

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
07 / 01 / 2014 through 09 / 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))....	77054.51	972814.95
(b) Total Contribution Refunds (from Line 20(d))	12375	12375
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	64679.51	960439.95
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	82285.07	1230391.1
(b) Total Offsets to Operating Expenditures (from Line 14).....		722.29
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	82285.07	1229668.81
8. Cash on Hand at Close of Reporting Period (from Line 27).....	5746.73	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	375326.08	

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: / /

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).....	34401.97	268966.48
(ii) Unitemized	42652.54	439933.47
(iii) TOTAL of contributions from individuals	77054.51	708899.95
(b) Political Party Committees.....		65
(c) Other Political Committees (such as PACs).....		14750
(d) The Candidate		249100
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	77054.51	972814.95
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....		496500
(b) All Other Loans.....		
(c) TOTAL LOANS (add Lines 13(a) and (b)).....		496500
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		722.29
15. OTHER RECEIPTS (Dividends, Interest, etc.)		25100.59
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	77054.51	1495137.83

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	82285.07	1230391.1
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....		246500
(b) Of All Other Loans		
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....		246500
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	12375	12375
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	12375	12375
21. OTHER DISBURSEMENTS		
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	94660.07	1489266.1

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	23352.29
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	77054.51
25. SUBTOTAL (add Line 23 and Line 24).....	100406.8
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	94660.07
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	5746.73

**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 122
	<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)
MISS Carol H Albrecht

Mailing Address 10 Wyckoff Way

City State Zip Code
Chester NJ 07930-2477

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
335

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 14 / 2014

Transaction ID : SA11Ai-CN74898

Amount of Each Receipt this Period
100

B. Full Name (Last, First, Middle Initial)
MISS Carol H Albrecht

Mailing Address 10 Wyckoff Way

City State Zip Code
Chester NJ 07930-2477

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
435

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SA11Ai-CN75611

Amount of Each Receipt this Period
100

C. Full Name (Last, First, Middle Initial)
MISS Carol H Albrecht

Mailing Address 10 Wyckoff Way

City State Zip Code
Chester NJ 07930-2477

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
535

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 20 / 2014

Transaction ID : SA11Ai-CN76019

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 6 OF 122
	<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 Jack Albrecht

Mailing Address 5607 Military Ct

City State Zip Code
Fairfield CA 94533-9725

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

Name of Employer Occupation
US MILITARY OFFICER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 14 / 2014

Transaction ID : SA11Ai-CN74913

Amount of Each Receipt this Period
50

B. Full Name (Last, First, Middle Initial)
MR Jack Albrecht

Mailing Address 5607 Military Ct

City State Zip Code
Fairfield CA 94533-9725

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

Name of Employer Occupation
US MILITARY OFFICER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 28 / 2014

Transaction ID : SA11Ai-CN75362

Amount of Each Receipt this Period
50

C. Full Name (Last, First, Middle Initial)
MR Jack Albrecht

Mailing Address 5607 Military Ct

City State Zip Code
Fairfield CA 94533-9725

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

Name of Employer Occupation
US MILITARY OFFICER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
375

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 08 / 2014

Transaction ID : SA11Ai-CN76271

Amount of Each Receipt this Period
75

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 7 OF 122
	<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 Mervin E Alexander

Mailing Address 3409 Zuni St

City State Zip Code
Denver CO 80211-3359

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
220

Date of Receipt
 M M / D D / Y Y Y Y
09 / 15 / 2014

Transaction ID : SA11Ai-CN76510

Amount of Each Receipt this Period
35

B. Full Name (Last, First, Middle Initial)
MR Joseph Aliseo

Mailing Address 317 Jefferson Ave

City State Zip Code
Linden NJ 07036-4401

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

Name of Employer Occupation
Best Efforts Best Efforts

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250

Date of Receipt
 M M / D D / Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11Ai-CN75823

Amount of Each Receipt this Period
50

C. Full Name (Last, First, Middle Initial)
Ms Karen Anderson

Mailing Address 315 W 2nd Ave

City State Zip Code
Saint John KS 67576-1905

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
730

Date of Receipt
 M M / D D / Y Y Y Y
07 / 14 / 2014

Transaction ID : SA11Ai-CN74847

Amount of Each Receipt this Period
150

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 8 OF 122
	<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 **305**

Date of Receipt
 M M / D D / Y Y Y Y
07 / 18 / 2014

Transaction ID : SA11Ai-CN75209

Amount of Each Receipt this Period
40

B. 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 **345**

Date of Receipt
 M M / D D / Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11Ai-CN75819

Amount of Each Receipt this Period
40

C. 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 **395**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 22 / 2014

Transaction ID : SA11Ai-CN76569

Amount of Each Receipt this Period
50

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

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

130.00

**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 122
	<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 Artlip

Mailing Address 3908 W Chicago St

City State Zip Code
Rapid City SD 57702-0242

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

Name of Employer Occupation
Best Efforts President & CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
215

Date of Receipt
 M M / D D / Y Y Y Y
08 / 19 / 2014

Transaction ID : SA11Ai-CN75981

Amount of Each Receipt this Period
75

B. Full Name (Last, First, Middle Initial)
Ms De Ette Ette Barner

Mailing Address 718 La Portada St

City State Zip Code
South Pasadena CA 91030-3627

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
338

Date of Receipt
 M M / D D / Y Y Y Y
07 / 29 / 2014

Transaction ID : SA11Ai-CN75483

Amount of Each Receipt this Period
100

C. Full Name (Last, First, Middle Initial)
MR Ray R Barrett JR

Mailing Address Hc 34 Box 3

City State Zip Code
Midkiff TX 79755

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

Name of Employer Occupation
SELF FARMER RANCHER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500

Date of Receipt
 M M / D D / Y Y Y Y
07 / 14 / 2014

Transaction ID : SA11Ai-CN74831

Amount of Each Receipt this Period
300

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

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

475.00

**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 122
	<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 Belansen SR

Mailing Address 1057 Beach Ave

City Cape May State NJ Zip Code 08204-1613

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 **1500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 20 / 2014

Transaction ID : SA11Ai-CN76015

Amount of Each Receipt this Period
500

B. Full Name (Last, First, Middle Initial)
MR Richard Bennett

Mailing Address 1694 E Hayden Ave

City Hayden State ID Zip Code 83835-9524

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
08 / 18 / 2014

Transaction ID : SA11Ai-CN75916

Amount of Each Receipt this Period
100

C. Full Name (Last, First, Middle Initial)
MR Richard A Bernstein

Mailing Address 18 Rockledge Rd

City Rye State NY Zip Code 10580-1933

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

Name of Employer Best Efforts Occupation Best Efforts

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
08 / 29 / 2014

Transaction ID : SA11Ai-CN76184

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 11 OF 122
	<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 Juris Berzins

Mailing Address 30 Geoffrey Dr

City Parsippany State NJ Zip Code 07054-1744

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 **215**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 05 / 2014

Transaction ID : SA11Ai-CN76248

Amount of Each Receipt this Period
 45

B. 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 **303**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 01 / 2014

Transaction ID : SA11Ai-CN75656

Amount of Each Receipt this Period
 75

C. Full Name (Last, First, Middle Initial)
MR George D Bogardus

Mailing Address 231 Third Ave

City Saltillo State MS Zip Code 38866-9197

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

Name of Employer Best Efforts Occupation Best Efforts

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **398**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2014

Transaction ID : SA11Ai-CN75477

Amount of Each Receipt this Period
 199

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

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

319.00

**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 122
	<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 L Brandt

Mailing Address 2129 12th Ave E

City Hibbing State MN Zip Code 55746-1836

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
07 / 14 / 2014

Transaction ID : SA11Ai-CN74866

Amount of Each Receipt this Period
50

B. Full Name (Last, First, Middle Initial)
Mr Bruce A Brian Jr

Mailing Address 505 Presidents Way

City Morganville State NJ Zip Code 07751-2609

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

Name of Employer Pine River Capital Mgmt Occupation Senior Developer

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
08 / 26 / 2014

Transaction ID : SA11Ai-CN76155

Amount of Each Receipt this Period
50

C. Full Name (Last, First, Middle Initial)
Ms Beatrice W Britton

Mailing Address PO Box 2327

City South Hamilton State MA Zip Code 01982-0327

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

Name of Employer Self Employed Occupation 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
08 / 18 / 2014

Transaction ID : SA11Ai-CN75934

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 13 OF 122
	<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 Beatrice W Britton

