr

City State Zip Code  
Fort Worth TX 76116-8017

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

Name of Employer Occupation  
None Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**243**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 02 / 2014**

**Transaction ID : SA11Ai-CN73793**

Amount of Each Receipt this Period  
**30**

**B.** Full Name (Last, First, Middle Initial)  
**MS Margaret T Walker**

Mailing Address 30137 Avenida Tranquilla

City State Zip Code  
Rancho Palos Verdes CA 90275-4516

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  
**240**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 16 / 2014**

**Transaction ID : SA11Ai-CN72665**

Amount of Each Receipt this Period  
**80**

**C.** Full Name (Last, First, Middle Initial)  
**MR James Walsh**

Mailing Address 103 Mineral Springs Rd

City State Zip Code  
Highland Mills NY 10930-6228

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  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 19 / 2014**

**Transaction ID : SA11Ai-CN72963**

Amount of Each Receipt this Period  
**200**

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

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

**310.00**

**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 73 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** 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 **1100**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 27 / 2014**

**Transaction ID : SA11Ai-CN73369**

Amount of Each Receipt this Period  
**100**

**B.** 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 **1200**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 28 / 2014**

**Transaction ID : SA11Ai-CN71877**

Amount of Each Receipt this Period  
**100**

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

Mailing Address 125 Saw Mill Rd

City North Haledon State NJ Zip Code 07508-2712

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 Y Y  
**06 / 10 / 2014**

**Transaction ID : SA11Ai-CN72387**

Amount of Each Receipt this Period  
**35**

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

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

**235.00**

**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 74 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input 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)  
**Longan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Gina M Weaver**

Mailing Address 4 Clarendon Ct

City West Windsor State NJ Zip Code 08550

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

Name of Employer Pfizer Occupation Accountant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 27 / 2014

**Transaction ID : SA11Ai-CN71845**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**Thomas Weinshenker**

Mailing Address 10211 NE Montgomery Blvd Suite 1

City Albuquerque State NM Zip Code 87111

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 Y Y  
 05 / 30 / 2014

**Transaction ID : SA11Ai-CN71969**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Mr Albert E Whitehead**

Mailing Address 3214 E 73rd St

City Tulsa State OK Zip Code 74136-5927

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 Y Y  
 05 / 15 / 2014

**Transaction ID : SA11Ai-CN72478**

Amount of Each Receipt this Period  
**100**

**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: (check only one)	PAGE 75 OF 155
	<input checked="" type="checkbox"/> 11a 12 <input 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)  
**Longan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**John Wiley**

Mailing Address 1508 Sheepford Rd

City Mechanicsburg State PA Zip Code 17055

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

Name of Employer: A chemical company Occupation: A sales engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 31 / 2014**

**Transaction ID : SA11Ai-CN72135**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Mr Joe Yee**

Mailing Address 5960 Lake Crest Way

City Sacramento State CA Zip Code 95822-3306

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 **220**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 06 / 2014**

**Transaction ID : SA11Ai-CN74311**

Amount of Each Receipt this Period  
**100**

**C.** Full Name (Last, First, Middle Initial)  
**Ivan Zuckerman**

Mailing Address 5252 Oak Ln

City Coral Gables State FL Zip Code 33156-3437

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

Name of Employer: N/A 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 Y Y  
**05 / 30 / 2014**

**Transaction ID : SA11Ai-CN72018**

Amount of Each Receipt this Period  
**1000**

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

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

**1350.00**

**43896.83**

**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 76 OF 155
	<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)  
**Lonigan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Rahway Republican City Committee**

Mailing Address 1169 Jefferson Ave

City State Zip Code  
Rahway NJ 07065

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **65**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 27 / 2014

**Transaction ID : SA11B-CN72279**

Amount of Each Receipt this Period  
 65

**B.** 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

**C.** 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).....

65.00

65.00

**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 77 OF 155
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A. Conservative Campaign Committee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 976 Pacific Ave  
 City Willows State CA Zip Code 95988-9788  
 FEC ID number of contributing federal political committee. **C** C00495010  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2014  
**Transaction ID : SA11C-CN72393**  
 Amount of Each Receipt this Period  
 1000

**B. Our Country Deserves Better PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 984  
 City Willows State CA Zip Code 95988  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 5000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2014  
**Transaction ID : SA11C-CN72418**  
 Amount of Each Receipt this Period  
 5000

**C. Sarah PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 7711  
 City Arlington State VA Zip Code 22207  
 FEC ID number of contributing federal political committee. **C** C00458588  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 5000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2014  
**Transaction ID : SA11C-CN72408**  
 Amount of Each Receipt this Period  
 5000

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

11000.00  
 11000.00

**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 78 OF 155
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Steven M Lonigan**

Mailing Address 33 Morton Dr

City Lavallette State NJ Zip Code 08735

FEC ID number of contributing federal political committee. **C H8NJ09088**

Name of Employer Candidate Occupation None

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2014

**Transaction ID : SA11D-CN72454**

Amount of Each Receipt this Period  
-2400

Returned Check

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Steven M Lonigan**

Mailing Address 33 Morton Dr

City Lavallette State NJ Zip Code 08735

FEC ID number of contributing federal political committee. **C H8NJ09088**

Name of Employer Candidate Occupation None

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
249100

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2014

**Transaction ID : SA11D-CN76634**

Amount of Each Receipt this Period  
246500

Conversion from Candidate Loan

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

Mailing Address

City State Zip Code

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

Name of Employer Candidate Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / 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).....

244100.00

244100.00

**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 79 OF 155
	<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)  
**Lonigan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr Steven Lonigan**

Mailing Address 212 Larch Ave

City Bogota State NJ Zip Code 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  
 M M / D D / Y Y Y Y Y Y  
 05 / 16 / 2014

**Transaction ID : SA13a-LN11**

Amount of Each Receipt this Period  
100000

**B.** Full Name (Last, First, Middle Initial)  
**Mr Steven Lonigan**

Mailing Address 212 Larch Ave

City Bogota State NJ Zip Code 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  
 M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2014

**Transaction ID : SA13a-LN13**

Amount of Each Receipt this Period  
100000

**C.** 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 / 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).....

200000.00

200000.00

**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 80 OF 155
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Base Connect Inc</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 16 / 2014
Mailing Address 1155 15th St NW Ste 410		<b>Transaction ID : SA15-RC9</b>
City Washington	State DC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25100.59
Name of Employer	Occupation	List Rental Income
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General Debt 2014	Election Cycle-to-Date 25100.59	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	25100.59
<b>TOTAL</b> This Period (last page this line number only).....	25100.59

**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 81 OF 155			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>A. TD Bank</b>		M M / D D / Y Y Y Y 05 / 15 / 2014	
Mailing Address PO Box 1377		Amount of Each Disbursement this Period	
City Lewiston	State ME	Zip Code 04243	8.00
Purpose of Disbursement Bank Fee		001	<b>Transaction ID : SB17-EX3432</b>
Candidate Name		Category/Type	Bank Fee
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State:	District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>B. TD Bank</b>		M M / D D / Y Y Y Y 05 / 15 / 2014	
Mailing Address PO Box 1377		Amount of Each Disbursement this Period	
City Lewiston	State ME	Zip Code 04243	15.00
Purpose of Disbursement Bank Fee		001	<b>Transaction ID : SB17-EX3433</b>
Candidate Name		Category/Type	Bank Fee
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State:	District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>C. TD Bank</b>		M M / D D / Y Y Y Y 05 / 16 / 2014	
Mailing Address PO Box 1377		Amount of Each Disbursement this Period	
City Lewiston	State ME	Zip Code 04243	15.00
Purpose of Disbursement Bank Fee		001	<b>Transaction ID : SB17-EX3434</b>
Candidate Name		Category/Type	Bank Fee
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	38.00
<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 Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 155			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>A. TD Bank</b>		<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>19</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	05		19		2014
M M	/	D D	/	Y Y Y Y									
05		19		2014									
Mailing Address PO Box 1377		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Lewiston</td> <td>ME</td> <td>04243</td> </tr> </table>		City	State	Zip Code	Lewiston	ME	04243	<table border="1"> <tr> <td>25.00</td> </tr> </table>		25.00			
City	State	Zip Code											
Lewiston	ME	04243											
25.00													
Purpose of Disbursement Bank Fee		Transaction ID : SB17-EX3435											
Candidate Name		Bank Fee											
<table border="1"> <tr> <td>Office Sought:</td> <td>House</td> <td rowspan="3">Disbursement For: 2014</td> </tr> <tr> <td></td> <td>Senate</td> </tr> <tr> <td></td> <td>President</td> </tr> <tr> <td>State:</td> <td>District:</td> <td> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) Primary 2014                 </td> </tr> </table>		Office Sought:	House	Disbursement For: 2014		Senate		President	State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		
Office Sought:	House	Disbursement For: 2014											
	Senate												
	President												
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014											

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>B. TD Bank</b>		<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>19</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	05		19		2014
M M	/	D D	/	Y Y Y Y									
05		19		2014									
Mailing Address PO Box 1377		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Lewiston</td> <td>ME</td> <td>04243</td> </tr> </table>		City	State	Zip Code	Lewiston	ME	04243	<table border="1"> <tr> <td>25.00</td> </tr> </table>		25.00			
City	State	Zip Code											
Lewiston	ME	04243											
25.00													
Purpose of Disbursement Bank Fee		Transaction ID : SB17-EX3436											
Candidate Name		Bank Fee											
<table border="1"> <tr> <td>Office Sought:</td> <td>House</td> <td rowspan="3">Disbursement For: 2014</td> </tr> <tr> <td></td> <td>Senate</td> </tr> <tr> <td></td> <td>President</td> </tr> <tr> <td>State:</td> <td>District:</td> <td> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) Primary 2014                 </td> </tr> </table>		Office Sought:	House	Disbursement For: 2014		Senate		President	State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		
Office Sought:	House	Disbursement For: 2014											
	Senate												
	President												
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014											

