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FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An Auth	orized Committee	Offic	e Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, typover the lines.	pe 12FE4M5	
Lonegan for Congre	SS			ı
DDRESS (number and street)	5 Halifax Ct			
▼				
Check if different than previously	Marlton		NJ 0805	53
reported. (ACC)		CITY A	STATE A	ZIP CODE ▲
. FEC IDENTIFICATION	NUMBER ▼		OIATE —	1
C C00555284	3	s. IS THIS 🗶 NEW	AMENDED	STATE ▼ DISTRICT
<u> </u>		REPORT (N) OI	R (A)	NJ 03
	ı			
. TYPE OF REPORT	(Choose One) (b)	12-Day PRE-Election Report for	r the:	
(a) Quarterly Reports:		Primary (12P)	General (12G)	Runoff (12R)
April 15 Quarter	rly Report (Q1)	Convention (12C)	Special (12S)	
July 15 Quarter	ly Report (Q2)	Convention (120)	Special (125)	
October 15 Qua	arterly Report (Q3)	Election on	D / Y Y Y Y	in the State of
January 31 Voor	r-End Report (YE) (c)			Oldie of
January 31 Teal	r-End Report (YE) (c)	30-Day POST -Election Report for		-
_		General (30G)	Runoff (30R)	Special (30S)
Termination Rep	port (TER)	Election on	D / Y Y Y	in the State of
		Elocion on		State of
i. Covering Period	M M / D D / Y	y y y 2020 through	03 31 Y	2020
. Covoling Forloa		unougn	QU Q.	
certify that I have examined	d this Report and to the	best of my knowledge and belief	it is true, correct and cor	mplete.
ype or Print Name of Treas	Curtis, Elizabeth, , urer	,		
,	Cuntin Elizabath		M M /	D D / Y Y Y Y
Signature of Treasurer	Curtis, Elizabeth, , ,	[Electronically Filed]	04	01 2020
IOTE: Submission of false. err	roneous, or incomplete in	formation may subject the person s	igning this Report to the pe	nalties of 52 U.S.C. §3010
Office				
Use Only				EC FORM 3 (Revised 05/2016)

SUMMARY PAGE

FEC Form 3 (Revised 05/2016) of Receipts and Disbursements

PAGE 2 / 13

1 LO 1 OIIII 3 (Nevised 05/20

Write or	Type Co	mmittee	Name
Loneg	an for	· Cong	ress

2020 2020 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

Lonegan for Congress

Report Covering the Period: From: 01 01 2020 To: 03 31 2020

	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
1.	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
	i	0.00	65.00
	(b) Political Party Committees (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
4.	OFFSETS TO OPERATING		
	EXPENDITURES (Refunds, Rebates, etc.)	0.00	722.29
5.	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	25100.59
6.	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	0.00	1263671.82

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 13

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	0.00	1241932.28
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19.	LOAN REPAYMENTS:		
	(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
20.	REFUNDS OF CONTRIBUTIONS TO:		
	(a) Individuals/Persons Other Than Political Committees	0.00	12375.00
		0.00	0.00
	(b) Political Party Committees(c) Other Political Committees	7 7 8.00	3.00
	(such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	12375.00
21.	OTHER DISBURSEMENTS	0.00	0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	0.00	1254307.28
	III. CASH SUI	MMARY	
23.	CASH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	0.00
24	TOTAL RECEIPTS THIS PERIOD (from Line 1	6, page 3)	0.00
25.	SUBTOTAL (add Line 23 and Line 24)		0.00
26.	TOTAL DISBURSEMENTS THIS PERIOD (from	m Line 22)	0.00
27.	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)		0.00

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 5

13a

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

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

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

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

11/24/2014)

Form/Schedule: Transaction ID:

SCHEDULE C (FEC Form 3) LOANS

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

PAGE 7 OF
FOR LINE NUMBER:
(check only one)

13a

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		130
NAME OF COMMITTEE (In Full) Lonegan for Congress		Transaction ID: SC/10.4499
		I
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)	☐ Memo Item Election: 2014
Lonegan, Steven, , ,		x Primary General
Mailing Address 212 Larch Ave		Other (specify) ▼
City	State	ZIP Code Personal Funds of the Candidate
Bogota	NJ	07603
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
100000.00	3	0.00 100000.00
TERMS Date Incurred	D	ate Due Interest Rate Secured: (If none, enter 0)
M05 ^M / D16 ^D / Y 2014 Y	M M / D D	/ ^Y 12/31/2Ŏ14 ^Y 0.00
List All Endorsers or Guarantors (if any) to	o Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		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
	I	Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		100000.00
TOTALS This Period (last page in this line only	/)	······································
Carry outstanding balance only to LINE 3, Sch	nedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