Mailing Address **PO Box 2327**

City **South Hamilton** State **MA** Zip Code **01982-0327**

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

Name of Employer **Self Employed** Occupation **Farmer**

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
08 / 27 / 2014

Transaction ID : SA11Ai-CN76173

Amount of Each Receipt this Period
50

B. 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 **500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 11 / 2014

Transaction ID : SA11Ai-CN75761

Amount of Each Receipt this Period
100

C. Full Name (Last, First, Middle Initial)
MRS Richie Anne Brown

Mailing Address **6722 Nagle Ave**

City **Van Nuys** State **CA** Zip Code **91401-1211**

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
07 / 17 / 2014

Transaction ID : SA11Ai-CN75178

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 14 OF 122
	<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 Susan Brunoff

Mailing Address 334 W Cedar St

City State Zip Code
New Holland PA 17557-1202

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
07 / 15 / 2014

Transaction ID : SA11Ai-CN74955

Amount of Each Receipt this Period
70

B. Full Name (Last, First, Middle Initial)
MS Elizabeth Bryden

Mailing Address 1 W 67th St Apt 611

City State Zip Code
New York NY 10023-6200

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
1333

Date of Receipt
 M M / D D / Y Y Y Y
08 / 04 / 2014

Transaction ID : SA11Ai-CN75661

Amount of Each Receipt this Period
205

C. Full Name (Last, First, Middle Initial)
MR Richard Burns

Mailing Address 81 Minivale Rd

City State Zip Code
Stamford CT 06907-1206

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
08 / 18 / 2014

Transaction ID : SA11Ai-CN75936

Amount of Each Receipt this Period
60

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 15 OF 122
	<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 Stephen Byrne

Mailing Address 633 E Main St Unit B1

City Moorestown	State NJ	Zip Code 08057-3028
--------------------	-------------	------------------------

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

Name of Employer RENZI FAMILY MEDICINE LLC	Occupation PHYSICIAN
---	-------------------------

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
07 / 01 / 2014

Transaction ID : SA11Ai-CN72405

Amount of Each Receipt this Period
50

B. Full Name (Last, First, Middle Initial)
MR Orlando Cabrera MD

Mailing Address 1865 Brickell Ave Apt A2003

City Miami	State FL	Zip Code 33129-1652
---------------	-------------	------------------------

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

Name of Employer Self Employed	Occupation Physician
-----------------------------------	-------------------------

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
07 / 18 / 2014

Transaction ID : SA11Ai-CN75206

Amount of Each Receipt this Period
35

C. Full Name (Last, First, Middle Initial)
MR Orlando Cabrera MD

Mailing Address 1865 Brickell Ave Apt A2003

City Miami	State FL	Zip Code 33129-1652
---------------	-------------	------------------------

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

Name of Employer Self Employed	Occupation Physician
-----------------------------------	-------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **245**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 04 / 2014

Transaction ID : SA11Ai-CN75678

Amount of Each Receipt this Period
35

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

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

120.00

**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 122
	<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 Orlando Cabrera MD

Mailing Address 1865 Brickell Ave Apt A2003

City Miami State FL Zip Code 33129-1652

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **280**

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 08 / 2014

Transaction ID : SA11Ai-CN76277

Amount of Each Receipt this Period
35

B. Full Name (Last, First, Middle Initial)
MR Dennis M Carey

Mailing Address 153 Vail Rd

City Columbia State NJ Zip Code 07832-2431

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 **235**

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 06 / 2014

Transaction ID : SA11Ai-CN75720

Amount of Each Receipt this Period
50

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 **240**

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 14 / 2014

Transaction ID : SA11Ai-CN74875

Amount of Each Receipt this Period
35

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

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

120.00

**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 122
	<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 Joan K Chitea

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 **290**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 15 / 2014

Transaction ID : SA11Ai-CN76504

Amount of Each Receipt this Period
50

B. Full Name (Last, First, Middle Initial)
MR William R Clayton

Mailing Address 1514 Silo Ct

City Manasquan State NJ Zip Code 08736-2225

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
07 / 15 / 2014

Transaction ID : SA11Ai-CN74986

Amount of Each Receipt this Period
100

C. Full Name (Last, First, Middle Initial)
Mr Harroll Clemmer

Mailing Address 5812 Pecan Valley Ln

City San Angelo State TX Zip Code 76904-9531

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

Name of Employer Best Efforts Occupation Best Efforts

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
07 / 28 / 2014

Transaction ID : SA11Ai-CN75359

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 18 OF 122
	<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 Eleanor Cobb

Mailing Address 131 S Vista St

City Los Angeles State CA Zip Code 90036-2707

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
07 / 25 / 2014

Transaction ID : SA11Ai-CN75336

Amount of Each Receipt this Period
300

B. Full Name (Last, First, Middle Initial)
MRS Carol Cole

Mailing Address 75 Teloma Dr

City Ventura State CA Zip Code 93003-2154

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
09 / 08 / 2014

Transaction ID : SA11Ai-CN76285

Amount of Each Receipt this Period
35

C. 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 **500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 14 / 2014

Transaction ID : SA11Ai-CN74879

Amount of Each Receipt this Period
100

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

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

435.00

**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 122
	<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 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 **2775**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SA11Ai-CN75007

Amount of Each Receipt this Period
300

B. Full Name (Last, First, Middle Initial)
MR Charles R Cox

Mailing Address 8785 W Orchid Island Cir Apt 206

City Vero Beach State FL Zip Code 32963-9550

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

Name of Employer **Best Efforts** Occupation **Best Efforts**

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
09 / 25 / 2014

Transaction ID : SA11Ai-CN76592

Amount of Each Receipt this Period
50

C. Full Name (Last, First, Middle Initial)
MS Dortha M Cox

Mailing Address 4900 Morris Ln

City Oklahoma City State OK Zip Code 73112-6151

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

Name of Employer **Best Efforts** Occupation **Best Efforts**

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
09 / 08 / 2014

Transaction ID : SA11Ai-CN76280

Amount of Each Receipt this Period
20

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

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

370.00

**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 122
	<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 Betty R Crawford

Mailing Address 601 Aspen Trl

City Muscatine State IA Zip Code 52761-2873

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
07 / 15 / 2014

Transaction ID : SA11Ai-CN75011

Amount of Each Receipt this Period
50

B. Full Name (Last, First, Middle Initial)
Mr. Timothy Curley

Mailing Address 427 Sonora Cir

City Redlands State CA Zip Code 92373-8508

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
08 / 15 / 2014

Transaction ID : SA11Ai-CN75881

Amount of Each Receipt this Period
40

C. Full Name (Last, First, Middle Initial)
Mr. Timothy Curley

Mailing Address 427 Sonora Cir

City Redlands State CA Zip Code 92373-8508

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
09 / 08 / 2014

Transaction ID : SA11Ai-CN76336

Amount of Each Receipt this Period
50

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

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

140.00

**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 122
	<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 Brenda Curnin

Mailing Address 111 Emily Rd

City State Zip Code
Far Hills NJ 07931-2580

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

Name of Employer Occupation
Stone House Mgmt Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7000

Date of Receipt
 M M / D D / Y Y Y Y
08 / 25 / 2014

Transaction ID : SA11Ai-CN76130

Amount of Each Receipt this Period
4500

B. Full Name (Last, First, Middle Initial)
MR J D'amato

Mailing Address 52 Dey Grove Rd

City State Zip Code
Manalapan NJ 07726-8501

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

Name of Employer Occupation
Best Efforts Best Efforts

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
205

Date of Receipt
 M M / D D / Y Y Y Y
07 / 31 / 2014

Transaction ID : SA11Ai-CN75599

Amount of Each Receipt this Period
20

C. Full Name (Last, First, Middle Initial)
MR Stephen Decarlo

Mailing Address 71 Woodhaven Dr

City State Zip Code
Wayne NJ 07470-5166

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
09 / 10 / 2014

Transaction ID : SA11Ai-CN76388

Amount of Each Receipt this Period
50

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

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

4570.00

**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 122
	<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 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 **700**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 05 / 2014

Transaction ID : SA11Ai-CN75718

Amount of Each Receipt this Period
300

B. 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 **1000**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 08 / 2014

Transaction ID : SA11Ai-CN76288

Amount of Each Receipt this Period
300

C. Full Name (Last, First, Middle Initial)
Mr Robert Dempsey

Mailing Address **1461 Landings Cir**

City **Sarasota** State **FL** Zip Code **34231-3228**

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

Name of Employer **Best Efforts** Occupation **Best Efforts**

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
09 / 08 / 2014

Transaction ID : SA11Ai-CN76295

Amount of Each Receipt this Period
100

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: (check only one)	PAGE 23 OF 122
	<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 Marlton 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 **2783**

