PAGE 1 / 13

FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

1 011111 0	For An Au	thorized Com	mittee	Offic	ce Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT		ample: If typing, type er the lines.	12FE4M5	
Lonegan for Congre	SS				
<u> </u>					
ADDRESS (number and street)	5 Halifax Ct				
▼ Charle if different					
Check if different than previously reported. (ACC)	Marlton			NJ 080	53
	NI IMPED W	CITY ▲		STATE A	ZIP CODE ▲
2. FEC IDENTIFICATION C C00555284	NUMBER V	3. IS THIS REPORT	NEW (N) OR	AMENDED (A)	STATE ▼ DISTRICT
4. TYPE OF REPORT (a) Quarterly Reports:		b) 12-Day PRE	-Election Report for the	he:	
April 15 Quarter	dy Papart (O1)		Primary (12P)	General (12G)	Runoff (12R)
July 15 Quarter			Convention (12C)	Special (12S)	
	arterly Report (Q3)	Election on	M M / D D	/ Y Y Y Y Y	in the State of
January 31 Yea	r-End Report (YE)	(c) 30-Day POS	T-Election Report for	the:	
			General (30G)	Runoff (30R)	Special (30S)
Termination Rep	port (TER)	Election on	M M / D D	/ Y " Y " Y	in the State of
5. Covering Period	M M / D D /	Y Y Y Y Y 2022	through	03 / D D / Y	y y y 2022
I certify that I have examined Type or Print Name of Treas	Curtis, Elizabeth		nowledge and belief it	is true, correct and co.	mplete.
Signature of Treasurer	Curtis, Elizabeth, , ,		[Electronically Filed]	Date M 04	01 / Y Y Y Y Y 2022
NOTE: Submission of false, en	roneous, or incomplete	information may	subject the person sign	ning this Report to the pe	enalties of 52 U.S.C. §30109
Office Use Only				-	FEC FORM 3 (Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

PAGE 2 / 13

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name Lonegan for Congress

2022 2022 03 01 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 741348.94 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 12375.00 (from Line 20(d)) (c) Net Contributions (other than loans) 0.00 728973.94 (subtract Line 6(b) from Line 6(a)) 7. Net Operating Expenditures (a) Total Operating Expenditures 0.00 1241932.28 (from Line 17) (b) Total Offsets to Operating 722.29 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 0.00 1241209.99 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 0.00 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 342452.23 Schedule C and/or Schedule D).....

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 05/2016)

PAGE 3 / 13

Write or Type Committee Name

LUNEYAN IOI CONGRESS	Lonegan	for	Congress
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Report Covering the Period: From: 01 01 2022 To: Man / Dad / Yayayaya

I. RECEIPTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11.	CONTRIBUTIONS (other than loans) FROM:		
	(a) Individuals/Persons Other Than Political Committees		
	(i) Itemized (use Schedule A)	0.00	275000.48
	(ii) Unitemized	0.00	448933.46
	(iii) TOTAL of contributions from individuals	0.00	723933.94
	(b) Political Party Committees	0.00	65.00
	(c) Other Political Committees (such as PACs)	0.00	14750.00
	(d) The Candidate	0.00	2600.00
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	741348.94
2.	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
3.	LOANS:		
	(a) Made or Guaranteed by the Candidate	0.00	496500.00
	(b) All Other Loans	0.00	0.00
	(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	496500.00
1.	OFFSETS TO OPERATING		
	EXPENDITURES (Refunds, Rebates, etc.)	0.00	722.29
5.	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	25100.59
ò.	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	0.00	1263671.82

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 05/2016)

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

SCHEDULE C (FEC Form 3) LOANS

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

PAGE 5
FOR LINE NUMBER: (check only one)

13a

OF

		100
NAME OF COMMITTEE (In Full) Lonegan for Congress		Transaction ID : SC/10.4502
LOAN SOURCE Full Name (Last, First, N	liddle Initial)	Memo Item Election: 2014
Lonegan, Steven, , ,	induc initialy	Memo Item Clection: 2014
Mailing Address 212 Larch Ave		Other (specify)
City	State	ZIP Code Personal Funds of the Candidate
Bogota	NJ	07603
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
100000.00	ļ,	0.00 50000.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M05M / D09D / Y 2014 Y	M M / D D	/ ^Y 12/31/2014
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	'	Name of Employer
Mailing Address		Occupation
	1	Amount Guaranteed
City	ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	'	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	50000 00
		, , , , ,
TOTALS This Period (last page in this line or	nly)	————
Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