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>C. TD Bank</b>		<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>23</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	05		23		2014
M M	/	D D	/	Y Y Y Y									
05		23		2014									
Mailing Address PO Box 1377		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Lewiston</td> <td>ME</td> <td>04243</td> </tr> </table>		City	State	Zip Code	Lewiston	ME	04243	<table border="1"> <tr> <td>25.00</td> </tr> </table>		25.00			
City	State	Zip Code											
Lewiston	ME	04243											
25.00													
Purpose of Disbursement Bank Fee		Transaction ID : SB17-EX3438											
Candidate Name		Bank Fee											
<table border="1"> <tr> <td>Office Sought:</td> <td>House</td> <td rowspan="3">Disbursement For: 2014</td> </tr> <tr> <td></td> <td>Senate</td> </tr> <tr> <td></td> <td>President</td> </tr> <tr> <td>State:</td> <td>District:</td> <td> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) Primary 2014                 </td> </tr> </table>		Office Sought:	House	Disbursement For: 2014		Senate		President	State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		
Office Sought:	House	Disbursement For: 2014											
	Senate												
	President												
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014											

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	75.00
<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 Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 155			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial)		Date of Disbursement											
A. TD Bank		<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>23</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	05		23		2014
M M	/	D D	/	Y Y Y Y									
05		23		2014									
Mailing Address PO Box 1377		Amount of Each Disbursement this Period											
City Lewiston State ME Zip Code 04243		<table border="1"> <tr> <td>25.00</td> </tr> </table>		25.00									
25.00													
Purpose of Disbursement Bank Fee		Transaction ID : SB17-EX3439											
Candidate Name		Bank Fee											
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:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
B. TD Bank		<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>23</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	05		23		2014
M M	/	D D	/	Y Y Y Y									
05		23		2014									
Mailing Address PO Box 1377		Amount of Each Disbursement this Period											
City Lewiston State ME Zip Code 04243		<table border="1"> <tr> <td>25.00</td> </tr> </table>		25.00									
25.00													
Purpose of Disbursement Bank Fee		Transaction ID : SB17-EX3440											
Candidate Name		Bank Fee											
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:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
C. TD Bank		<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>23</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	05		23		2014
M M	/	D D	/	Y Y Y Y									
05		23		2014									
Mailing Address PO Box 1377		Amount of Each Disbursement this Period											
City Lewiston State ME Zip Code 04243		<table border="1"> <tr> <td>15.00</td> </tr> </table>		15.00									
15.00													
Purpose of Disbursement Bank Fee		Transaction ID : SB17-EX3441											
Candidate Name		Bank Fee											
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:													

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	65.00
<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 Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 155			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. TD Bank</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014		
Mailing Address PO Box 1377			Amount of Each Disbursement this Period 15.00		
City Lewiston	State ME	Zip Code 04243	Transaction ID : SB17-EX3442		
Purpose of Disbursement Bank Fee		Category/ Type 001	Bank Fee		
Candidate Name					
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:					

Full Name (Last, First, Middle Initial) <b>B. TD Bank</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014		
Mailing Address PO Box 1377			Amount of Each Disbursement this Period 20.00		
City Lewiston	State ME	Zip Code 04243	Transaction ID : SB17-EX3443		
Purpose of Disbursement Bank Fee		Category/ Type 001	Bank Fee		
Candidate Name					
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:					

Full Name (Last, First, Middle Initial) <b>c. Vanco Services LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014		
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 5.94		
City Minnetonka	State MN	Zip Code 55343	Transaction ID : SB17-EX3334		
Purpose of Disbursement Credit Card Fees		Category/ Type 001	Credit Card Fees		
Candidate Name					
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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	40.94
<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 Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 155			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Vanco Services LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 61.95
City Minnetonka	State MN	Zip Code 55343	Transaction ID : <b>SB17-EX3472</b>
Purpose of Disbursement Credit Card Fees		001 Category/ Type	
Candidate Name		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Credit Card Fees
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. Vanco Services LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 32.83
City Minnetonka	State MN	Zip Code 55343	Transaction ID : <b>SB17-EX3335</b>
Purpose of Disbursement Credit Card Fees		001 Category/ Type	
Candidate Name		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Credit Card Fees
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>c. Vanco Services LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 38.43
City Minnetonka	State MN	Zip Code 55343	Transaction ID : <b>SB17-EX3336</b>
Purpose of Disbursement Credit Card Fees		001 Category/ Type	
Candidate Name		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Credit Card Fees
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	133.21
<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 Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 155			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Vanco Services LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014	
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 25.77	
City Minnetonka	State MN	Zip Code 55343	Transaction ID : SB17-EX3337	
Purpose of Disbursement Credit Card Fees		Category/ Type 001	Credit Card Fees	
Candidate Name				
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:				

Full Name (Last, First, Middle Initial) <b>B. Vanco Services LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014	
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 4.42	
City Minnetonka	State MN	Zip Code 55343	Transaction ID : SB17-EX3338	
Purpose of Disbursement Credit Card Fees		Category/ Type 001	Credit Card Fees	
Candidate Name				
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:				

Full Name (Last, First, Middle Initial) <b>c. Vanco Services LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014	
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 112.04	
City Minnetonka	State MN	Zip Code 55343	Transaction ID : SB17-EX3339	
Purpose of Disbursement Credit Card Fees		Category/ Type 001	Credit Card Fees	
Candidate Name				
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	142.23
<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 Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 155			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Vanco Services LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 2014 19.14
City Minnetonka	State MN	Zip Code 55343	
Purpose of Disbursement Credit Card Fees		Category/ Type 001	<b>Transaction ID : SB17-EX3340</b>
Candidate Name			
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		Credit Card Fees
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. Vanco Services LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 2014 15.58
City Minnetonka	State MN	Zip Code 55343	
Purpose of Disbursement Credit Card Fees		Category/ Type 001	<b>Transaction ID : SB17-EX3341</b>
Candidate Name			
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		Credit Card Fees
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>c. Vanco Services LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 2014 209.73
City Minnetonka	State MN	Zip Code 55343	
Purpose of Disbursement Credit Card Fees		Category/ Type 001	<b>Transaction ID : SB17-EX3342</b>
Candidate Name			
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		Credit Card Fees
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	244.45
<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 Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 155			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Vanco Services LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014	
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 2014 155.39	
City Minnetonka	State MN	Zip Code 55343	Transaction ID : SB17-EX3343	
Purpose of Disbursement Credit Card Fees		Category/ Type 001	Credit Card Fees	
Candidate Name				
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:				

Full Name (Last, First, Middle Initial) <b>B. Vanco Services LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014	
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 2014 31.85	
City Minnetonka	State MN	Zip Code 55343	Transaction ID : SB17-EX3344	
Purpose of Disbursement Credit Card Fees		Category/ Type 001	Credit Card Fees	
Candidate Name				
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:				

Full Name (Last, First, Middle Initial) <b>c. Vanco Services LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014	
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 2014 21.32	
City Minnetonka	State MN	Zip Code 55343	Transaction ID : SB17-EX3345	
Purpose of Disbursement Credit Card Fees		Category/ Type 001	Credit Card Fees	
Candidate Name				
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	208.56
<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 Page	FOR LINE NUMBER: (check only one)		PAGE 89 OF 155	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Vanco Services LLC</b>			Date of Disbursement M M / D D / Y Y Y Y <b>06 / 03 / 2014</b>	
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period <b>824.04</b>	
City Minnetonka	State MN	Zip Code 55343	Transaction ID : <b>SB17-EX3346</b>	
Purpose of Disbursement Credit Card Fees		Category/ Type <b>001</b>	Credit Card Fees	
Candidate Name				
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:				

Full Name (Last, First, Middle Initial) <b>B. Vanco Services LLC</b>			Date of Disbursement M M / D D / Y Y Y Y <b>06 / 04 / 2014</b>	
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period <b>97.33</b>	
City Minnetonka	State MN	Zip Code 55343	Transaction ID : <b>SB17-EX3347</b>	
Purpose of Disbursement Credit Card Fees		Category/ Type <b>001</b>	Credit Card Fees	
Candidate Name				
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:				

Full Name (Last, First, Middle Initial) <b>c. Vanco Services LLC</b>			Date of Disbursement M M / D D / Y Y Y Y <b>06 / 05 / 2014</b>	
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period <b>13.59</b>	
City Minnetonka	State MN	Zip Code 55343	Transaction ID : <b>SB17-EX3348</b>	
Purpose of Disbursement Credit Card Fees		Category/ Type <b>001</b>	Credit Card Fees	
Candidate Name				
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>934.96</b>
<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 Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 155			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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

Full Name (Last, First, Middle Initial) <b>A. Vanco Services LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014	
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 0.73	
City Minnetonka	State MN	Zip Code 55343	Transaction ID : SB17-EX3394	
Purpose of Disbursement Credit Card Fees		Category/ Type 001	Credit Card Fees	
Candidate Name				
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:				

Full Name (Last, First, Middle Initial) <b>B. Vanco Services LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014	
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 1.83	
City Minnetonka	State MN	Zip Code 55343	Transaction ID : SB17-EX3475	
Purpose of Disbursement Credit Card Fees		Category/ Type 001	Credit Card Fees	
Candidate Name				
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:				

Full Name (Last, First, Middle Initial) <b>c. Vanco Services LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014	
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 265.30	
City Minnetonka	State MN	Zip Code 55343	Transaction ID : SB17-EX3395	
Purpose of Disbursement Credit Card Fees		Category/ Type 001	Credit Card Fees	
Candidate Name				
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	267.86
<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 Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 155			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Vanco Services LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2014	
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 0.73	
City Minnetonka	State MN	Zip Code 55343	Transaction ID : SB17-EX3396	
Purpose of Disbursement Credit Card Fees		Category/ Type 001	Credit Card Fees	
Candidate Name				
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:				

Full Name (Last, First, Middle Initial) <b>B. Staples</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014	
Mailing Address 557 Route 17 South			Amount of Each Disbursement this Period 35.06	
City Paramus	State NJ	Zip Code 07652	Transaction ID : SB17-EX3377	
Purpose of Disbursement Office Supplies		Category/ Type 001	Office Supplies	
Candidate Name				
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:				

Full Name (Last, First, Middle Initial) <b>c. Staples</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014	
Mailing Address 557 Route 17 South			Amount of Each Disbursement this Period 834.60	
City Paramus	State NJ	Zip Code 07652	Transaction ID : SB17-EX3378	
Purpose of Disbursement Printing		Category/ Type 001	Printing	
Candidate Name				
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	870.39
<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 Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 155			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 557 Route 17 South		Amount of Each Disbursement this Period 19.97
City Paramus	State NJ	
Purpose of Disbursement Office Supplies	Zip Code 07652	Office Supplies
Candidate Name	Category/ Type 001	
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:		