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 14 / 2014

Transaction ID : SA11Ai-CN74899

Amount of Each Receipt this Period
 500

B. Full Name (Last, First, Middle Initial)
MRS Emily Di Vento

Mailing Address 1746 Johnston St

City Philadelphia State PA Zip Code 19145-4715

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 **213**

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 15 / 2014

Transaction ID : SA11Ai-CN74999

Amount of Each Receipt this Period
 53

C. Full Name (Last, First, Middle Initial)
MRS Emily Di Vento

Mailing Address 1746 Johnston St

City Philadelphia State PA Zip Code 19145-4715

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 **243**

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 27 / 2014

Transaction ID : SA11Ai-CN76159

Amount of Each Receipt this Period
 30

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

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

583.00

**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 122
	<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 Ellen Diiorio

Mailing Address 316 Park St

City Westfield State NJ Zip Code 07090-3214

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

Name of Employer Secretary Occupation Secretary

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
08 / 26 / 2014

Transaction ID : SA11Ai-CN76154

Amount of Each Receipt this Period
50

B. Full Name (Last, First, Middle Initial)
MR Edward Doherty

Mailing Address 4039 Herschel Ave

City Dallas State TX Zip Code 75219-2931

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 **1000**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 28 / 2014

Transaction ID : SA11Ai-CN76177

Amount of Each Receipt this Period
1000

C. Full Name (Last, First, Middle Initial)
MRS Ruth Dornack

Mailing Address 300 3rd Ave SE

City Plainview State MN Zip Code 55964-1579

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

Name of Employer Best Efforts Occupation Best Efforts

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
09 / 12 / 2014

Transaction ID : SA11Ai-CN76488

Amount of Each Receipt this Period
25

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

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

1075.00

**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 122
	<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 Hugh R Dunlap Jr

Mailing Address 989 Shooting Box Rd

City State Zip Code
King William VA 23086-2003

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
07 / 14 / 2014

Transaction ID : SA11Ai-CN74864

Amount of Each Receipt this Period
100

B. Full Name (Last, First, Middle Initial)
MR Hugh R Dunlap Jr

Mailing Address 989 Shooting Box Rd

City State Zip Code
King William VA 23086-2003

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
08 / 13 / 2014

Transaction ID : SA11Ai-CN75789

Amount of Each Receipt this Period
50

C. Full Name (Last, First, Middle Initial)
MR Hugh R Dunlap Jr

Mailing Address 989 Shooting Box Rd

City State Zip Code
King William VA 23086-2003

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
09 / 04 / 2014

Transaction ID : SA11Ai-CN76214

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 26 OF 122
	<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 Wilma Edwards

Mailing Address **PO Box 2948**

City **Del Mar** State **CA** Zip Code **92014-5948**

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
08 / 25 / 2014

Transaction ID : SA11Ai-CN76141

Amount of Each Receipt this Period
150

B. Full Name (Last, First, Middle Initial)
MR Roland C Ellis

Mailing Address **320 Wisteria Ave**

City **Reading** State **PA** Zip Code **19606-3472**

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 **437**

Date of Receipt
 M M / D D / Y Y Y Y
07 / 28 / 2014

Transaction ID : SA11Ai-CN75398

Amount of Each Receipt this Period
100

C. Full Name (Last, First, Middle Initial)
MR Roland C Ellis

Mailing Address **320 Wisteria Ave**

City **Reading** State **PA** Zip Code **19606-3472**

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 **487**

Date of Receipt
 M M / D D / Y Y Y Y
08 / 20 / 2014

Transaction ID : SA11Ai-CN76010

Amount of Each Receipt this Period
50

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 27 OF 122
	<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)
S Fane

Mailing Address 3070 NW 14th St

City Delray Beach State FL Zip Code 33445-7683

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
 07 / 16 / 2014

Transaction ID : SA11Ai-CN75121

Amount of Each Receipt this Period
 20

B. Full Name (Last, First, Middle Initial)
S Fane

Mailing Address 3070 NW 14th St

City Delray Beach State FL Zip Code 33445-7683

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 **240**

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 04 / 2014

Transaction ID : SA11Ai-CN75709

Amount of Each Receipt this Period
 20

C. Full Name (Last, First, Middle Initial)
S Fane

Mailing Address 3070 NW 14th St

City Delray Beach State FL Zip Code 33445-7683

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 **260**

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 25 / 2014

Transaction ID : SA11Ai-CN76148

Amount of Each Receipt this Period
 20

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

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

60.00

**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 122
	<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)
S Fane

Mailing Address 3070 NW 14th St

City Delray Beach State FL Zip Code 33445-7683

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
 09 / 08 / 2014

Transaction ID : SA11Ai-CN76354

Amount of Each Receipt this Period
20

B. Full Name (Last, First, Middle Initial)
MS Victoria I Ford

Mailing Address 4303 Forest Park Rd

City Jacksonville State FL Zip Code 32210-6027

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
 07 / 14 / 2014

Transaction ID : SA11Ai-CN74824

Amount of Each Receipt this Period
200

C. Full Name (Last, First, Middle Initial)
MS Victoria I Ford

Mailing Address 4303 Forest Park Rd

City Jacksonville State FL Zip Code 32210-6027

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
 09 / 08 / 2014

Transaction ID : SA11Ai-CN76321

Amount of Each Receipt this Period
150

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

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

370.00

**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 122
	<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 **280**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 14 / 2014

Transaction ID : SA11Ai-CN74829

Amount of Each Receipt this Period
35

B. 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 **315**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 28 / 2014

Transaction ID : SA11Ai-CN75373

Amount of Each Receipt this Period
35

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 **350**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 20 / 2014

Transaction ID : SA11Ai-CN76016

Amount of Each Receipt this Period
35

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

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

105.00

**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 122
	<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 **385**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 05 / 2014

Transaction ID : SA11Ai-CN76243

Amount of Each Receipt this Period
35

B. Full Name (Last, First, Middle Initial)
MR Francis B Gallagher

Mailing Address 1110 Franklin Ln

City Rockaway State NJ Zip Code 07866-5812

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 Y Y
07 / 21 / 2014

Transaction ID : SA11Ai-CN75228

Amount of Each Receipt this Period
100

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

Mailing Address 721 Fairview Ln

City Forked River State NJ Zip Code 08731-4966

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 **215**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 28 / 2014

Transaction ID : SA11Ai-CN75435

Amount of Each Receipt this Period
35

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

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

170.00

**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 122
	<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 **370**

Date of Receipt
 M M / D D / Y Y Y Y
08 / 22 / 2014

Transaction ID : SA11Ai-CN76115

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 **420**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 08 / 2014

Transaction ID : SA11Ai-CN76289

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 **4100**

Date of Receipt
 M M / D D / Y Y Y Y
07 / 30 / 2014

Transaction ID : SA11Ai-CN75544

Amount of Each Receipt this Period
1500

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 32 OF 122
	<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
1000

Date of Receipt
 M M / D D / Y Y Y Y
09 / 10 / 2014

Transaction ID : SA11Ai-CN76376

Amount of Each Receipt this Period
250

B. Full Name (Last, First, Middle Initial)
MS Jean M Goos

Mailing Address 7840 W Paine Ave

City Lakewood	State CO	Zip Code 80235-1920
------------------	-------------	------------------------

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
215

Date of Receipt
 M M / D D / Y Y Y Y
07 / 14 / 2014

Transaction ID : SA11Ai-CN74819

Amount of Each Receipt this Period
57

C. Full Name (Last, First, Middle Initial)
MS Jean M Goos

Mailing Address 7840 W Paine Ave

City Lakewood	State CO	Zip Code 80235-1920
------------------	-------------	------------------------

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
240

Date of Receipt
 M M / D D / Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11Ai-CN75866

Amount of Each Receipt this Period
25

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

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

332.00

**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 122
	<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 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 **270**

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 18 / 2014

Transaction ID : SA11Ai-CN75196

Amount of Each Receipt this Period
 _____ 40

B. 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 **295**

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 28 / 2014

Transaction ID : SA11Ai-CN75345

Amount of Each Receipt this Period
 _____ 25

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 **330**

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 15 / 2014

Transaction ID : SA11Ai-CN75804

Amount of Each Receipt this Period
 _____ 35

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

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

_____ 100.00

**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 34 OF 122
	<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 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 **355**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 05 / 2014

Transaction ID : SA11Ai-CN76223

Amount of Each Receipt this Period
25

B. Full Name (Last, First, Middle Initial)
MR William C Haas

Mailing Address 1817 24th St S

City Arlington State VA Zip Code 22202-1534

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 **300**

Date of Receipt
 M M / D D / Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11Ai-CN74794