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

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

11/24/2014)

Form/Schedule: Transaction ID:

SCHEDULE C (FEC Form 3) LOANS

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

PAGE 7
FOR LINE NUMBER: (check only one)

×	13a
	13b

				Detailed	Ourinitary 1	age			13	b
, ,	ME OF COMMITTEE (In Full)				Trans	action I	D : SC/10.449	99		
onegan for Congress										
Loan source Full Name Lonegan, Steven, , ,	(Last, First, Mi	iddle Initial)			Memo Ite		ction: 2014 Primary			
						-	General			
Mailing Address 212 Larch Ave							Other (speci	fy) ▼		
City		State	ZIP Code)			Personal Fu	unds of the (Candid	 ate
Bogota		NJ	07603]			_
Original Amount of Loan		Cumulative Pa	ayment To D	ate	Ва	alance (Outstanding a	t Close of T	his Pe	rioc
, , , ,	100000.00			0.00	0		9	100000).00	_
TERMS Date Incurred	d	I	Date Due		Interest Ra			Secured	l:	
M05 ^M / D16 ^D / Y	ž014 ^Y	M M / D D	/ Y12/3	ś1/2Ŏ14 [×]		0.00	% (apr)	Yes	×	No
List All Endorsers or Guar	antors (if any)	to Loan Source	;							
1. Full Name (Last, First, N	Middle Initial)			Name of Em	nployer					
Mailing Address				Occupation						
			-	Amount	-				_	
City	State	ZIP Code		Guaranteed Outstanding:	. L	7	7		_	
2. Full Name (Last, First, M	iddle Initial)	'		Name of Employer						
Mailing Address				Occupation						
				Amount	-				_	
City	State	ZIP Code		Guaranteed Outstanding:	:	7	7		_	
3. Full Name (Last, First, M	iddle Initial)			Name of Em	nployer					
Mailing Address			-	Occupation						
				Amount					$\overline{}$	
City	State	ZIP Code	I	Guaranteed Outstanding:	:		7			
4. Full Name (Last, First, M	iddle Initial)			Name of Em	nployer					
Mailing Address				Occupation						
				Amount	_				_	
City	State	ZIP Code		Guaranteed Outstanding:	. L	7	7			
	'	•	•							_
UBTOTALS This Period This	Page (optional)	<u></u>			▶		7	100000	0.00	
OTALS This Period (last page	e in this line on	ly)							-	٦
							7	7		_
Carry outstanding balance on	y to LINE 3. So	hedule D, for thi	is line. If no	Schedule	D, carry fo	rward	to appropriat	te line of Su	ımmaı	V.

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER: (check only one)

PAGE 8

13a

		Detai	iled Guillinary i ag		13b		
NAME OF COMMITTEE (In Full)		•	Transac	tion ID : SC/10.4501			
Lonegan for Congress							
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)		☐ Memo Item	Election: 2014			
Lonegan, Steven, , ,				x Primary			
NA-US A-I-I				General			
Mailing Address 212 Larch Ave				Other (specify)			
City	State	ZIP Code		Personal Funds of the	Candidate		
Bogota	NJ	07603		1 ersonar i unus or the	Carididate		
Original Amount of Loan	Cumulative Page	yment To Date	Bala	nce Outstanding at Close of	This Period		
100000.00			0.00	10000	00.00		
TERMS Date Incurred		Date Due	Interest Rate		ed:		
M05M / D23D / Y Z014 Y	M M / D D	/ ((If none, enter				
M05 ^M / P23 ^D / Y Ž014 Y		12/31/2014		% (apr)	s 🗴 No		
List All Endorsers or Guarantors (if any) t	o Loan Source						
1. Full Name (Last, First, Middle Initial)		Name of	f Employer				
Mailing Address		Occupat	tion				
		Amount					
City	ZIP Code	Guarante	eed	,			
2. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address		Occupat	tion				
		Amount					
City State	ZIP Code	Guarante					
City	ZIP Code	Outstand	ding:	7			
3. Full Name (Last, First, Middle Initial)		Name of	f Employer				
Mailing Address		Occupat	tion				
		Amount			_		
City State	ZIP Code	Guarante Outstand		7 7 7			
4. Full Name (Last, First, Middle Initial)			f Employer				
Mailing Address		Occupat	tion				
		Amazunt					
City State	ZIP Code	Amount Guarante					
only cano	2.11 0000	Outstand	ding:	7			
SUBTOTALS This Period This Page (optional)			······•	10000	00.00		
TOTALS This Period (last page in this line only	у)		<u>-</u>	25000	0.00		
Carry outstanding balance only to LINE 3, Sc	nedule D. for this	s line. If no Sched	dule D. carry forw	vard to appropriate line of S	Summary		