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 557 Route 17 South		Amount of Each Disbursement this Period 62.17
City Paramus	State NJ	
Purpose of Disbursement Office Supplies	Zip Code 07652	Office Supplies
Candidate Name	Category/ Type 001	
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:		

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 557 Route 17 South		Amount of Each Disbursement this Period 31.30
City Paramus	State NJ	
Purpose of Disbursement Office Supplies	Zip Code 07652	Office Supplies
Candidate Name	Category/ Type 001	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	113.44
<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 Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 155			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement MM / DD / YYYY 05 / 28 / 2014
Mailing Address 557 Route 17 South		Amount of Each Disbursement this Period 112.33
City Paramus	State NJ	
Zip Code 07652	Purpose of Disbursement Office Supplies	Transaction ID : SB17-EX3449
Candidate Name	001 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	Office Supplies
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement MM / DD / YYYY 06 / 02 / 2014
Mailing Address 557 Route 17 South		Amount of Each Disbursement this Period 10.69
City Paramus	State NJ	
Zip Code 07652	Purpose of Disbursement Office Supplies	Transaction ID : SB17-EX3450
Candidate Name	001 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	Office Supplies
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement MM / DD / YYYY 06 / 03 / 2014
Mailing Address 557 Route 17 South		Amount of Each Disbursement this Period 14.74
City Paramus	State NJ	
Zip Code 07652	Purpose of Disbursement Office Supplies	Transaction ID : SB17-EX3451
Candidate Name	001 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	Office Supplies
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	137.76
<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 Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 155			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. United States Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 143 E Ridgewood Ave		Amount of Each Disbursement this Period 663.94 <b>Transaction ID : SB17-EX3421</b>
City Ridgewood	State NJ	
Zip Code 07450	Purpose of Disbursement Postage	Category/ Type 001
Candidate Name	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:	Postage

Full Name (Last, First, Middle Initial) <b>B. United States Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 143 E Ridgewood Ave		Amount of Each Disbursement this Period 64.00 <b>Transaction ID : SB17-EX3422</b>
City Ridgewood	State NJ	
Zip Code 07450	Purpose of Disbursement PO Box Rental	Category/ Type 001
Candidate Name	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:	PO Box Rental

Full Name (Last, First, Middle Initial) <b>c. Treasurer State Of New Jersey</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address PO Box 111		Amount of Each Disbursement this Period 579.94 <b>Transaction ID : SB17-EX3385</b>
City Trenton	State NJ	
Zip Code 08625	Purpose of Disbursement Payroll Taxes	Category/ Type 001
Candidate Name	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:	Payroll Taxes

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	663.94
<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 Page	FOR LINE NUMBER: (check only one)		PAGE 95 OF 155	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Airnet Group Inc.</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2014
Mailing Address P.O. Box 11181		Amount of Each Disbursement this Period 516.94
City Chattanooga	State TN	Zip Code 37401
Purpose of Disbursement Technical Support	Category/Type 001	
Candidate Name		Transaction ID : SB17-EX3476
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: _____	

Full Name (Last, First, Middle Initial) <b>B. Obed Bazakian</b>		Date of Disbursement MM / DD / YYYY 05 / 19 / 2014
Mailing Address 38 E. Ridgewood Avenue #181		Amount of Each Disbursement this Period 1047.45
City Ridgewood	State NJ	Zip Code 07450
Purpose of Disbursement Payroll	Category/Type 001	
Candidate Name		Transaction ID : SB17-EX3370
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: _____	

Full Name (Last, First, Middle Initial) <b>c. Obed Bazakian</b>		Date of Disbursement MM / DD / YYYY 06 / 03 / 2014
Mailing Address 38 E. Ridgewood Avenue #181		Amount of Each Disbursement this Period 1030.44
City Ridgewood	State NJ	Zip Code 07450
Purpose of Disbursement Payroll	Category/Type 001	
Candidate Name		Transaction ID : SB17-EX3371
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: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2594.83
<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 Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 155			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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

Full Name (Last, First, Middle Initial) <b>A. Gretchen Hahn</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address 38 E. Ridgewood Avenue #181		Amount of Each Disbursement this Period 1039.50
City Ridgewood	State NJ	Zip Code 07450
Purpose of Disbursement Fundraising Consulting	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX3372
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:	Fundraising Consulting	

Full Name (Last, First, Middle Initial) <b>B. Christopher Santora</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 38 E. Ridgewood Avenue #181		Amount of Each Disbursement this Period 2074.98
City Ridgewood	State NJ	Zip Code 07450
Purpose of Disbursement Payroll	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX3354
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:	Payroll	

Full Name (Last, First, Middle Initial) <b>c. Christopher Santora</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 38 E. Ridgewood Avenue #181		Amount of Each Disbursement this Period 2074.98
City Ridgewood	State NJ	Zip Code 07450
Purpose of Disbursement Payroll	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX3355
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:	Payroll	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5189.46
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17-EX3372

Three disbursements that appeared as outstanding debt on the preprimary report were not reported in the original July quarterly report. Because of the overlap in the month of the preprimary report the disbursements had for a time a date prior to May 15 that is they were listed with their invoice date. When the checks cleared and the dates were corrected in the campaign software to match the bank statement it was after the original report had been filed. The disbursements reconcile and match the bank statements and are now reported correctly. They are Gretchen Hahn for \$1039.50 on 5/19; \$586.28 to Conni Murray on 5/19 and \$5000 to Arthur Finkelstein and Associates on 5/15. Thanks!

Form/Schedule:

Transaction ID:

**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 98 OF 155			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. First Virginia Community Bank</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 11325 Random Hills Rd			Amount of Each Disbursement this Period 353.30
City Fairfax	State VA	Zip Code 22030	
Purpose of Disbursement Fundraising		Candidate Name	Transaction ID : SB17-EX3481
Category/Type 001			
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>B. First Virginia Community Bank</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 11325 Random Hills Rd			Amount of Each Disbursement this Period 54.00
City Fairfax	State VA	Zip Code 22030	
Purpose of Disbursement Fundraising		Candidate Name	Transaction ID : SB17-EX3482
Category/Type 001			
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>c. First Virginia Community Bank</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address 11325 Random Hills Rd			Amount of Each Disbursement this Period 310.02
City Fairfax	State VA	Zip Code 22030	
Purpose of Disbursement Fundraising		Candidate Name	Transaction ID : SB17-EX3483
Category/Type 001			
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	717.32
<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 Page	FOR LINE NUMBER: (check only one)		PAGE 99 OF 155	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Nicholas Hladick</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 38 E. Ridgewood Avenue #181		Amount of Each Disbursement this Period 1179.39
City Ridgewood	State NJ	Zip Code 07450
Purpose of Disbursement Payroll	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX3368
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:	Payroll	

Full Name (Last, First, Middle Initial) <b>B. Nicholas Hladick</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 38 E. Ridgewood Avenue #181		Amount of Each Disbursement this Period 620.37
City Ridgewood	State NJ	Zip Code 07450
Purpose of Disbursement Payroll	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX3369
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:	Payroll	

Full Name (Last, First, Middle Initial) <b>c. Capitol Caging Corp</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 504 SHAW ROAD SUITE 217		Amount of Each Disbursement this Period 500.00
City STERLING	State VA	Zip Code 20166
Purpose of Disbursement Fundraising	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX3480
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:	Fundraising	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2299.76
<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 Page	FOR LINE NUMBER: (check only one)		PAGE 100 OF 155	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Capitol Caging Corp</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 18 / 2014</b>
Mailing Address <b>504 SHAW ROAD SUITE 217</b>		Amount of Each Disbursement this Period <b>748.00</b>
City <b>STERLING</b>	State <b>VA</b>	Zip Code <b>20166</b>
Purpose of Disbursement <b>Fundraising</b>	Category/Type <b>001</b>	
Candidate Name		<b>Transaction ID : SB17-EX3488</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>Primary 2014</b>	<b>Fundraising</b>
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Capitol Caging Corp</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 25 / 2014</b>
Mailing Address <b>504 SHAW ROAD SUITE 217</b>		Amount of Each Disbursement this Period <b>41.10</b>
City <b>STERLING</b>	State <b>VA</b>	Zip Code <b>20166</b>
Purpose of Disbursement <b>Fundraising</b>	Category/Type <b>001</b>	
Candidate Name		<b>Transaction ID : SB17-EX3489</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>Primary 2014</b>	<b>Fundraising</b>
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>c. Impact Dialing LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 02 / 2014</b>
Mailing Address <b>70 NE Tillamook Street</b>		Amount of Each Disbursement this Period <b>450.00</b>
City <b>Portland</b>	State <b>OR</b>	Zip Code <b>97212</b>
Purpose of Disbursement <b>Phone Bank</b>	Category/Type <b>001</b>	
Candidate Name		<b>Transaction ID : SB17-EX3388</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>Primary 2014</b>	<b>Phone Bank</b>
State: _____ District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1239.10</b>
<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 Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 155			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Impact Dialing LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 70 NE Tillamook Street			Amount of Each Disbursement this Period 200.00 <b>Transaction ID : SB17-EX3389</b>
City Portland	State OR	Zip Code 97212	
Purpose of Disbursement Phone Bank		Candidate Name	Category/ Type 001
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		Phone Bank	
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. Impact Dialing LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 70 NE Tillamook Street			Amount of Each Disbursement this Period 200.00 <b>Transaction ID : SB17-EX3390</b>
City Portland	State OR	Zip Code 97212	
Purpose of Disbursement Phone Bank		Candidate Name	Category/ Type 001
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		Phone Bank	
State:	District:		

Full Name (Last, First, Middle Initial) <b>c. Impact Dialing LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 70 NE Tillamook Street			Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17-EX3391</b>
City Portland	State OR	Zip Code 97212	
Purpose of Disbursement Phone Bank		Candidate Name	Category/ Type 001
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		Phone Bank	
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	500.00
<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 Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 155			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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

Full Name (Last, First, Middle Initial) <b>A. Best Buy</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 52 Chambers Bridge Rd		Amount of Each Disbursement this Period 106.99
City Brick	State NJ	Zip Code 08723
Purpose of Disbursement Computer Equipment	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX3407
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:	Computer Equipment	