Amount of Each Receipt this Period
200

C. Full Name (Last, First, Middle Initial)
MR J Kern Hamilton

Mailing Address 800 Blossom Hill Rd Unit E324

City Los Gatos State CA Zip Code 95032-3568

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 **400**

Date of Receipt
 M M / D D / Y Y Y Y
07 / 28 / 2014

Transaction ID : SA11Ai-CN75413

Amount of Each Receipt this Period
200

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

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

425.00

**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 122
	<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 Hanson

Mailing Address 90 Prospect Ave

City Hackensack State NJ Zip Code 07601-1909

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

Name of Employer Self Employed Occupation Real Estate

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
 07 / 21 / 2014

Transaction ID : SA11Ai-CN75226

Amount of Each Receipt this Period
1000

B. Full Name (Last, First, Middle Initial)
MRS Bobbye F Harris

Mailing Address 135 Windsor Dr

City Calhoun State GA Zip Code 30701-2055

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 **400**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 21 / 2014

Transaction ID : SA11Ai-CN75247

Amount of Each Receipt this Period
100

C. Full Name (Last, First, Middle Initial)
DR Bernhard Heersink MD

Mailing Address 281 High St

City Newburyport State MA Zip Code 01950-3735

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

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

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
 07 / 15 / 2014

Transaction ID : SA11Ai-CN74948

Amount of Each Receipt this Period
150

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

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

1250.00

**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 122
	<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 Leyla Holton

Mailing Address 10288 Iron Ore Rd

City Conroe State TX Zip Code 77303-2410

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
07 / 17 / 2014

Transaction ID : SA11Ai-CN75137

Amount of Each Receipt this Period
50

B. Full Name (Last, First, Middle Initial)
MRS Leyla Holton

Mailing Address 10288 Iron Ore Rd

City Conroe State TX Zip Code 77303-2410

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 **325**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 28 / 2014

Transaction ID : SA11Ai-CN75445

Amount of Each Receipt this Period
75

C. Full Name (Last, First, Middle Initial)
MRS Leyla Holton

Mailing Address 10288 Iron Ore Rd

City Conroe State TX Zip Code 77303-2410

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 **355**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 15 / 2014

Transaction ID : SA11Ai-CN76499

Amount of Each Receipt this Period
30

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

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

155.00

**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 122
	<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 William C Howell

Mailing Address 620 Buermann Ave

City Toms River State NJ Zip Code 08753-7164

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
07 / 30 / 2014

Transaction ID : SA11Ai-CN75574

Amount of Each Receipt this Period
25

B. Full Name (Last, First, Middle Initial)
MR William C Howell

Mailing Address 620 Buermann Ave

City Toms River State NJ Zip Code 08753-7164

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
08 / 15 / 2014

Transaction ID : SA11Ai-CN75839

Amount of Each Receipt this Period
20

C. Full Name (Last, First, Middle Initial)
MR William C Howell

Mailing Address 620 Buermann Ave

City Toms River State NJ Zip Code 08753-7164

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
09 / 10 / 2014

Transaction ID : SA11Ai-CN76386

Amount of Each Receipt this Period
25

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

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

70.00

**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 122
	<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)
DR Jeanne Jaggard MD

Mailing Address 16 Apache Rd

City State Zip Code
Wayne NJ 07470-4902

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
 09 / 08 / 2014

Transaction ID : SA11Ai-CN76279

Amount of Each Receipt this Period
50

B. Full Name (Last, First, Middle Initial)
MR Lee James

Mailing Address 700 N Town East Blvd Apt 145

City State Zip Code
Mesquite TX 75150-4790

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

Name of Employer Occupation
Best Efforts Best Efforts

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
235

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 15 / 2014

Transaction ID : SA11Ai-CN75863

Amount of Each Receipt this Period
40

C. Full Name (Last, First, Middle Initial)
MR Terry Johnson

Mailing Address 7535 Utopia Pkwy

City State Zip Code
Flushing NY 11366-1500

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
 07 / 28 / 2014

Transaction ID : SA11Ai-CN75423

Amount of Each Receipt this Period
30

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

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

120.00

**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 122
	<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 Terry Johnson

Mailing Address 7535 Utopia Pkwy

City State Zip Code
Flushing NY 11366-1500

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
08 / 22 / 2014

Transaction ID : SA11Ai-CN76109

Amount of Each Receipt this Period
25

B. Full Name (Last, First, Middle Initial)
MR William Johnson

Mailing Address 141 Port Royal Dr

City State Zip Code
Toms River NJ 08757-3947

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
07 / 14 / 2014

Transaction ID : SA11Ai-CN74883

Amount of Each Receipt this Period
25

C. Full Name (Last, First, Middle Initial)
MR Alan Bartholf Jones

Mailing Address 340 Pinewood Dr

City State Zip Code
Paradise CA 95969-5766

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
07 / 28 / 2014

Transaction ID : SA11Ai-CN75449

Amount of Each Receipt this Period
50

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

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

100.00

**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 122
	<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 Claron Jorgensen

Mailing Address 47 Mohawk Ave

City State Zip Code
Corte Madera CA 94925-1060

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
 07 / 24 / 2014

Transaction ID : SA11Ai-CN75325

Amount of Each Receipt this Period
50

B. Full Name (Last, First, Middle Initial)
MS Mary B Kasbohm

Mailing Address 149 Fleetwood Ter

City State Zip Code
Buffalo NY 14221-4469

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
550

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 05 / 2014

Transaction ID : SA11Ai-CN76230

Amount of Each Receipt this Period
150

C. Full Name (Last, First, Middle Initial)
Mr Henry W Kasper SR

Mailing Address PO Box 512

City State Zip Code
Somers Point NJ 08244-0512

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
 08 / 15 / 2014

Transaction ID : SA11Ai-CN75875

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 41 OF 122
	<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 Nancy E Kays

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: RET CONTRACTOR Occupation: RET CONTRACTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: **290**

Date of Receipt: **07 / 21 / 2014**

Transaction ID : SA11Ai-CN75237

Amount of Each Receipt this Period: **75**

B. Full Name (Last, First, Middle Initial)
Mr Alan R Keith

Mailing Address 904 Sea Girt Ave

City: Sea Girt State: NJ Zip Code: 08750-1932

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

Name of Employer: SELF Occupation: ELECTRICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: **400**

Date of Receipt: **07 / 16 / 2014**

Transaction ID : SA11Ai-CN75064

Amount of Each Receipt this Period: **200**

C. Full Name (Last, First, Middle Initial)
Mr Eugene Kelton

Mailing Address 2312 Amherst St

City: Fort Collins State: CO Zip Code: 80525-1826

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: **07 / 18 / 2014**

Transaction ID : SA11Ai-CN75217

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

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

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

525.00

**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 122
	<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 Helen C Keonig

Mailing Address 33 Stone Fence Rd

City State Zip Code
Bernardsville NJ 07924-1713

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
07 / 16 / 2014

Transaction ID : SA11Ai-CN75117

Amount of Each Receipt this Period
30

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

Mailing Address PO Box 7066

City State Zip Code
Carmel CA 93921-7066

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
1000

Date of Receipt
 M M / D D / Y Y Y Y
07 / 28 / 2014

Transaction ID : SA11Ai-CN75361

Amount of Each Receipt this Period
200

C. Full Name (Last, First, Middle Initial)
MRS E Kincade-Endresen

Mailing Address 57 Tennis Club Dr

City State Zip Code
Rancho Mirage CA 92270-2572

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

Name of Employer Occupation
Best Efforts Best Efforts

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
235

Date of Receipt
 M M / D D / Y Y Y Y
08 / 05 / 2014

Transaction ID : SA11Ai-CN75719

Amount of Each Receipt this Period
100

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

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

330.00

**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 122
	<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 Leonard M Kirk

Mailing Address 6 Hunter Dr

City State Zip Code
Bel Air MD 21014-3934

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
 07 / 16 / 2014

Transaction ID : SA11Ai-CN75097

Amount of Each Receipt this Period
100

B. Full Name (Last, First, Middle Initial)
MR Gene K Komatsu

Mailing Address 1804 Harkness St

City State Zip Code
Manhattan Beach CA 90266-4109

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

Name of Employer Occupation
Self Employed General Contractor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 17 / 2014