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 9
FOR LINE NUMBER: (check only one)

9 **X** 10

13

OF

NAME OF COMMITTEE (In Full)
Lonegan for Congress

Lonegan for Congres) S				
A. Full Name (Last, First, Middle Initial) of Dase Connect, Inc.	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			
Outstanding Balance Beginning This Perio	d		Transaction ID: SD10.4539		
5725.37	1				
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period		
	1				
0.00		0.00	5725.37		
B. Full Name (Last, First, Middle Initial) of D	ebtor or Cred	litor	Nature of Debt (Purpose):		
Base Connect, Inc.			Fundraising		
Mailing Address 1155 15th St NW Suite 410					
City	State	Zip Code			
Washington	DC	20005			
Outstanding Balance Beginning This Perio 30605.27 Amount Incurred This Period 0.00]]	Payment This Period 0.00	Transaction ID : SD10.4524 Outstanding Balance at Close of This Period 30605.27		
C. Full Name (Last, First, Middle Initial) of [Debtor or Cre	ditor	Nature of Debt (Purpose):		
Consolidated Mailing Service	S		Fundraising		
Mailing Address 504 Shaw Rd Suite 206					
City	State	Zip Code			
Sterling	VA	20166			
Outstanding Balance Beginning This Perio	d		Transaction ID : SD10.4541		
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period		
	1	 			
0.00	سا ا	0.00	225.62		
1) SUBTOTALS This Period This Page (option	al)		36556.26		
2) TOTALS This Period (last page this line number 1)	mber only) ····		>		
3) TOTAL OUTSTANDING LOANS from Sche	dule C (last p	page only)·····	>		
4) ADD 2) and 3) and carry forward to approp	oriate line of	Summary Page (last page only)	>		

Excluding Loans

(Use separate schedule(s) for each

PAGE 10 OF FOR

LINE NUMBER:			
ck only one)		9	
	v	10	

13

(ched numbered line) NAME OF COMMITTEE (In Full) onegan for Congress A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Fundraising **Consolidated Mailing Services** Mailing Address 504 Shaw Rd Suite 206 City State Zip Code Sterling VA 20166 Transaction ID: SD10.4552 Outstanding Balance Beginning This Period 5769.48 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 5769.48 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Consolidated Mailing Services Fundraising Mailing Address 504 Shaw Rd Suite 206 City State Zip Code Sterling 20166 VA Outstanding Balance Beginning This Period Transaction ID: SD10.4555 5532.90 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 5532.90 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Consolidated Mailing Services Fundraising Mailing Address 504 Shaw Rd Suite 206 City State Zip Code VA Sterling 20166 Outstanding Balance Beginning This Period Transaction ID: SD10.4583 9421.05 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 9421.05 0.00 1) SUBTOTALS This Period This Page (optional) 20723.43 2) TOTALS This Period (last page this line number only) 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)-----

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

Excluding Loans

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

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X	10

13

NAME OF COMMITTEE (In Full)