Full Name (Last, First, Middle Initial) <b>B. Century Data Mailing Systems</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount of Each Disbursement this Period 22737.61
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement Postage	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX3477
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:	Postage	

Full Name (Last, First, Middle Initial) <b>c. Century Data Mailing Systems</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount of Each Disbursement this Period 32488.80
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement Fundraising	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX3484
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:	Fundraising	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	55333.40
<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 Page	FOR LINE NUMBER: (check only one)		PAGE 103 OF 155	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Century Data Mailing Systems</b>			Date of Disbursement M M / D D / Y Y Y Y <b>06 / 12 / 2014</b>	
Mailing Address <b>1155 - 15TH STREET NW SUITE 410</b>			Amount of Each Disbursement this Period <b>16877.63</b>	
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20005</b>	Transaction ID : <b>SB17-EX3485</b>	
Purpose of Disbursement <b>Fundraising</b>		Category/ Type <b>001</b>	Fundraising	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>Primary 2014</b>			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Century Data Mailing Systems</b>			Date of Disbursement M M / D D / Y Y Y Y <b>06 / 17 / 2014</b>	
Mailing Address <b>1155 - 15TH STREET NW SUITE 410</b>			Amount of Each Disbursement this Period <b>23459.15</b>	
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20005</b>	Transaction ID : <b>SB17-EX3486</b>	
Purpose of Disbursement <b>Fundraising</b>		Category/ Type <b>001</b>	Fundraising	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>Primary 2014</b>			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Century Data Mailing Systems</b>			Date of Disbursement M M / D D / Y Y Y Y <b>06 / 17 / 2014</b>	
Mailing Address <b>1155 - 15TH STREET NW SUITE 410</b>			Amount of Each Disbursement this Period <b>6503.57</b>	
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20005</b>	Transaction ID : <b>SB17-EX3487</b>	
Purpose of Disbursement <b>Fundraising</b>		Category/ Type <b>001</b>	Fundraising	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>Primary 2014</b>			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>46840.35</b>
<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 Page	FOR LINE NUMBER: (check only one)		PAGE 104 OF 155	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Simpkins Escrow LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 29243 St Just Dr		Amount of Each Disbursement this Period 368.69
City UNIONVILLE	State VA	
Zip Code 22567	Purpose of Disbursement Fundraising	<b>Transaction ID : SB17-EX3478</b>
Candidate Name	001 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>B. Arthur J. Finkelstein &amp; Assoc. Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 16 North Astor Street		Amount of Each Disbursement this Period 5000.00
City Irvington	State NY	
Zip Code 10533	Purpose of Disbursement Strategic Consulting	<b>Transaction ID : SB17-EX3323</b>
Candidate Name	001 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	Strategic Consulting
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Arthur J. Finkelstein &amp; Assoc. Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 16 North Astor Street		Amount of Each Disbursement this Period 6600.00
City Irvington	State NY	
Zip Code 10533	Purpose of Disbursement Polling	<b>Transaction ID : SB17-EX3324</b>
Candidate Name	001 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	Polling
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11968.69
<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 Page	FOR LINE NUMBER: (check only one)		PAGE 105 OF 155	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Campaign Marketing Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 19 / 2014</b>
Mailing Address <b>3240 Wilson Boulevard Suite 202</b>		Amount of Each Disbursement this Period <b>724.91</b>
City <b>Arlington</b> State <b>VA</b> Zip Code <b>22201</b>	Purpose of Disbursement <b>Phone Bank</b>	<b>Transaction ID : SB17-EX3351</b>
Candidate Name	Category/Type <b>001</b>	Phone Bank
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>Primary 2014</b>	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Campaign Marketing Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 11 / 2014</b>
Mailing Address <b>3240 Wilson Boulevard Suite 202</b>		Amount of Each Disbursement this Period <b>3443.16</b>
City <b>Arlington</b> State <b>VA</b> Zip Code <b>22201</b>	Purpose of Disbursement <b>Robo Calls</b>	<b>Transaction ID : SB17-EX3352</b>
Candidate Name	Category/Type <b>001</b>	Robo Calls
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>Primary 2014</b>	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Campaign Marketing Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 26 / 2014</b>
Mailing Address <b>3240 Wilson Boulevard Suite 202</b>		Amount of Each Disbursement this Period <b>4089.14</b>
City <b>Arlington</b> State <b>VA</b> Zip Code <b>22201</b>	Purpose of Disbursement <b>Teleconferencing Services</b>	<b>Transaction ID : SB17-EX3473</b>
Candidate Name	Category/Type <b>001</b>	Teleconferencing Services
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>Primary 2014</b>	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>8257.21</b>
<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 Page	FOR LINE NUMBER: (check only one)		PAGE 106 OF 155	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Home Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 1035 Rt 1		Amount of Each Disbursement this Period 89.19
City Edison	State NJ Zip Code 08837	
Purpose of Disbursement Signage	Category/Type 001	<b>Transaction ID : SB17-EX3415</b>
Candidate Name		
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	Signage
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 26 E Ridgewood Ave		Amount of Each Disbursement this Period 48.15
City Ridgewood	State NJ Zip Code 07450	
Purpose of Disbursement Telecommunications	Category/Type 001	<b>Transaction ID : SB17-EX3410</b>
Candidate Name		
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	Telecommunications
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 26 E Ridgewood Ave		Amount of Each Disbursement this Period 48.15
City Ridgewood	State NJ Zip Code 07450	
Purpose of Disbursement Telecommunications	Category/Type 001	<b>Transaction ID : SB17-EX3411</b>
Candidate Name		
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	Telecommunications
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	185.49
<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 Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 155			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 26 E Ridgewood Ave		Amount of Each Disbursement this Period 37.45
City Ridgewood	State NJ	
Purpose of Disbursement Telecommunications	Zip Code 07450	Telecommunications
Candidate Name	Category/ Type 001	
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:		

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 26 E Ridgewood Ave		Amount of Each Disbursement this Period 37.45
City Ridgewood	State NJ	
Purpose of Disbursement Telecommunications	Zip Code 07450	Telecommunications
Candidate Name	Category/ Type 001	
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:		

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 26 E Ridgewood Ave		Amount of Each Disbursement this Period 37.45
City Ridgewood	State NJ	
Purpose of Disbursement Telecommunications	Zip Code 07450	Telecommunications
Candidate Name	Category/ Type 001	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	112.35
<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 Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 155			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Holiday Inn Toms River</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 290 Highway 37 E		Amount of Each Disbursement this Period 250.00
City Toms River	State NJ	Zip Code 08753
Purpose of Disbursement Room Rental	Category/ Type 001	
Candidate Name	Transaction ID : SB17-EX3374	
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:	Room Rental	

Full Name (Last, First, Middle Initial) <b>B. Holiday Inn Toms River</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 290 Highway 37 E		Amount of Each Disbursement this Period 265.98
City Toms River	State NJ	Zip Code 08753
Purpose of Disbursement Lodging	Category/ Type 001	
Candidate Name	Transaction ID : SB17-EX3375	
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:	Lodging	

Full Name (Last, First, Middle Initial) <b>C. Holiday Inn Toms River</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 290 Highway 37 E		Amount of Each Disbursement this Period 960.22
City Toms River	State NJ	Zip Code 08753
Purpose of Disbursement Room Rental	Category/ Type 001	
Candidate Name	Transaction ID : SB17-EX3376	
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:	Room Rental	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1476.22
<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 Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 155			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <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 / 19 / 2014	
Mailing Address 5 Halifax Ct			Amount of Each Disbursement this Period 1662.40	
City Marlton	State NJ	Zip Code 08053	Transaction ID : SB17-EX3363	
Purpose of Disbursement Payroll		Category/ Type 001		
Candidate Name			Payroll	
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:				

Full Name (Last, First, Middle Initial) <b>B. Elizabeth Curtis</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014	
Mailing Address 5 Halifax Ct			Amount of Each Disbursement this Period 1622.39	
City Marlton	State NJ	Zip Code 08053	Transaction ID : SB17-EX3364	
Purpose of Disbursement Payroll		Category/ Type 001		
Candidate Name			Payroll	
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:				

Full Name (Last, First, Middle Initial) <b>C. Elizabeth Curtis</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014	
Mailing Address 5 Halifax Ct			Amount of Each Disbursement this Period 2500.00	
City Marlton	State NJ	Zip Code 08053	Transaction ID : SB17-EX3365	
Purpose of Disbursement Compliance		Category/ Type 001		
Candidate Name			Compliance	
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5784.79
<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 Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 155			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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

Full Name (Last, First, Middle Initial) <b>A. Internal Revenue Service</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 04 / 2014</b>
Mailing Address <b>PO Box 931000</b>		Amount of Each Disbursement this Period <b>6246.94</b>
City <b>Louisville</b> State <b>KY</b> Zip Code <b>40293</b>	Purpose of Disbursement <b>Payroll Taxes</b>	<b>Transaction ID : SB17-EX3325</b>
Candidate Name	Category/Type <b>001</b>	Payroll Taxes
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>Primary 2014</b>	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Lakes Office Supply</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 30 / 2014</b>
Mailing Address <b>737 Stokes Rd</b>		Amount of Each Disbursement this Period <b>55.64</b>
City <b>Medford</b> State <b>NJ</b> Zip Code <b>08055</b>	Purpose of Disbursement <b>Office Supplies</b>	<b>Transaction ID : SB17-EX3418</b>
Candidate Name	Category/Type <b>001</b>	Office Supplies
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>Primary 2014</b>	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Intuit</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 29 / 2014</b>
Mailing Address <b>2632 Marine Way</b>		Amount of Each Disbursement this Period <b>66.00</b>
City <b>Mountain View</b> State <b>CA</b> Zip Code <b>94043</b>	Purpose of Disbursement <b>Payroll Processing Fee</b>	<b>Transaction ID : SB17-EX3419</b>
Candidate Name	Category/Type <b>001</b>	Payroll Processing Fee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>Primary 2014</b>	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>6368.58</b>
<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 Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 155			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. William McClintock Associates</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 1583 E 2nd St			Amount of Each Disbursement this Period 1009.01
City Scotch Plains	State NJ	Zip Code 07076	Transaction ID : <b>SB17-EX3474</b>
Purpose of Disbursement Stationary		Category/ Type 001	
Candidate Name			Stationary
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:		