Transaction ID : SA11Ai-CN75139

Amount of Each Receipt this Period
100

C. Full Name (Last, First, Middle Initial)
MISS Ann Krebs

Mailing Address 1921 James Ave

City State Zip Code
Saint Paul MN 55105-1716

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
 09 / 29 / 2014

Transaction ID : SA11Ai-CN76599

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: (check only one)	PAGE 44 OF 122
	<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 Covina	State CA	Zip Code 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 **300**

Date of Receipt
 M M / D D / Y Y Y Y
07 / 21 / 2014

Transaction ID : SA11Ai-CN75290

Amount of Each Receipt this Period
50

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

Mailing Address 20454 Rancho La Floresta Rd

City Covina	State CA	Zip Code 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 **350**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 19 / 2014

Transaction ID : SA11Ai-CN76561

Amount of Each Receipt this Period
50

C. Full Name (Last, First, Middle Initial)
MRS Gloria Layne

Mailing Address 64 N Lyle Ave

City Tenafly	State NJ	Zip Code 07670
-----------------	-------------	-------------------

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

Name of Employer Best Efforts	Occupation Best Efforts
----------------------------------	----------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt
 M M / D D / Y Y Y Y
07 / 28 / 2014

Transaction ID : SA11Ai-CN75391

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 45 OF 122
	<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 Gloria Layne

Mailing Address **64 N Lyle Ave**

City **Tenafly** State **NJ** Zip Code **07670**

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

Name of Employer **Best Efforts** Occupation **Best Efforts**

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
08 / 15 / 2014

Transaction ID : SA11Ai-CN75888

Amount of Each Receipt this Period
100

B. Full Name (Last, First, Middle Initial)
MRS Jane M Leary

Mailing Address **108 Moorings Park Dr Apt 306**

City **Naples** State **FL** Zip Code **34105-2154**

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

Name of Employer **Best Efforts** Occupation **Best Efforts**

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
08 / 18 / 2014

Transaction ID : SA11Ai-CN75912

Amount of Each Receipt this Period
50

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

Mailing Address **1687 Lake Dr**

City **Heath** State **OH** Zip Code **43056-1048**

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 **375**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 16 / 2014

Transaction ID : SA11Ai-CN75100

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 46 OF 122
	<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
425

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 28 / 2014

Transaction ID : SA11Ai-CN75351

Amount of Each Receipt this Period
50

B. Full Name (Last, First, Middle Initial)
MR John Leseth

Mailing Address 1401 Celebration Ave Apt 206

City State Zip Code
Kissimmee FL 34747-5800

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

Name of Employer Occupation
Best Efforts Best Efforts

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
09 / 15 / 2014

Transaction ID : SA11Ai-CN76517

Amount of Each Receipt this Period
50

C. Full Name (Last, First, Middle Initial)
MR James H Leste

Mailing Address 3437 Via Loma Vista

City State Zip Code
Escondido CA 92029-7724

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

Name of Employer Occupation
Best Efforts Best Efforts

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
07 / 17 / 2014

Transaction ID : SA11Ai-CN75141

Amount of Each Receipt this Period
135

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 47 OF 122
	<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 Ona Lester

Mailing Address 1101 Humphries Rd NW

City Conyers State GA Zip Code 30012-2015

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

Name of Employer Best Efforts Occupation Best Efforts

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **225**

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 23 / 2014

Transaction ID : SA11Ai-CN76580

Amount of Each Receipt this Period
 50

B. 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 **750**

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 14 / 2014

Transaction ID : SA11Ai-CN74912

Amount of Each Receipt this Period
 50

C. Full Name (Last, First, Middle Initial)
MS Marjorie R Lindsey

Mailing Address 10202 Dutch Iris Dr

City Bakersfield State CA Zip Code 93311-3770

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 **350**

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 08 / 2014

Transaction ID : SA11Ai-CN76269

Amount of Each Receipt this Period
 150

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 48 OF 122
	<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 Edna Litz

Mailing Address 188 State Route 31 Apt 129

City Flemington	State NJ	Zip Code 08822-5766
--------------------	-------------	------------------------

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

Name of Employer Best Efforts	Occupation Best Efforts
----------------------------------	----------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **240**

Date of Receipt
 M M / D D / Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11Ai-CN75845

Amount of Each Receipt this Period
50

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

Mailing Address 47 Savannah Trl

City Hilton Head Island	State SC	Zip Code 29926-2693
----------------------------	-------------	------------------------

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
07 / 11 / 2014

Transaction ID : SA11Ai-CN74795

Amount of Each Receipt this Period
200

C. Full Name (Last, First, Middle Initial)
MRS Jessie Maragoni

Mailing Address 4358 S Del Rey Ave

City Del Rey	State CA	Zip Code 93616-9705
-----------------	-------------	------------------------

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

Name of Employer Best Efforts	Occupation Best Efforts
----------------------------------	----------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **375**

Date of Receipt
 M M / D D / Y Y Y Y
08 / 25 / 2014

Transaction ID : SA11Ai-CN76127

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 49 OF 122
	<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 G H Martin

Mailing Address 3216 Brittany Pt

City Lansdale State PA Zip Code 19446-6544

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
 07 / 15 / 2014

Transaction ID : SA11Ai-CN74991

Amount of Each Receipt this Period
100

B. 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 **2500**

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 11 / 2014

Transaction ID : SA11Ai-CN75763

Amount of Each Receipt this Period
1000

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 **3000**

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 08 / 2014

Transaction ID : SA11Ai-CN76275

Amount of Each Receipt this Period
500

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 50 OF 122
	<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 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
275

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 16 / 2014

Transaction ID : SA11Ai-CN75034

Amount of Each Receipt this Period
50

B. 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
450

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 16 / 2014

Transaction ID : SA11Ai-CN75122

Amount of Each Receipt this Period
100

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
550

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 28 / 2014

Transaction ID : SA11Ai-CN75470

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 51 OF 122
	<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 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
650

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11Ai-CN75890

Amount of Each Receipt this Period
100

B. Full Name (Last, First, Middle Initial)
Mrs. Jennifer McClurg

Mailing Address PO Box 500129

City State Zip Code
Austin TX 78750

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

Name of Employer Occupation
N/A Homemaker volunteer

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
03 / 31 / 2014

Transaction ID : SA11Ai-CN76631

Amount of Each Receipt this Period
1000

See previous rpt Reattributed

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Mrs. Jennifer McClurg

Mailing Address PO Box 500129

City State Zip Code
Austin TX 78750

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

Name of Employer Occupation
N/A Homemaker volunteer

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
07 / 26 / 2014

Transaction ID : SA11Ai-CN76632

Amount of Each Receipt this Period
-1000

Reattributed to John McClurg

[MEMO ITEM]
Reattributed

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

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

100.00

**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 122
	<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)
John E McClurg

Mailing Address 12 Wyckoff Rd

City Hampton State NJ Zip Code 08827

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

Name of Employer HONEYWELL INTERNATIONAL Occupation LABOR TRADES/MANUFACTURING

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 26 / 2014

Transaction ID : SA11Ai-CN76633

Amount of Each Receipt this Period
 1000

Reattributed from Jennifer McClurg

[MEMO ITEM]
Reattribution

B. Full Name (Last, First, Middle Initial)
MISS Susan McMaster

Mailing Address 14921 Roma Dr

City La Mirada State CA Zip Code 90638-3819

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

Name of Employer PT TEACHER Occupation TEACHER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **205**

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 19 / 2014

Transaction ID : SA11Ai-CN75987

Amount of Each Receipt this Period
 35

C. Full Name (Last, First, Middle Initial)
MR Paul Miller II

Mailing Address 45 Deanna Dr

City East Hanover State NJ Zip Code 07936-3206

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

Name of Employer PAUL MILLER AUTO GROUP Occupation SERVICE OCCUPATIONS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 07 / 2014

Transaction ID : SA11Ai-CN75740

Amount of Each Receipt this Period
 2000

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

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

2035.00

**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 122
	<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 Shirley A Miller

Mailing Address 620 NW Kay Dr

City Lees Summit State MO Zip Code 64063-1815

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

Name of Employer Best Efforts Occupation Best Efforts

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
 07 / 28 / 2014

Transaction ID : SA11Ai-CN75408

Amount of Each Receipt this Period
 20

B. Full Name (Last, First, Middle Initial)
MS Shirley A Miller

Mailing Address 620 NW Kay Dr

City Lees Summit State MO Zip Code 64063-1815

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

Name of Employer Best Efforts Occupation Best Efforts

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
 08 / 18 / 2014

Transaction ID : SA11Ai-CN75904

Amount of Each Receipt this Period
 20

C. Full Name (Last, First, Middle Initial)
MS Shirley A Miller

Mailing Address 620 NW Kay Dr

City Lees Summit State MO Zip Code 64063-1815

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

Name of Employer Best Efforts Occupation Best Efforts

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
 09 / 08 / 2014

Transaction ID : SA11Ai-CN76263

Amount of Each Receipt this Period
 20

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

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

60.00

**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 122
	<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 Roger Mills
 Full Name (Last, First, Middle Initial)
 Mailing Address 3501 White Settlement Rd
 City Willow Park State TX Zip Code 76087-7209
 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 **220**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : SA11Ai-CN75005
 Amount of Each Receipt this Period
 50