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

PAGE 8
FOR LINE NUMBER: (check only one)

13a

13

				Detailed Currinary	i age		13b			
NAME OF COMMITTEE (In Full) Lonegan for Congress	nsaction II	D : SC/10.4501								
LOAN SOURCE Full Name (Last	First Mid	dla Initial\			Г					
· ·	, FIRST, IVIIO	ale initial)		☐ Memo I		tion: 2014 Primary				
Lonegan, Steven, , ,						General				
Mailing Address						Other (specify) ▼				
212 Lărch Ave			I							
City		State	ZIP Code	9		Demonstrate of the	0			
Bogota	Bogota NJ 07603					Personal Funds of the	Candidate			
Original Amount of Loan		Cumulative Pay	ment To D	ate	Balance C	outstanding at Close of T	his Period			
10000	0.00			0.00		10000	0.00			
10000	0.00		7	0.00		10000	3.00			
TERMS Date Incurred		D	ate Due	Interest (If none,		Secure	1 :			
M05M / D23D / Y 2014	Y	/ M / D D	/ Y12/3	ś1/2Ŏ14 ^Y	0.00	% (apr)	s 🗶 No			
List All Endorsers or Guarantors	(if any) to	Loan Source								
1. Full Name (Last, First, Middle	Initial)			Name of Employer						
Mailing Address				Occupation						
				Amount						
City	State	ZIP Code		Guaranteed						
City	Otato	Zii Oode		Outstanding:	7	7	_			
2. Full Name (Last, First, Middle I	nitial)	-		Name of Employer						
Mailing Address				Occupation						
				Amount						
City	State	ZIP Code		Guaranteed Outstanding:	7	7				
3. Full Name (Last, First, Middle I	nitial)	•		Name of Employer						
Mailing Address			1	Occupation						
				Amount						
City	State	ZIP Code		Guaranteed						
			1	Outstanding:	7	7				
4. Full Name (Last, First, Middle I	nitial)	•		Name of Employer						
Mailing Address				Occupation						
				Amount						
City	State	ZIP Code		Guaranteed Outstanding:	7	y				
	•	•	<u>'</u>							
SUBTOTALS This Period This Page	(optional)			······		10000	0.00			
TOTALS This Period (last page in th	is line only)			······•		250000	0.00			
Carry outstanding balance only to L	INF 3 Sob	adula D. for this	line If n	Schedule D. com	forward +	o appropriate line of S	umman/			
ı Garıy gurərandının Dalance Gilly 10 E	0, 30116	Suule D, IUI IIIIS	,c. II IIC	OUTCUUIC D. CALLY	ıvı walu t	o appropriate life of 3	anninai y.			

Excluding Loans

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

PAGE FOR LINE NUMBER: (check only one)

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OF

NAME OF COMMITTEE (In Full)

Outstanding Balance Beginning This Period

Amount Incurred This Period

225.62

0.00

Lonegan for Congres	S		
A. Full Name (Last, First, Middle Initial) of De Base Connect, Inc.	Nature of Debt (Purpose): Fundraising		
Mailing Address 1155 15th St NW Suite 410			
City Washington	State DC	Zip Code 20005	
Outstanding Balance Beginning This Period 5725.37			Transaction ID : SD10.4539
Amount Incurred This Period 0.00		Payment This Period 0.00	Outstanding Balance at Close of This Period 5725.37
B. Full Name (Last, First, Middle Initial) of De Base Connect, Inc.	btor or Credit	or	Nature of Debt (Purpose): Fundraising
Mailing Address 1155 15th St NW Suite 410			
City Washington	State DC	Zip Code 20005	
Outstanding Balance Beginning This Period 30605.27			Transaction ID : SD10.4524
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
0.00		0.00	30605.27
C. Full Name (Last, First, Middle Initial) of Document Consolidated Mailing Services		itor	Nature of Debt (Purpose): Fundraising
Mailing Address 504 Shaw Rd Suite 206			
City	State	Zip Code	
Sterling	VA	20166	

				7			7	_	_		
1)	SUBTOTALS This Period This Page (optional)			7	I	I	,	.;	3655	6.26	
2)	TOTALS This Period (last page this line number only)		Ξ	,	Ξ	Ξ	,	Ι	_		
3)	TOTAL OUTSTANDING LOANS from Schedule C (last page only)		Ξ	7	Ι	Ι	7	Ι	Ξ		
4)	ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)			7	Ξ	_	7		Ξ	-	

Payment This Period

0.00

Transaction ID: SD10.4541

Outstanding Balance at Close of This Period

225.62

Excluding Loans

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

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13

NAME OF COMMITTEE (In Full)