Full Name (Last, First, Middle Initial) <b>B. Labels &amp; Lists Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 2500 116th Ave NE #3			Amount of Each Disbursement this Period 214.00
City Bellevue	State WA	Zip Code 98004	Transaction ID : <b>SB17-EX3398</b>
Purpose of Disbursement List Acquisition		Category/ Type 001	
Candidate Name			List Acquisition
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:		

Full Name (Last, First, Middle Initial) <b>c. Labels &amp; Lists Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address 2500 116th Ave NE #3			Amount of Each Disbursement this Period 214.00
City Bellevue	State WA	Zip Code 98004	Transaction ID : <b>SB17-EX3399</b>
Purpose of Disbursement List Acquisition		Category/ Type 001	
Candidate Name			List Acquisition
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1437.01
<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 Page	FOR LINE NUMBER: (check only one)		PAGE 112 OF 155	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Charles C Johnson Research Services</b>			Date of Disbursement M M / D D / Y Y Y Y <b>05 / 28 / 2014</b>	
Mailing Address <b>1986 Verde Vista Dr</b>			Amount of Each Disbursement this Period <b>1675.00</b>	
City <b>Monterey Park</b>	State <b>CA</b>	Zip Code <b>91754</b>	Transaction ID : <b>SB17-EX3326</b>	
Purpose of Disbursement <b>Media - television</b>		Category/Type <b>001</b>		
Candidate Name			Media - television	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>Primary 2014</b>			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Charles C Johnson Research Services</b>			Date of Disbursement M M / D D / Y Y Y Y <b>06 / 04 / 2014</b>	
Mailing Address <b>1986 Verde Vista Dr</b>			Amount of Each Disbursement this Period <b>6200.00</b>	
City <b>Monterey Park</b>	State <b>CA</b>	Zip Code <b>91754</b>	Transaction ID : <b>SB17-EX3327</b>	
Purpose of Disbursement <b>Research Services</b>		Category/Type <b>001</b>		
Candidate Name			Research Services	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>Primary 2014</b>			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Creative Direct LLC</b>			Date of Disbursement M M / D D / Y Y Y Y <b>05 / 19 / 2014</b>	
Mailing Address <b>25 E Main St</b>			Amount of Each Disbursement this Period <b>27983.00</b>	
City <b>Richmond</b>	State <b>VA</b>	Zip Code <b>23219</b>	Transaction ID : <b>SB17-EX3318</b>	
Purpose of Disbursement <b>Advertising - Print</b>		Category/Type <b>001</b>		
Candidate Name			Advertising - Print	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>Primary 2014</b>			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>35858.00</b>
<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 Page	FOR LINE NUMBER: (check only one)		PAGE 113 OF 155	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Creative Direct LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 25 E Main St		Amount of Each Disbursement this Period 50000.00
City Richmond	State VA Zip Code 23219	
Purpose of Disbursement Advertising - Print	Category/Type 001	<b>Transaction ID : SB17-EX3319</b>
Candidate Name		
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	Advertising - Print
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Creative Direct LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 25 E Main St		Amount of Each Disbursement this Period 45807.00
City Richmond	State VA Zip Code 23219	
Purpose of Disbursement Advertising - Print	Category/Type 001	<b>Transaction ID : SB17-EX3320</b>
Candidate Name		
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	Advertising - Print
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Alexa Coombs</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 10524 Rosehaven St #111		Amount of Each Disbursement this Period 674.89
City Fairfax	State VA Zip Code 22030	
Purpose of Disbursement Payroll	Category/Type 001	<b>Transaction ID : SB17-EX3381</b>
Candidate Name		
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	Payroll
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	96481.89
<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 Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 155			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Alexa Coombs</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 10524 Rosehaven St #111		Amount of Each Disbursement this Period 674.89
City Fairfax	State VA	Zip Code 22030
Purpose of Disbursement Payroll	Category/ Type 001	
Candidate Name		Transaction ID : <b>SB17-EX3382</b>
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:	Payroll	

Full Name (Last, First, Middle Initial) <b>B. HostGator.com LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2014
Mailing Address 5005 Mitchelldale Ste 100		Amount of Each Disbursement this Period 49.95
City Houston	State TX	Zip Code 77092
Purpose of Disbursement Web Hosting	Category/ Type 001	
Candidate Name		Transaction ID : <b>SB17-EX3426</b>
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:	Web Hosting	

Full Name (Last, First, Middle Initial) <b>c. Strategic Compliance Resources LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 2100 E Katella Ave #408		Amount of Each Disbursement this Period 210.00
City Anaheim	State CA	Zip Code 92806
Purpose of Disbursement Technical Support	Category/ Type 001	
Candidate Name		Transaction ID : <b>SB17-EX3446</b>
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:	Technical Support	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	934.84
<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 Page	FOR LINE NUMBER: (check only one)		PAGE 115 OF 155	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Constance Murray</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 629 Devon Ave		Amount of Each Disbursement this Period 586.28
City Moorestown	State NJ	
Zip Code 08057	Purpose of Disbursement See Memo Item Below	<b>Transaction ID : SB17-EX3331</b>
Candidate Name	001 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	See Memo Item Below
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 557 Route 17 South		Amount of Each Disbursement this Period 96.28
City Paramus	State NJ	
Zip Code 07652	Purpose of Disbursement Office Supplies	<b>Transaction ID : SB17-EX3332</b>
Candidate Name	001 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	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. United States Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 143 E Ridgewood Ave		Amount of Each Disbursement this Period 490.00
City Ridgewood	State NJ	
Zip Code 07450	Purpose of Disbursement Postage	<b>Transaction ID : SB17-EX3333</b>
Candidate Name	001 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	<b>[MEMO ITEM]</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	586.28
<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 Page	FOR LINE NUMBER: (check only one)		PAGE 116 OF 155	
	<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. Constance Murray</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 629 Devon Ave		Amount of Each Disbursement this Period 826.19
City Moorestown	State NJ	
Zip Code 08057	Purpose of Disbursement Payroll	<b>Transaction ID : SB17-EX3328</b>
Candidate Name	Category/Type 001	
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	Payroll
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Constance Murray</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 629 Devon Ave		Amount of Each Disbursement this Period 5462.27
City Moorestown	State NJ	
Zip Code 08057	Purpose of Disbursement See Memo Items Below	<b>Transaction ID : SB17-EX3464</b>
Candidate Name	Category/Type 001	
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	See Memo Items Below
State: District:		

Full Name (Last, First, Middle Initial) <b>c. United States Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 143 E Ridgewood Ave		Amount of Each Disbursement this Period 4833.22
City Ridgewood	State NJ	
Zip Code 07450	Purpose of Disbursement Postage	<b>Transaction ID : SB17-EX3465</b>
Candidate Name	Category/Type 001	
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	<b>[MEMO ITEM]</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6288.46
<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 Page	FOR LINE NUMBER: (check only one)		PAGE 117 OF 155	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 557 Route 17 South		Amount of Each Disbursement this Period 001 20.87
City Paramus	State NJ	
Zip Code 07652	Purpose of Disbursement Office Supplies	Transaction ID : SB17-EX3466 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type 001	
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:		

Full Name (Last, First, Middle Initial) <b>B. Lowe's</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 2194 Rt 35		Amount of Each Disbursement this Period 001 431.42
City Holmdel	State NJ	
Zip Code 07733	Purpose of Disbursement Signage	Transaction ID : SB17-EX3467 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type 001	
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:		

Full Name (Last, First, Middle Initial) <b>c. Nick's Pizza &amp; Pasta</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 141C Rt. 130 S		Amount of Each Disbursement this Period 001 97.48
City Cinnaminson	State NJ	
Zip Code 08077	Purpose of Disbursement Meals	Transaction ID : SB17-EX3468 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type 001	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 Page	FOR LINE NUMBER: (check only one)		PAGE 118 OF 155	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. AC Moore Arts &amp; Crafts</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address Eastgate Square		Amount of Each Disbursement this Period 4.28
City Mt. Laurel	State NJ	
Zip Code 08054	Purpose of Disbursement Office Supplies	Transaction ID : <b>SB17-EX3469</b>
Candidate Name	001 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	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Moorestown Community House</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 16 E Main St		Amount of Each Disbursement this Period 75.00
City Moorestown	State NJ	
Zip Code 08057	Purpose of Disbursement Room Rental	Transaction ID : <b>SB17-EX3470</b>
Candidate Name	001 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	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Constance Murray</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 629 Devon Ave		Amount of Each Disbursement this Period 771.67
City Moorestown	State NJ	
Zip Code 08057	Purpose of Disbursement Payroll	Transaction ID : <b>SB17-EX3329</b>
Candidate Name	001 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	Payroll
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	771.67
<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 Page	FOR LINE NUMBER: (check only one)		PAGE 119 OF 155	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Constance Murray</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 04 / 2014</b>
Mailing Address <b>629 Devon Ave</b>		Amount of Each Disbursement this Period <b>751.91</b>
City <b>Moorestown</b> State <b>NJ</b> Zip Code <b>08057</b>	Purpose of Disbursement See Memo Items Below	<b>001</b> Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>Primary 2014</b>
State: District:	See Memo Items Below	

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 04 / 2014</b>
Mailing Address <b>557 Route 17 South</b>		Amount of Each Disbursement this Period <b>55.61</b>
City <b>Paramus</b> State <b>NJ</b> Zip Code <b>07652</b>	Purpose of Disbursement Office Supplies	<b>001</b> Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>Primary 2014</b>
State: District:	<b>[MEMO ITEM]</b>	