B. MS Patricia Mollino
 Full Name (Last, First, Middle Initial)
 Mailing Address 515 N Bay Ave
 City Massapequa State NY Zip Code 11758-2046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Requested Occupation Requested
 RETIRED
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date **217**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : SA11Ai-CN75396
 Amount of Each Receipt this Period
 23

C. MS Patricia Mollino
 Full Name (Last, First, Middle Initial)
 Mailing Address 515 N Bay Ave
 City Massapequa State NY Zip Code 11758-2046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Requested Occupation Requested
 RETIRED
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date **237**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2014
Transaction ID : SA11Ai-CN75899
 Amount of Each Receipt this Period
 20

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

93.00

**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 122
	<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 Patricia Mollino

Mailing Address 515 N Bay Ave

City State Zip Code
Massapequa NY 11758-2046

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
260

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 08 / 2014

Transaction ID : SA11Ai-CN76259

Amount of Each Receipt this Period
23

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

Mailing Address 200 N 5th St

City State Zip Code
Alhambra CA 91801-7442

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
425

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 31 / 2014

Transaction ID : SA11Ai-CN75602

Amount of Each Receipt this Period
200

C. Full Name (Last, First, Middle Initial)
MS Zetta Nelson

Mailing Address PO Box 35

City State Zip Code
Alverda PA 15710-0035

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
 07 / 15 / 2014

Transaction ID : SA11Ai-CN75013

Amount of Each Receipt this Period
200

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

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

423.00

**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 122
	<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 E Neves

Mailing Address 23820 Gyle Rd

City State Zip Code
Gerber CA 96035-9645

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 **275**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SA11Ai-CN75594

Amount of Each Receipt this Period
100

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

Mailing Address 3900 Maris Ct

City State Zip Code
Bakersfield CA 93313-3521

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 **259**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 18 / 2014

Transaction ID : SA11Ai-CN75938

Amount of Each Receipt this Period
53

C. Full Name (Last, First, Middle Initial)
MR Herbert Nichols

Mailing Address 1014 Ripley Ave

City State Zip Code
Westfield NJ 07090-1644

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

Name of Employer Requested Occupation Requested
None 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
08 / 01 / 2014

Transaction ID : SA11Ai-CN75638

Amount of Each Receipt this Period
50

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

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

203.00

**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 122
	<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 Ilse M Niedermayer

Mailing Address 911 Yorkshire Rd

City State Zip Code
Colonial Heights VA 23834-2622

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
2595

Date of Receipt
 M M / D D / Y Y Y Y
07 / 14 / 2014

Transaction ID : SA11Ai-CN74935

Amount of Each Receipt this Period
500

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

Mailing Address 67 Woodside Dr

City State Zip Code
Lumberton NJ 08048-5277

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
375

Date of Receipt
 M M / D D / Y Y Y Y
08 / 19 / 2014

Transaction ID : SA11Ai-CN75965

Amount of Each Receipt this Period
100

C. Full Name (Last, First, Middle Initial)
MR Edmund D O'Leary

Mailing Address 39 Eastwood Circuit

City State Zip Code
West Roxbury MA 02132-5537

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
07 / 18 / 2014

Transaction ID : SA11Ai-CN75194

Amount of Each Receipt this Period
50

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 58 OF 122
	<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 Edmund D O'Leary

Mailing Address 39 Eastwood Circuit

City State Zip Code
West Roxbury MA 02132-5537

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
08 / 19 / 2014

Transaction ID : SA11Ai-CN75943

Amount of Each Receipt this Period
50

B. Full Name (Last, First, Middle Initial)
MR Edmund D O'Leary

Mailing Address 39 Eastwood Circuit

City State Zip Code
West Roxbury MA 02132-5537

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
09 / 08 / 2014

Transaction ID : SA11Ai-CN76306

Amount of Each Receipt this Period
50

C. Full Name (Last, First, Middle Initial)
Mr. Roland Oberlin

Mailing Address 5404 Holly St

City State Zip Code
Bellaire TX 77401-4704

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

Name of Employer Occupation
SOCIETE GENERALE PETRO ENG

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2014

Transaction ID : SA11Ai-CN75107

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 59 OF 122
	<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 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 **315**

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 18 / 2014

Transaction ID : SA11Ai-CN75914

Amount of Each Receipt this Period
35

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 **390**

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 17 / 2014

Transaction ID : SA11Ai-CN75164

Amount of Each Receipt this Period
50

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 **400**

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 15 / 2014

Transaction ID : SA11Ai-CN75865

Amount of Each Receipt this Period
100

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 60 OF 122
	<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

Full Name (Last, First, Middle Initial) MISS Rosie Omlin		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 15 / 2014
Mailing Address 2743 Baker Rd		Transaction ID : SA11Ai-CN76502
City Modesto	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200
Name of Employer SELF	Occupation DAIRY FARMER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600	

Full Name (Last, First, Middle Initial) Mr. Edward Oswald		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 07 / 2014
Mailing Address 16 Center St		Transaction ID : SA11Ai-CN75743
City Sussex	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100
Name of Employer Best Efforts	Occupation Best Efforts	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.49	

Full Name (Last, First, Middle Initial) MR Joseph Pace		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 05 / 2014
Mailing Address 774 S Mill Rd		Transaction ID : SA11Ai-CN76245
City Vineland	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 230	

SUBTOTAL of Receipts This Page (optional).....	330.00
TOTAL This Period (last page this line number only).....	

**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 61 OF 122
	<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 C Piccirillo

Mailing Address 14 Debaun Ave

City State Zip Code
West Caldwell NJ 07006-7111

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

Name of Employer Occupation
Manager Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600

Date of Receipt
 M M / D D / Y Y Y Y
09 08 2014

Transaction ID : SA11Ai-CN76282

Amount of Each Receipt this Period
200

B. Full Name (Last, First, Middle Initial)
Paul R Porreca

Mailing Address 19 Porreca Dr

City State Zip Code
Millville NJ 08332-4839

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
09 11 2014

Transaction ID : SA11Ai-CN76413

Amount of Each Receipt this Period
250

C. Full Name (Last, First, Middle Initial)
MRS Duska E Powell

Mailing Address 2548 Apple Tree St

City State Zip Code
Hemet CA 92545-7702

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
08 05 2014

Transaction ID : SA11Ai-CN75714

Amount of Each Receipt this Period
50

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 62 OF 122
	<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
500

Date of Receipt
 M M / D D / Y Y Y Y
08 / 04 / 2014

Transaction ID : SA11Ai-CN75695

Amount of Each Receipt this Period
50

B. Full Name (Last, First, Middle Initial)
MRS Betty Puckett

Mailing Address 5816 SE Lincoln St

City State Zip Code
Portland OR 97215-4040

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

Name of Employer Occupation
Best Efforts Best Efforts

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
225

Date of Receipt
 M M / D D / Y Y Y Y
08 / 19 / 2014

Transaction ID : SA11Ai-CN75998

Amount of Each Receipt this Period
50

C. Full Name (Last, First, Middle Initial)
Mr. Joseph Pupino

Mailing Address 60 Knickerbocker Rd Apt 7

City State Zip Code
Dumont NJ 07628-2635

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
09 / 05 / 2014

Transaction ID : SA11Ai-CN76250

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 63 OF 122
	<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 **300**

Date of Receipt
 M M / D D / Y Y Y Y
08 / 04 / 2014

Transaction ID : SA11Ai-CN75698

Amount of Each Receipt this Period
25

B. 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 **500**

Date of Receipt
 M M / D D / Y Y Y Y
07 / 17 / 2014

Transaction ID : SA11Ai-CN75132

Amount of Each Receipt this Period
100

C. Full Name (Last, First, Middle Initial)
Mr Elizabeth Resnik

Mailing Address 635 S Park Centre Ave Apt 1221

City Green Valley State AZ Zip Code 85614-6278

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 **1500**

Date of Receipt
 M M / D D / Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11Ai-CN75830

Amount of Each Receipt this Period
500

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

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

625.00

**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 122
	<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 Edward M Ridge