Lonegan for Congress

L	onegan for Congress	S		
	A. Full Name (Last, First, Middle Initial) of De		tor	Nature of Debt (Purpose):
	Consolidated Mailing Services	Fundraising		
ŀ	Mailing Address 504 Shaw Rd			
	Suite 206			
Ī	City	State	Zip Code	
ŀ	Sterling	VA	20166	
	Outstanding Balance Beginning This Period		Transaction ID : SD10.4552	
	5769.48			
	Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
	0.00	0.0		5769.48
	у у т		7	7 7
Ī	B. Full Name (Last, First, Middle Initial) of Deb	otor or Credit	or	Nature of Debt (Purpose):
	Consolidated Mailing Services			Fundraising
ŀ	Mailing Address 504 Shaw Rd			_
	Suite 206			
	City	State	Zip Code 20166	
ŀ	Sterling	VA	20100	
	Outstanding Balance Beginning This Period			Transaction ID : SD10.4555
	5532.90			
	Amount Incurred This Period		Outstanding Balance at Close of This Period	
	0.00		0.00	5532.90
			7	7
Ī	C. Full Name (Last, First, Middle Initial) of De		tor	Nature of Debt (Purpose):
	Consolidated Mailing Services			Fundraising
-	Mailing Address 504 Shaw Rd			
	Suite 206			
	City	State	Zip Code	
ŀ	Sterling	VA	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
	0.00		0.00	9421.05
	7 7		7	7 7 7
4١	SUBTOTALS This Period This Page (optional)	١		20700 12
')		,		20723.43
2)	TOTALS This Period (last page this line numb	ber only) ······	······	
3)	TOTAL OUTSTANDING LOANS from Schedu	ule C (last pa	ge only)·····	
4)	ADD 2) and 3) and carry forward to appropri	ate line of Su	ummary Page (last page only)	
-				9

Excluding Loans

NA

NAME OF COMMITTEE (In Full) Lonegan for Congres	S		
A. Full Name (Last, First, Middle Initial) of D Consolidated Mailing Services	Nature of Debt (Purpose): Fundraising		
Mailing Address 504 Shaw Rd Suite 206			
City	State	Zip Code	
Sterling	VA	20166	
Outstanding Balance Beginning This Period	d		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	btor or Cred	ditor	Nature of Debt (Purpose):
Integram			Fundraising
Mailing Address 22695 Commerce Center Ct	i .		
City Dulles	State VA	Zip Code 20166	
Outstanding Balance Beginning This Period 7661.09	d		Transaction ID : SD10.4548
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
0.00		0.00	7661.09
C. Full Name (Last, First, Middle Initial) of D Legacy Lists Inc - Brokerage	ebtor or Cre	editor	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	t		Transaction ID : SD10.4514
1199.54			
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
0.00		0.00	1199.54
1) SUBTOTALS This Period This Page (options			23409.08
2) TOTALS This Period (last page this line nun			
3) TOTAL OUTSTANDING LOANS from Sched			
4) ADD 2) and 3) and carry forward to approp	riate line of	Summary Page (last page only)	

PAGE

FOR LINE NUMBER:

(check only one)

(Use separate schedule(s)

for each

numbered line)

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X 10

Excluding Loans

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

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

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x	10

13

NAME OF COMMITTEE (In Full)

_onegan for Congres	SS		
A. Full Name (Last, First, Middle Initial) of I Legacy Lists Inc - Brokerage	Nature of Debt (Purpose): Fundraising		
Mailing Address 1155 - 15th Street NW Suite 410			
City Washington	State DC	Zip Code 20005	
Outstanding Balance Beginning This Perio	d		Transaction ID : SD10.4538
5793.47	1		
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 Debtor or Creditor Legacy Lists Inc - Brokerage			Nature of Debt (Purpose): Fundraising
Mailing Address 1155 - 15th Street NW Suite 410			
City Washington	State DC	Zip Code 20005	
Outstanding Balance Beginning This Perio	 d	'	Transaction ID : SD10.4547
1813.69	1		
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
0.00		0.00	1813.69
C. Full Name (Last, First, Middle Initial) of 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 Perio	d		Transaction ID : SD10.4535
1884.93	1		
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 (option	al)		9492.09
2) TOTALS This Period (last page this line number only)			
TOTAL OUTSTANDING LOANS from Sche			
ADD 2) and 3) and carry forward to appropriate to a	oriate 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)

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NAME OF COMMITTEE (In Full)

Lonegan for Congres	S		
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 2271.37	t		Transaction ID : SD10.4540
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 Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	_
Outstanding Balance Beginning This Period	i 1		
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of D	ebtor or Cre	editor	Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	
Outstanding Balance Beginning This Period	t t	1	
Amount Incurred This Period	, 1 []	Payment This Period	Outstanding Balance at Close of This Period
SUBTOTALS This Period This Page (optional	al)		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