Full Name (Last, First, Middle Initial) <b>c. Lakes Office Supply</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 04 / 2014</b>
Mailing Address <b>737 Stokes Rd</b>		Amount of Each Disbursement this Period <b>64.20</b>
City <b>Medford</b> State <b>NJ</b> Zip Code <b>08055</b>	Purpose of Disbursement Printing	<b>001</b> Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>Primary 2014</b>
State: District:	<b>[MEMO ITEM]</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>751.91</b>
<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 Page	FOR LINE NUMBER: (check only one)		PAGE 120 OF 155	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. United States Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 143 E Ridgewood Ave		Amount of Each Disbursement this Period 632.10
City Ridgewood	State NJ	
Zip Code 07450	Purpose of Disbursement Postage	Transaction ID : <b>SB17-EX3463</b>
Candidate Name	001 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	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Constance Murray</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 629 Devon Ave		Amount of Each Disbursement this Period 164.74
City Moorestown	State NJ	
Zip Code 08057	Purpose of Disbursement See Memo Items Below	Transaction ID : <b>SB17-EX3456</b>
Candidate Name	001 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	See Memo Items Below
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Macy's</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 400 West Rt 38		Amount of Each Disbursement this Period 52.12
City Moorestown	State NJ	
Zip Code 08057	Purpose of Disbursement Office Supplies	Transaction ID : <b>SB17-EX3457</b>
Candidate Name	001 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	<b>[MEMO ITEM]</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	164.74
<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 Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 155			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Sweet Water Bar &amp; Grill</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014		
Mailing Address 10 N Rt 130			Amount of Each Disbursement this Period 80.55		
City Cinnaminson	State NJ	Zip Code 08077	Transaction ID : SB17-EX3458		
Purpose of Disbursement Meals		Category/ Type 001	[MEMO ITEM]		
Candidate Name					
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:					

Full Name (Last, First, Middle Initial) <b>B. Staples</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014		
Mailing Address 557 Route 17 South			Amount of Each Disbursement this Period 32.07		
City Paramus	State NJ	Zip Code 07652	Transaction ID : SB17-EX3459		
Purpose of Disbursement Office Supplies		Category/ Type 001	[MEMO ITEM]		
Candidate Name					
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:					

Full Name (Last, First, Middle Initial) <b>c. Constance Murray</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014		
Mailing Address 629 Devon Ave			Amount of Each Disbursement this Period 700.00		
City Moorestown	State NJ	Zip Code 08057	Transaction ID : SB17-EX3330		
Purpose of Disbursement Payroll		Category/ Type 001	Payroll		
Candidate Name					
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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	700.00
<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 Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 155			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Constance Murray</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 629 Devon Ave		Amount of Each Disbursement this Period 54.54
City Moorestown State NJ Zip Code 08057	Purpose of Disbursement See Memo Item Below	Transaction ID : SB17-EX3453
Candidate Name	Category/Type 001	See Memo Item Below
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:		

Full Name (Last, First, Middle Initial) <b>B. Nick's Pizza &amp; Pasta</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 141C Rt. 130 S		Amount of Each Disbursement this Period 43.17
City Cinnaminson State NJ Zip Code 08077	Purpose of Disbursement Meals	Transaction ID : SB17-EX3454
Candidate Name	Category/Type 001	[MEMO ITEM]
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:		

Full Name (Last, First, Middle Initial) <b>c. Zio's Tuscan Grille</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 202 North Rt 130		Amount of Each Disbursement this Period 11.37
City Cinnaminson State NJ Zip Code 08077	Purpose of Disbursement Meals	Transaction ID : SB17-EX3455
Candidate Name	Category/Type 001	[MEMO ITEM]
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	54.54
<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 Page	FOR LINE NUMBER: (check only one)		PAGE 123 OF 155	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Google Inc</b>		Date of Disbursement MM / DD / YYYY 06 / 02 / 2014
Mailing Address 1600 Amphitheatre Parkway		Amount of Each Disbursement this Period 200.00
City Mountain View	State CA Zip Code 94043	
Purpose of Disbursement Advertising - Internet	Category/Type 001	<b>Transaction ID : SB17-EX3400</b>
Candidate Name		
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	Advertising - Internet
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Google Inc</b>		Date of Disbursement MM / DD / YYYY 06 / 02 / 2014
Mailing Address 1600 Amphitheatre Parkway		Amount of Each Disbursement this Period 85.00
City Mountain View	State CA Zip Code 94043	
Purpose of Disbursement Advertising - Internet	Category/Type 001	<b>Transaction ID : SB17-EX3401</b>
Candidate Name		
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	Advertising - Internet
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Google Inc</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2014
Mailing Address 1600 Amphitheatre Parkway		Amount of Each Disbursement this Period 120.56
City Mountain View	State CA Zip Code 94043	
Purpose of Disbursement Advertising - Internet	Category/Type 001	<b>Transaction ID : SB17-EX3402</b>
Candidate Name		
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	Advertising - Internet
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	405.56
<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 Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 155			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Multi Media Services Corp</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 915 King St			Amount of Each Disbursement this Period 65000.00
City Alexandria	State VA	Zip Code 22314	Transaction ID : <b>SB17-EX3316</b>
Purpose of Disbursement Advertising - television		001 Category/ Type	
Candidate Name			Advertising - television
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:		

Full Name (Last, First, Middle Initial) <b>B. Multi Media Services Corp</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 915 King St			Amount of Each Disbursement this Period 70000.00
City Alexandria	State VA	Zip Code 22314	Transaction ID : <b>SB17-EX3317</b>
Purpose of Disbursement Advertising - television		001 Category/ Type	
Candidate Name			Advertising - television
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:		

Full Name (Last, First, Middle Initial) <b>C. Jamestown Associates</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 5 Mapleton Rd Ste 300			Amount of Each Disbursement this Period 21853.64
City Princeton	State NJ	Zip Code 08540	Transaction ID : <b>SB17-EX3322</b>
Purpose of Disbursement Production/Yard Signs		001 Category/ Type	
Candidate Name			Production/Yard Signs
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	156853.64
<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 Page	FOR LINE NUMBER: (check only one)		PAGE 125 OF 155	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Thaler Web Solutions LLC</b>		Date of Disbursement MM / DD / YYYY 06 / 06 / 2014
Mailing Address 158 E River Rd		Amount of Each Disbursement this Period 1800.00
City Rumson	State NJ	Zip Code 07760
Purpose of Disbursement Technical Support	Category/Type 001	
Candidate Name		Transaction ID : SB17-EX3358
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:		

Full Name (Last, First, Middle Initial) <b>B. Timothy Kelly</b>		Date of Disbursement MM / DD / YYYY 05 / 19 / 2014
Mailing Address PO Box 605		Amount of Each Disbursement this Period 1702.24
City Waverly	State PA	Zip Code 18471
Purpose of Disbursement Payroll	Category/Type 001	
Candidate Name		Transaction ID : SB17-EX3359
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:		

Full Name (Last, First, Middle Initial) <b>c. Timothy Kelly</b>		Date of Disbursement MM / DD / YYYY 06 / 03 / 2014
Mailing Address PO Box 605		Amount of Each Disbursement this Period 1504.74
City Waverly	State PA	Zip Code 18471
Purpose of Disbursement Payroll	Category/Type 001	
Candidate Name		Transaction ID : SB17-EX3360
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5006.98
<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 Page	FOR LINE NUMBER: (check only one)		PAGE 126 OF 155	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Timothy Kelly</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address PO Box 605		Amount of Each Disbursement this Period 700.00
City Waverly	State PA	
Zip Code 18471	Purpose of Disbursement Payroll	<b>Transaction ID : SB17-EX3361</b>
Candidate Name	001 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	Payroll
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Painter Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2014
Mailing Address 75 Maple St #203		Amount of Each Disbursement this Period 4460.00
City Conshohocken	State PA	
Zip Code 19428	Purpose of Disbursement Phone Banks	<b>Transaction ID : SB17-EX3350</b>
Candidate Name	001 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	Phone Banks
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AmTrust</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 800 Superior Ave E 21st Fl		Amount of Each Disbursement this Period 656.00
City Cleveland	State OH	
Zip Code 44114	Purpose of Disbursement Insurance - Workers Compensation	<b>Transaction ID : SB17-EX3383</b>
Candidate Name	001 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	Insurance - Workers Compensation
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5816.00
<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 Page	FOR LINE NUMBER: (check only one)		PAGE 127 OF 155	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Birtwhistle &amp; Livingston Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014	
Mailing Address 71 E Palisades Ave			Amount of Each Disbursement this Period 732.50	
City Englewood	State NJ	Zip Code 07631	Transaction ID : SB17-EX3380	
Purpose of Disbursement Insurance - Liability		Category/ Type 001	Insurance - Liability	
Candidate Name				
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:				

Full Name (Last, First, Middle Initial) <b>B. Hierographics</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014	
Mailing Address 51 Woodthrus Trail			Amount of Each Disbursement this Period 563.20	
City Medford	State NJ	Zip Code 08055	Transaction ID : SB17-EX3386	
Purpose of Disbursement T-Shirts		Category/ Type 001	T-Shirts	
Candidate Name				
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:				

Full Name (Last, First, Middle Initial) <b>C. Arent Fox LLP</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014	
Mailing Address 1675 Broadway			Amount of Each Disbursement this Period 5000.00	
City New York	State NY	Zip Code 10019	Transaction ID : SB17-EX3349	
Purpose of Disbursement Legal Fees		Category/ Type 001	Legal Fees	
Candidate Name				
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6295.70
<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 Page	FOR LINE NUMBER: (check only one)		PAGE 128 OF 155	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Thomas Campbell</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 444 Commons Bldg D		Amount of Each Disbursement this Period 1200.00
City Toms River State NJ Zip Code 08755	Purpose of Disbursement Rent	Transaction ID : SB17-EX3366
Candidate Name	001 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	Rent
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Ashby Law PLLC</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address 919 Prince St		Amount of Each Disbursement this Period 2325.00
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Legal Fees	Transaction ID : SB17-EX3353
Candidate Name	001 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	Legal Fees
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Chase Card Services</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address PO Box 15153		Amount of Each Disbursement this Period 1800.00
City Wilmington State DE Zip Code 19886	Purpose of Disbursement See Memo Item Below	Transaction ID : SB17-EX3356
Candidate Name	001 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	See Memo Item Below
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5325.00
<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 Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 155			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address PO Box 619616 MD 5675		Amount of Each Disbursement this Period 1800.00
City DFW Airport	State TX	Zip Code 75261
Purpose of Disbursement Transportation	Category/Type 001	
Candidate Name		<b>Transaction ID : SB17-EX3357</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>[MEMO ITEM]</b>
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify) Primary 2014	

Full Name (Last, First, Middle Initial) <b>B. Lavallette Ristorante</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 1700 Grand Central		Amount of Each Disbursement this Period 283.55
City Lavallette	State NJ	Zip Code 08735
Purpose of Disbursement Meals	Category/Type 001	
Candidate Name		<b>Transaction ID : SB17-EX3392</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Meals
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify) Primary 2014	