Mailing Address 1642 Gibson Rd

City Bensalem State PA Zip Code 19020-3008

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

Name of Employer Self Employed Occupation Partner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 24 / 2014

Transaction ID : SA11Ai-CN75326

Amount of Each Receipt this Period
100

B. Full Name (Last, First, Middle Initial)
MR Carl E Ring JR

Mailing Address 511 Ridgewood Ave

City Glen Ridge State NJ Zip Code 07028-1821

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 **493.65**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SA11Ai-CN74975

Amount of Each Receipt this Period
93.97

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

Mailing Address 3405 Robinson Ct

City Bridgewater State NJ Zip Code 08807-7013

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

Name of Employer Best Efforts Occupation Best Efforts

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
09 / 10 / 2014

Transaction ID : SA11Ai-CN76379

Amount of Each Receipt this Period
35

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

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

228.97

**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 122
	<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 J Roberts

Mailing Address 4804 NW Bethany Blvd #12

City Portland State OR Zip Code 97229-9195

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

Name of Employer Sun County Training Stables Occupation Physician

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
 09 / 15 / 2014

Transaction ID : SA11Ai-CN76509

Amount of Each Receipt this Period
 100

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

Mailing Address 17289 Venables Dr

City Lewes State DE Zip Code 19958

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

Name of Employer CSC Occupation Engineer

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
 09 / 15 / 2014

Transaction ID : SA11Ai-CN76507

Amount of Each Receipt this Period
 312

C. Full Name (Last, First, Middle Initial)
Ms Barbara Rogers

Mailing Address 14125 Northern Blvd

City Flushing State NY Zip Code 11354-4281

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
 09 / 15 / 2014

Transaction ID : SA11Ai-CN76521

Amount of Each Receipt this Period
 100

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

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

512.00

**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 122
	<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 Norene Ronnebaum

Mailing Address 505 Enterprise Dr Apt 405a

City Independence State IA Zip Code 50644-9606

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

Name of Employer Best Efforts Occupation Best Efforts

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
07 / 31 / 2014

Transaction ID : SA11Ai-CN75616

Amount of Each Receipt this Period
100

B. Full Name (Last, First, Middle Initial)
MR Daniel Rossi

Mailing Address 40 Kashey St

City Clifton State NJ Zip Code 07013-1459

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 **450**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SA11Ai-CN74961

Amount of Each Receipt this Period
100

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 **295**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 06 / 2014

Transaction ID : SA11Ai-CN75727

Amount of Each Receipt this Period
40

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

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

240.00

**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 122
	<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	State	Zip Code
Passaic	NJ	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 **335**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11Ai-CN75827

Amount of Each Receipt this Period
40

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

Mailing Address 215 Passaic Ave Apt 5j

City	State	Zip Code
Passaic	NJ	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 **375**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 10 / 2014

Transaction ID : SA11Ai-CN76382

Amount of Each Receipt this Period
40

C. Full Name (Last, First, Middle Initial)
Ms Peggy Sauer

Mailing Address 3100 Edward St NE

City	State	Zip Code
Minneapolis	MN	55418-2355

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 **220**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 18 / 2014

Transaction ID : SA11Ai-CN76553

Amount of Each Receipt this Period
20

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

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

100.00

**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 122
	<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 Betsy M Schaming

Mailing Address 816 Wayside Ln

City Haddonfield State NJ Zip Code 08033-1048

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 **210**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 01 / 2014

Transaction ID : SA11Ai-CN75653

Amount of Each Receipt this Period
35

B. Full Name (Last, First, Middle Initial)
MR Walter Schoonmaker

Mailing Address 64 Poe St

City Hartsdale State NY Zip Code 10530-1041

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

Name of Employer Best Efforts Occupation Best Efforts

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
09 / 08 / 2014

Transaction ID : SA11Ai-CN76297

Amount of Each Receipt this Period
100

C. Full Name (Last, First, Middle Initial)
MR David Sharp

Mailing Address 29 Belmar Blvd

City Waretown State NJ Zip Code 08758-2635

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

Name of Employer Best Efforts Occupation Best Efforts

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
09 / 11 / 2014

Transaction ID : SA11Ai-CN76425

Amount of Each Receipt this Period
25

SUBTOTAL of Receipts This Page (optional).....	160.00
TOTAL This Period (last page this line number only).....	

**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 122
	<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 Edna Sheppard

Mailing Address 823 N 161st PI Apt 209

City	State	Zip Code
Shoreline	WA	98133-5683

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

Name of Employer	Occupation
Best Efforts	Best Efforts

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **229**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 08 / 2014

Transaction ID : SA11Ai-CN76318

Amount of Each Receipt this Period
30

B. Full Name (Last, First, Middle Initial)
COL Nicholas Sheppard

Mailing Address 9 Chatham Rd

City	State	Zip Code
Chappaqua	NY	10514-3507

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 Y Y
07 / 17 / 2014

Transaction ID : SA11Ai-CN75128

Amount of Each Receipt this Period
100

C. Full Name (Last, First, Middle Initial)
MR John Shillingburg

Mailing Address 4800 Fillmore Ave Apt 603

City	State	Zip Code
Alexandria	VA	22311-5057

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 **275**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11Ai-CN74797

Amount of Each Receipt this Period
50

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

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

180.00

**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 122
	<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 J Sieffert JR

Mailing Address 740 Randall Dr

City State Zip Code
Troy MI 48085-4853

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
600

Date of Receipt
 M M / D D / Y Y Y Y
07 / 14 / 2014

Transaction ID : SA11Ai-CN74925

Amount of Each Receipt this Period
200

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

Mailing Address 740 Randall Dr

City State Zip Code
Troy MI 48085-4853

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
700

Date of Receipt
 M M / D D / Y Y Y Y
07 / 30 / 2014

Transaction ID : SA11Ai-CN75567

Amount of Each Receipt this Period
100

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

Mailing Address 740 Randall Dr

City State Zip Code
Troy MI 48085-4853

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
900

Date of Receipt
 M M / D D / Y Y Y Y
09 / 15 / 2014

Transaction ID : SA11Ai-CN76519

Amount of Each Receipt this Period
200

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 71 OF 122
	<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 Joseph R Silva

Mailing Address 513 Starlight Ln

City Arroyo Grande State CA Zip Code 93420-4156

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
07 / 28 / 2014

Transaction ID : SA11Ai-CN75418

Amount of Each Receipt this Period
50

B. Full Name (Last, First, Middle Initial)
MR Joseph R Silva

Mailing Address 513 Starlight Ln

City Arroyo Grande State CA Zip Code 93420-4156

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
08 / 19 / 2014

Transaction ID : SA11Ai-CN75968

Amount of Each Receipt this Period
50

C. Full Name (Last, First, Middle Initial)
MR Joseph R Silva

Mailing Address 513 Starlight Ln

City Arroyo Grande State CA Zip Code 93420-4156

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 Y Y
09 / 08 / 2014

Transaction ID : SA11Ai-CN76325

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 72 OF 122
	<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 Ruby M Smalley

Mailing Address 978 Naples St

City Mendota State CA Zip Code 93640-2608

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
08 / 04 / 2014

Transaction ID : SA11Ai-CN75674

Amount of Each Receipt this Period
53

B. Full Name (Last, First, Middle Initial)
MR John Sommer Jr

Mailing Address 172 Forest Ave

City Verona State NJ Zip Code 07044-1018

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
07 / 18 / 2014

Transaction ID : SA11Ai-CN75195

Amount of Each Receipt this Period
50

C. Full Name (Last, First, Middle Initial)
MRS Madeleine Soudee

Mailing Address 2325 20th St NW

City Washington State DC Zip Code 20009-1411

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

Name of Employer Best Efforts Occupation Best Efforts

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **202**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 21 / 2014

Transaction ID : SA11Ai-CN75277

Amount of Each Receipt this Period
35

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

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

138.00

**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 122
	<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 Madeleine Soudee

Mailing Address 2325 20th St NW

City Washington State DC Zip Code 20009-1411

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

Name of Employer Best Efforts Occupation Best Efforts

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **237**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : SA11Ai-CN75335

Amount of Each Receipt this Period
35

B. Full Name (Last, First, Middle Initial)
MRS Madeleine Soudee

Mailing Address 2325 20th St NW

City Washington State DC Zip Code 20009-1411

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

Name of Employer Best Efforts Occupation Best Efforts

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **257**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 04 / 2014

Transaction ID : SA11Ai-CN76213

Amount of Each Receipt this Period
20

C. Full Name (Last, First, Middle Initial)
MR William Spreen

Mailing Address 127 Park Rd

City Fair Haven State NJ Zip Code 07704-3136

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
07 / 28 / 2014

Transaction ID : SA11Ai-CN75433

Amount of Each Receipt this Period
35

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

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

90.00

**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 122
	<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 William Spreen