Lonegan for Congress

Lonegan for Congress				
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Consolidated Mailing Services			Nature of Debt (Purpose): Fundraising	
Mailing Address 504 Shaw Rd Suite 206				
City Sterling	State VA	Zip Code 20166		
Outstanding Balance Beginning This Period			Transaction ID : SD10.4811	
14548.45				
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period	
0.00		0.00	14548.45	
B. Full Name (Last, First, Middle Initial) of De Integram	btor or Cred	litor	Nature of Debt (Purpose): Fundraising	
Mailing Address 22695 Commerce Center Ct				
City Dulles	State VA	Zip Code 20166		
Outstanding Balance Beginning This Period 7661.09 Amount Incurred This Period 0.00		Payment This Period 0.00	Transaction ID: SD10.4548 Outstanding Balance at Close of This Period 7661.09	
C. Full Name (Last, First, Middle Initial) of De Legacy Lists Inc - Brokerage	ebtor or Cre	ditor	Nature of Debt (Purpose): Fundraising	
Mailing Address 1155 - 15th Street NW Suite 410				
City Washington	State DC	Zip Code 20005		
Outstanding Balance Beginning This Period			Transaction ID : SD10.4514	
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period	
0.00		0.00	1199.54	
1) SUBTOTALS This Period This Page (optional	l) ·····		23409.08	
2) TOTALS This Period (last page this line number only)			·,	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 12 OF
FOR LINE NUMBER:
(check only one)

9 **X** 10

Lonegan for Congress	NAME OF COMMITTEE (In Full)		
	Lonegan for Congress		

-onegan for congres			
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Legacy Lists Inc - Brokerage			Nature of Debt (Purpose):
			Fundraising
Mailing Address 1155 - 15th Street NW Suite 410			
City	State	Zip Code	
Washington	DC	20005	
Outstanding Balance Beginning This Period	d		Transaction ID : SD10.4538
5793.47			
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
0.00		0.00	5793.47
B. Full Name (Last, First, Middle Initial) of De	abtor or Cred	litor	
Legacy Lists Inc - Brokerage	blor or orde		Nature of Debt (Purpose): Fundraising
Mailing Address 1155 - 15th Street NW Suite 410			
City	State	Zip Code	
Washington	DC	20005	
Outstanding Balance Beginning This Period 1813.69 Amount Incurred This Period 0.00]] []	Payment This Period 0.00	Transaction ID : SD10.4547 Outstanding Balance at Close of This Period 1813.69
C. Full Name (Last, First, Middle Initial) of D	lahtar ar Cra	ditor	
Legacy Lists Inc Mgmt	ebior or cre	uitoi	Nature of Debt (Purpose): Fundraising
Mailing Address 1155- 15th St NW			
City	State	Zip Code	
Washington	DC	20005	
Outstanding Balance Beginning This Period	d		Transaction ID : SD10.4535
1884.93 Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
0.00		0.00	1884.93
SUBTOTALS This Period This Page (options	al)		9492.09
TOTALS This Period (last page this line num	nber only) ····		·
TOTAL OUTSTANDING LOANS from Scheo	dule C (last p	age only)	•
ADD 2) and 3) and carry forward to approp	riate line of	Summary Page (last page only)	>

Excluding Loans

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

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

	9
x	10

13

NAME OF COMMITTEE (In Full)

Lonegan for Congres	SS		
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Legacy Lists Inc Mgmt			Nature of Debt (Purpose): Fundraising
Mailing Address 1155- 15th St NW			
City Washington	State DC	Zip Code 20005	
Outstanding Balance Beginning This Period	od		Transaction ID : SD10.4540
2271.37	7		
Amount Incurred This Period	_	Payment This Period	Outstanding Balance at Close of This Period
0.00		0.00	2271.37
B. Full Name (Last, First, Middle Initial) of D	ebtor or Cred	ditor	Nature of Debt (Purpose):
Mailing Address			_
City	State	Zip Code	
Outstanding Balance Beginning This Period	od	I	
Amount Incurred This Period	1 🖂	Payment This Period	Outstanding Balance at Close of This Period
7 7 7			7
C. Full Name (Last, First, Middle Initial) of I	Jeptor or Cre	ealtor	Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	
Outstanding Balance Beginning This Period	od		
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
7		9 9 9	, , , , , , , , , , , , , , , , , , ,
) SUBTOTALS This Period This Page (option	nal)		2271.37
TOTALS This Period (last page this line number only)			92452.23
TOTAL OUTSTANDING LOANS from Schedule C (last page only)			250000.00
ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)			342452.23