Full Name (Last, First, Middle Initial) <b>c. IMP Digital Studios</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 120 Rt 17 N		Amount of Each Disbursement this Period 1700.00
City Paramus	State NJ	Zip Code 07652
Purpose of Disbursement Production	Category/Type 001	
Candidate Name		<b>Transaction ID : SB17-EX3362</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Production
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify) Primary 2014	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1983.55
<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 Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 155			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Pic-a-Lilli Inn</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 29 / 2014</b>
Mailing Address <b>866 Rt. 206</b>		Amount of Each Disbursement this Period <b>635.00</b>
City <b>Shamong</b> State <b>NJ</b> Zip Code <b>08088</b>	Purpose of Disbursement <b>Fundraiser - Food and Beverage</b>	<b>Transaction ID : SB17-EX3384</b>
Candidate Name	Category/Type <b>001</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>Primary 2014</b>	Fundraiser - Food and Beverage
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>635.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>479154.03</b>

**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 131 OF 155	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Steven Lonegan</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2014
Mailing Address 212 Larch Ave		Amount of Each Disbursement this Period 25000.00
City Bogota State NJ Zip Code 07603	Purpose of Disbursement Repay Loan	
Candidate Name <b>Steven Lonegan</b>		Transaction ID : SB19A-LP5
Office Sought: <input checked="" 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: NJ District: 03	Category/Type	Convert to Contribution

Full Name (Last, First, Middle Initial) <b>B. Steven Lonegan</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2014
Mailing Address 212 Larch Ave		Amount of Each Disbursement this Period 75000.00
City Bogota State NJ Zip Code 07603	Purpose of Disbursement Repay Loan	
Candidate Name <b>Steven Lonegan</b>		Transaction ID : SB19A-LP6
Office Sought: <input checked="" 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: NJ District: 03	Category/Type	Convert to Contribution

Full Name (Last, First, Middle Initial) <b>c. Steven Lonegan</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2014
Mailing Address 212 Larch Ave		Amount of Each Disbursement this Period 50000.00
City Bogota State NJ Zip Code 07603	Purpose of Disbursement Repay Loan	
Candidate Name <b>Steven Lonegan</b>		Transaction ID : SB19A-LP7
Office Sought: <input checked="" 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: NJ District: 03	Category/Type	Convert to Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	150000.00
<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 Page	FOR LINE NUMBER: (check only one)		PAGE 132 OF 155	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Steven Lonegan</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 23 / 2014</b>
Mailing Address 212 Larch Ave		Amount of Each Disbursement this Period <b>40000.00</b>
City Bogota State NJ Zip Code 07603	Category/Type	
Purpose of Disbursement Repay Loan	Candidate Name <b>Steven Lonegan</b>	<b>Transaction ID : SB19A-LP8</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
		Convert to Contribution

Full Name (Last, First, Middle Initial) <b>B. Steven Lonegan</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 23 / 2014</b>
Mailing Address 212 Larch Ave		Amount of Each Disbursement this Period <b>6500.00</b>
City Bogota State NJ Zip Code 07603	Category/Type	
Purpose of Disbursement Repay Loan	Candidate Name <b>Steven Lonegan</b>	<b>Transaction ID : SB19A-LP9</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
		Convert to Contribution

Full Name (Last, First, Middle Initial) <b>c. Steven Lonegan</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 23 / 2014</b>
Mailing Address 212 Larch Ave		Amount of Each Disbursement this Period <b>50000.00</b>
City Bogota State NJ Zip Code 07603	Category/Type	
Purpose of Disbursement Repay Loan	Candidate Name <b>Steven Lonegan</b>	<b>Transaction ID : SB19A-LP10</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
		Convert to Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>96500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>246500.00</b>

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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
Lonegan For Congress

Transaction ID : SC10-LN5

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
25000	25000.00	.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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	[ ] 0.00
<b>TOTALS</b> 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

FOR LINE NUMBER: (check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
Lonegan For Congress

Transaction ID : SC10-LN6

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 75000.00	Balance Outstanding at Close of This Period .00
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**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)..... ▶ [ ] 0.00

**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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
Lonegan For Congress

Transaction ID : SC10-LN7

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  
50000 50000.00 .00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M 04 / D 21 / Y 2014 M 12 / D 31 / Y 2014 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)..... 0.00

**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

FOR LINE NUMBER: (check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
Lonegan For Congress

Transaction ID : SC10-LN8

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 40000.00	Balance Outstanding at Close of This Period .00
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**TERMS**

Date Incurred: M 04 / 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)..... ▶ [ ] 0.00

**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**

NAME OF COMMITTEE (In Full) Transaction ID : SC10-LN9  
 Lonegan For Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Steven Lonegan	<b>[PERSONAL FUNDS]</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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	6500.00	.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 05 / D 05 / Y 2014	M 12 / D 31 / Y 2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....	<input style="width: 100%;" type="text" value="0.00"/>
<b>TOTALS</b> This Period (last page in this line only).....	<input style="width: 100%;" type="text"/>

**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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
Lonegan For Congress

Transaction ID : SC10-LN10

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  
100000 50000.00 50000.00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M 05 / D 09 / Y 2014 M 12 / D 31 / Y 2014 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**

NAME OF COMMITTEE (In Full) Transaction ID : SC10-LN11  
**Lonegan For Congress**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Steven Lonegan</b>	<b>[PERSONAL FUNDS]</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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 16 / Y 2014	M 12 / D 31 / Y 2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....	<input style="width: 100%;" type="text" value="100000.00"/>
<b>TOTALS</b> This Period (last page in this line only).....	<input style="width: 100%;" type="text"/>

**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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
Lonegan For Congress

Transaction ID : SC10-LN13

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  
100000 .00 100000.00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M 05 / D 23 / Y 2014 M 12 / D 31 / Y 2014 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)..... 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.

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

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  
**Base Connect Inc.**

Mailing Address 1155 - 15TH ST NW  
SUITE 410

City State Zip Code  
WASHINGTON DC 20005

Nature of Debt (Purpose):  
Invoice: Fundraising

Outstanding Balance Beginning This Period **Transaction ID : SD10-INV1871**  
1442.93

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
.00 .00 1442.93

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Integram**

Mailing Address 22695 Commerce Center Court

City State Zip Code  
Dulles VA 20166

Nature of Debt (Purpose):  
Invoice: Fundraising

Outstanding Balance Beginning This Period **Transaction ID : SD10-INV1877**  
17651.39

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
.00 .00 17651.39

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Legacy Lists Inc - Mgmt**

Mailing Address 1155 - 15TH STREET NW

City State Zip Code  
Washington DC 20005

Nature of Debt (Purpose):  
Invoice: Fundraising

Outstanding Balance Beginning This Period **Transaction ID : SD10-INV1879**  
1721.10

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
.00 .00 1721.10

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	20815.42
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶		

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 142 OF 155
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

**Lonegan For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Legacy Lists Inc - Brokerage</b>	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 <input type="text" value="5403.74"/>	<b>Transaction ID : SD10-INV3251</b>	
Amount Incurred This Period <input type="text" value=".00"/>	Payment This Period <input type="text" value=".00"/>	Outstanding Balance at Close of This Period <input type="text" value="5403.74"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Century Data Systems Corp</b>	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 <input type="text" value="2767.50"/>	<b>Transaction ID : SD10-INV3252</b>	
Amount Incurred This Period <input type="text" value=".00"/>	Payment This Period <input type="text" value=".00"/>	Outstanding Balance at Close of This Period <input type="text" value="2767.50"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Colortree Marketing Resources</b>	Nature of Debt (Purpose): Invoice: Fundraising
Mailing Address PO Box 28960	
City State Zip Code Henrico VA 23228	

Outstanding Balance Beginning This Period <input type="text" value="10035.60"/>	<b>Transaction ID : SD10-INV3253</b>	
Amount Incurred This Period <input type="text" value=".00"/>	Payment This Period <input type="text" value=".00"/>	Outstanding Balance at Close of This Period <input type="text" value="10035.60"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="18206.84"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Consolidated Mailing Services</b>		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	<b>Transaction ID : SD10-INV3254</b>	
<input type="text" value="5637.96"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value=".00"/>	<input type="text" value=".00"/>	<input type="text" value="5637.96"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Donor Precision LLC</b>		Nature of Debt (Purpose): Invoice: Fundraising
Mailing Address 1900 N CULPEPER STREET		
City	State	Zip Code
ARLINGTON	VA	22207

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10-INV3255</b>	
<input type="text" value="764.12"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value=".00"/>	<input type="text" value=".00"/>	<input type="text" value="764.12"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Treasurer Sate Of Virginia</b>		Nature of Debt (Purpose): Invoice: Payroll Taxes
Mailing Address PO Box 1879		
City	State	Zip Code
Richmond	VA	23218

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10-INV3038</b>	
<input type="text" value="55.42"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value=".00"/>	<input type="text" value="55.42"/>	<input type="text" value=".00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="6402.08"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Treasurer State Of New Jersey</b>		Nature of Debt (Purpose): Invoice: Payroll Taxes
Mailing Address PO Box 111		
City	State	Zip Code
Trenton	NJ	08625

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10-INV3039</b>	
<input type="text" value="579.94"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value=".00"/>	<input type="text" value="579.94"/>	<input type="text" value=".00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Internal Revenue Service</b>		Nature of Debt (Purpose): Invoice: Payroll Taxes
Mailing Address PO Box 931000		
City	State	Zip Code
Louisville	KY	40293

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10-INV3040</b>	
<input type="text" value="6246.94"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value=".00"/>	<input type="text" value="6246.94"/>	<input type="text" value=".00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Arent Fox LLP</b>		Nature of Debt (Purpose): Invoice: Legal Fees
Mailing Address 1675 Broadway		
City	State	Zip Code
New York	NY	10019

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10-INV3041</b>	
<input type="text" value="5000.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value=".00"/>	<input type="text" value="5000.00"/>	<input type="text" value=".00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="0.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Painter Communications</b>	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 4460.00	<b>Transaction ID : SD10-INV3007</b>	
Amount Incurred This Period .00	Payment This Period 4460.00	Outstanding Balance at Close of This Period .00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Gretchen Hahn</b>	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 1039.50	<b>Transaction ID : SD10-INV2983</b>	
Amount Incurred This Period .00	Payment This Period 1039.50	Outstanding Balance at Close of This Period .00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Hierographics</b>	Nature of Debt (Purpose): Invoice: T-Shirts
Mailing Address 51 Woodthrush Trail	
City State Zip Code Medford NJ 08055	

Outstanding Balance Beginning This Period 563.20	<b>Transaction ID : SD10-INV3036</b>	
Amount Incurred This Period .00	Payment This Period 563.20	Outstanding Balance at Close of This Period .00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	0.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Constance Murray</b>		Nature of Debt (Purpose): Invoice: See Memo Item Below
Mailing Address 629 Devon Ave		
City	State	Zip Code
Moorestown	NJ	08057

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10-INV3029</b>	
<input type="text" value="586.28"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value=".00"/>	<input type="text" value="586.28"/>	<input type="text" value=".00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Arthur J. Finkelstein &amp; Assoc. Inc.</b>		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	<b>Transaction ID : SD10-INV3030</b>	
<input type="text" value="5000.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value=".00"/>	<input type="text" value="5000.00"/>	<input type="text" value=".00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Strategic Compliance Resources LLC</b>		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	<b>Transaction ID : SD10-INV3031</b>	
<input type="text" value="210.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value=".00"/>	<input type="text" value="210.00"/>	<input type="text" value=".00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="0.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Campaign Marketing Strategies</b>		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	<b>Transaction ID : SD10-INV3032</b>	
<input type="text" value="724.91"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value=".00"/>	<input type="text" value="724.91"/>	<input type="text" value=".00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>AmTrust</b>		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	<b>Transaction ID : SD10-INV3033</b>	
<input type="text" value="656.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value=".00"/>	<input type="text" value="656.00"/>	<input type="text" value=".00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Birtwhistle &amp; Livingston Inc.</b>		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	<b>Transaction ID : SD10-INV3034</b>	
<input type="text" value="732.50"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value=".00"/>	<input type="text" value="732.50"/>	<input type="text" value=".00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="0.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Base Connect Inc.**

Mailing Address 1155 - 15TH ST NW  
 SUITE 410

City State Zip Code  
 WASHINGTON DC 20005

Nature of Debt (Purpose):  
 Invoice: Fundraising

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10-INV3060</b>	
30605.27		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
.00	.00	30605.27

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Capitol Caging Corp**

Mailing Address 504 SHAW ROAD  
 SUITE 217

City State Zip Code  
 STERLING VA 20166

Nature of Debt (Purpose):  
 Invoice: Fundraising

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10-INV3061</b>	
936.03		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
.00	500.00	436.03

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Colortree Marketing Resources**

Mailing Address PO Box 28960

City State Zip Code  
 Henrico VA 23228

Nature of Debt (Purpose):  
 Invoice: Fundraising

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10-INV3063</b>	
17912.52		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
.00	.00	17912.52

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	48953.82
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 149 OF 155
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Donor Precision LLC</b>	Nature of Debt (Purpose): Invoice: Fundraising
Mailing Address 1900 N CULPEPER STREET	
City State Zip Code ARLINGTON VA 22207	

Outstanding Balance Beginning This Period 1176.61	<b>Transaction ID : SD10-INV3065</b>	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 1176.61

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Integram</b>	Nature of Debt (Purpose): Invoice: Fundraising
Mailing Address 22695 Commerce Center Court	
City State Zip Code Dulles VA 20166	

Outstanding Balance Beginning This Period 20194.93	<b>Transaction ID : SD10-INV3066</b>	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 20194.93

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Legacy Lists Inc - Mgmt</b>	Nature of Debt (Purpose): Invoice: Fundraising
Mailing Address 1155 - 15TH STREET NW	
City State Zip Code Washington DC 20005	

Outstanding Balance Beginning This Period 2440.56	<b>Transaction ID : SD10-INV3068</b>	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 2440.56

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	23812.10
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 150 OF 155
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Simpkins Escrow LLC</b>		Nature of Debt (Purpose): Invoice: Fundraising
Mailing Address 29243 St Just Dr		
City State	Zip Code	
UNIONVILLE VA	22567	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10-INV3069</b>	
<input type="text" value="368.69"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value=".00"/>	<input type="text" value="368.69"/>	<input type="text" value=".00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Century Data Systems Corp</b>		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	<b>Transaction ID : SD10-INV3217</b>	
<input type="text" value="4333.74"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value=".00"/>	<input type="text" value=".00"/>	<input type="text" value="4333.74"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Consolidated Mailing Services</b>		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	<b>Transaction ID : SD10-INV3256</b>	
<input type="text" value="122.26"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value=".00"/>	<input type="text" value=".00"/>	<input type="text" value="122.26"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="4456.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 151 OF 155
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Legacy Lists Inc - Brokerage</b>	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 <input type="text" value="5793.47"/>	<b>Transaction ID : SD10-INV3257</b>	
Amount Incurred This Period <input type="text" value=".00"/>	Payment This Period <input type="text" value=".00"/>	Outstanding Balance at Close of This Period <input type="text" value="5793.47"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Jamestown Associates</b>	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 <input type="text" value=".00"/>	<b>Transaction ID : SD10-INV3193</b>	
Amount Incurred This Period <input type="text" value="1070.00"/>	Payment This Period <input type="text" value=".00"/>	Outstanding Balance at Close of This Period <input type="text" value="1070.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Treasurer Sate Of Virginia</b>	Nature of Debt (Purpose): Invoice: Payroll Taxes
Mailing Address PO Box 1879	
City State Zip Code Richmond VA 23218	

Outstanding Balance Beginning This Period <input type="text" value=".00"/>	<b>Transaction ID : SD10-INV3194</b>	
Amount Incurred This Period <input type="text" value="16.96"/>	Payment This Period <input type="text" value=".00"/>	Outstanding Balance at Close of This Period <input type="text" value="16.96"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="6880.43"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 152 OF 155
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

**Lonegan For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Treasurer State Of New Jersey</b>		Nature of Debt (Purpose): Invoice: Payroll Taxes
Mailing Address PO Box 111		
City	State	Zip Code
Trenton	NJ	08625

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10-INV3195</b>	
<input type="text" value=".00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="2424.12"/>	<input type="text" value=".00"/>	<input type="text" value="2424.12"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Treasurer State Of New Jersey</b>		Nature of Debt (Purpose): Invoice: Payroll Taxes
Mailing Address PO Box 111		
City	State	Zip Code
Trenton	NJ	08625

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10-INV3196</b>	
<input type="text" value=".00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="290.10"/>	<input type="text" value=".00"/>	<input type="text" value="290.10"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Internal Revenue Service</b>		Nature of Debt (Purpose): Invoice: Payroll Taxes
Mailing Address PO Box 931000		
City	State	Zip Code
Louisville	KY	40293

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10-INV3197</b>	
<input type="text" value=".00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="276.93"/>	<input type="text" value=".00"/>	<input type="text" value="276.93"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="2991.15"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Pennsylvania Department Of Revenue</b>	Nature of Debt (Purpose): Invoice: Payroll Taxes
Mailing Address 1 Revenue PI	
City State Zip Code Harrisburg PA 17129	

Outstanding Balance Beginning This Period <input type="text" value=".00"/>	<b>Transaction ID : SD10-INV3198</b>	
Amount Incurred This Period <input type="text" value="48.29"/>	Payment This Period <input type="text" value=".00"/>	Outstanding Balance at Close of This Period <input type="text" value="48.29"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Base Connect Inc.</b>	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 <input type="text" value=".00"/>	<b>Transaction ID : SD10-INV3212</b>	
Amount Incurred This Period <input type="text" value="5725.37"/>	Payment This Period <input type="text" value=".00"/>	Outstanding Balance at Close of This Period <input type="text" value="5725.37"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Legacy Lists Inc - Mgmt</b>	Nature of Debt (Purpose): Invoice: Fundraising
Mailing Address 1155 - 15TH STREET NW	
City State Zip Code Washington DC 20005	

Outstanding Balance Beginning This Period <input type="text" value=".00"/>	<b>Transaction ID : SD10-INV3213</b>	
Amount Incurred This Period <input type="text" value="2271.37"/>	Payment This Period <input type="text" value=".00"/>	Outstanding Balance at Close of This Period <input type="text" value="2271.37"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="8045.03"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

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**

Mailing Address 29243 St Just Dr

City State Zip Code  
 UNIONVILLE VA 22567

Nature of Debt (Purpose):  
 Invoice: Fundraising

Outstanding Balance Beginning This Period  **Transaction ID : SD10-INV3214**

Amount Incurred This Period  Payment This Period  Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Consolidated Mailing Services**

Mailing Address 504 SHAW ROAD SUITE 206

City State Zip Code  
 STERLING VA 20166

Nature of Debt (Purpose):  
 Invoice: Fundraising

Outstanding Balance Beginning This Period  **Transaction ID : SD10-INV3215**

Amount Incurred This Period  Payment This Period  Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Capitol Caging Corp**

Mailing Address 504 SHAW ROAD SUITE 217

City State Zip Code  
 STERLING VA 20166

Nature of Debt (Purpose):  
 Invoice: Fundraising

Outstanding Balance Beginning This Period  **Transaction ID : SD10-INV3216**

Amount Incurred This Period  Payment This Period  Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="9585.09"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 155 OF 155
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Legacy Lists Inc - Brokerage</b>	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 ]	<b>Transaction ID : SD10-INV3218</b>	
Amount Incurred This Period [ 2306.91 ]	Payment This Period [ .00 ]	Outstanding Balance at Close of This Period [ 2306.91 ]

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Integram</b>	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 ]	<b>Transaction ID : SD10-INV3259</b>	
Amount Incurred This Period [ 7661.09 ]	Payment This Period [ .00 ]	Outstanding Balance at Close of This Period [ 7661.09 ]

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period [ ]		
Amount Incurred This Period [ ]	Payment This Period [ ]	Outstanding Balance at Close of This Period [ ]

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	[ 9968.00 ]
2) <b>TOTALS</b> This Period (last page this line number only) .....	[ 160115.96 ]
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	[ 0.00 ]
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	[ 160115.96 ]