Mailing Address 127 Park Rd

City Fair Haven State NJ Zip Code 07704-3136

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 Y Y
 08 / 15 / 2014

Transaction ID : SA11Ai-CN75840

Amount of Each Receipt this Period
35

B. Full Name (Last, First, Middle Initial)
MR Matthew Stabinsky

Mailing Address 606 Bluebell Dr

City Jackson State NJ Zip Code 08527-4109

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 Y Y
 08 / 15 / 2014

Transaction ID : SA11Ai-CN75876

Amount of Each Receipt this Period
250

C. 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 **350**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 14 / 2014

Transaction ID : SA11Ai-CN74812

Amount of Each Receipt this Period
100

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 75 OF 122
	<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 Stumbaugh

Mailing Address 7623 Hayfield Rd

City Alexandria State VA Zip Code 22315-4034

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 **325**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : SA11Ai-CN75340

Amount of Each Receipt this Period
25

B. Full Name (Last, First, Middle Initial)
MR Donald Kern Surgeon

Mailing Address PO Box 363

City Jerseyville State IL Zip Code 62052-0363

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
08 / 01 / 2014

Transaction ID : SA11Ai-CN75658

Amount of Each Receipt this Period
100

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

Mailing Address 455 Laughbaum Dr

City Galion State OH Zip Code 44833-1037

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
07 / 28 / 2014

Transaction ID : SA11Ai-CN75425

Amount of Each Receipt this Period
70

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

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

195.00

**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 76 OF 122
	<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 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
315

Date of Receipt
 M M / D D / Y Y Y Y
08 / 25 / 2014

Transaction ID : SA11Ai-CN76138

Amount of Each Receipt this Period
35

B. Full Name (Last, First, Middle Initial)
Mr. Gerald W Sykes

Mailing Address 382 Centerton Rd

City State Zip Code
Bridgeton NJ 08302

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

Name of Employer Occupation
G & G Communications Inc. President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3600

Date of Receipt
 M M / D D / Y Y Y Y
07 / 01 / 2014

Transaction ID : SA11Ai-CN72403

Amount of Each Receipt this Period
1000

C. Full Name (Last, First, Middle Initial)
Mr. Gerald W Sykes

Mailing Address 382 Centerton Rd

City State Zip Code
Bridgeton NJ 08302

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

Name of Employer Occupation
G & G Communications Inc. President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
 M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11Ai-CN76623

Amount of Each Receipt this Period
-1000

Reattributed to Margot Sykes

[MEMO ITEM]
Reattributed

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

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

1035.00

**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 122
	<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. Margot W Sykes

Mailing Address 382 Centerton Rd

City State Zip Code
Bridgeton NJ 08302

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
1000

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11Ai-CN76624

Amount of Each Receipt this Period
1000

Reattributed from Gerald Sykes

[MEMO ITEM]
Reattribution

B. Full Name (Last, First, Middle Initial)
Mr. Fred W Szypulski

Mailing Address 2701 Dewitt Ter

City State Zip Code
Linden NJ 07036-4801

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
 07 / 31 / 2014

Transaction ID : SA11Ai-CN75603

Amount of Each Receipt this Period
50

C. Full Name (Last, First, Middle Initial)
MR John R Templeman

Mailing Address 751 Morningside Dr

City State Zip Code
Lake Forest IL 60045-4027

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
 08 / 15 / 2014

Transaction ID : SA11Ai-CN76194

Amount of Each Receipt this Period
50

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

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

100.00

**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 122
	<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 R Templeman

Mailing Address 751 Morningside Dr

City State Zip Code
Lake Forest IL 60045-4027

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
08 / 21 / 2014

Transaction ID : SA11Ai-CN76196

Amount of Each Receipt this Period
50

B. Full Name (Last, First, Middle Initial)
Ms Sara Thomas

Mailing Address 177 N Highland St Apt 4207

City State Zip Code
Memphis TN 38111-4777

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
235

Date of Receipt
 M M / D D / Y Y Y Y
09 / 15 / 2014

Transaction ID : SA11Ai-CN76527

Amount of Each Receipt this Period
35

C. Full Name (Last, First, Middle Initial)
MR Angelo J Tiezzi

Mailing Address 25 Steeplechase Dr

City State Zip Code
Newington CT 06111-5701

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
210

Date of Receipt
 M M / D D / Y Y Y Y
07 / 31 / 2014

Transaction ID : SA11Ai-CN75610

Amount of Each Receipt this Period
35

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

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

120.00

**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 122
	<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 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 **415**

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 14 / 2014

Transaction ID : SA11Ai-CN74915

Amount of Each Receipt this Period
 100

B. 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 **515**

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 29 / 2014

Transaction ID : SA11Ai-CN75482

Amount of Each Receipt this Period
 100

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 **1050**

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 14 / 2014

Transaction ID : SA11Ai-CN74873

Amount of Each Receipt this Period
 250

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 80 OF 122
	<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 E Lloyd Treadgold

Mailing Address 1025 Anza St

City San Francisco State CA Zip Code 94118-4009

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 **455**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 14 / 2014

Transaction ID : SA11Ai-CN74821

Amount of Each Receipt this Period
50

B. Full Name (Last, First, Middle Initial)
MS Betty G Tway

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 **225**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 10 / 2014

Transaction ID : SA11Ai-CN76374

Amount of Each Receipt this Period
20

C. 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 **700**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 08 / 2014

Transaction ID : SA11Ai-CN74777

Amount of Each Receipt this Period
50

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

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

120.00

**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 81 OF 122
	<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 Clark Vanderhoof

Mailing Address 6787 S 2300 E

City State Zip Code
Cottonwood Heights UT 84121-3121

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
07 29 2014

Transaction ID : SA11Ai-CN75488

Amount of Each Receipt this Period
50

B. Full Name (Last, First, Middle Initial)
MS Helen Von Quintus

Mailing Address PO Box 151685

City State Zip Code
Austin TX 78715-1685

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
570

Date of Receipt
 M M / D D / Y Y Y Y
08 11 2014

Transaction ID : SA11Ai-CN75772

Amount of Each Receipt this Period
20

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

Mailing Address 131 Fuhrman Ave

City State Zip Code
Ramsey NJ 07446-2252

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
403

Date of Receipt
 M M / D D / Y Y Y Y
08 19 2014

Transaction ID : SA11Ai-CN75946

Amount of Each Receipt this Period
100

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

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

170.00

**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 82 OF 122
	<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 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 **503**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 22 / 2014

Transaction ID : SA11Ai-CN76565

Amount of Each Receipt this Period
 100

B. 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 **283**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 22 / 2014

Transaction ID : SA11Ai-CN75300

Amount of Each Receipt this Period
 40

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

Mailing Address 30137 Avenida Tranquila

City Rancho Palos Verdes State CA Zip Code 90275-4516

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
 07 / 28 / 2014

Transaction ID : SA11Ai-CN75411

Amount of Each Receipt this Period
 40

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

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

180.00

**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 83 OF 122
	<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 Margaret T Walker

Mailing Address 30137 Avenida Tranquila

City Rancho Palos Verdes State CA Zip Code 90275-4516

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
09 / 08 / 2014

Transaction ID : SA11Ai-CN76268

Amount of Each Receipt this Period
20

B. Full Name (Last, First, Middle Initial)
MR Robert H Walker

Mailing Address 411 Forest St

City Lewisburg State TN Zip Code 37091-3738

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

Name of Employer Best Efforts Occupation Best Efforts

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
08 / 29 / 2014

Transaction ID : SA11Ai-CN76191

Amount of Each Receipt this Period
150

C. 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 **1300**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 14 / 2014

Transaction ID : SA11Ai-CN74931

Amount of Each Receipt this Period
100

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

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

270.00

**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 84 OF 122
	<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 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 **1400**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 18 / 2014

Transaction ID : SA11Ai-CN75928

Amount of Each Receipt this Period
100

B. 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 **290**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 18 / 2014

Transaction ID : SA11Ai-CN75918

Amount of Each Receipt this Period
35

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 **325**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 05 / 2014

Transaction ID : SA11Ai-CN76240

Amount of Each Receipt this Period
35

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

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

170.00

**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 85 OF 122
	<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 William Walsh

Mailing Address 906 Santa Hidalga

City Solana Beach State CA Zip Code 92075-1557

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
07 / 15 / 2014

Transaction ID : SA11Ai-CN74981

Amount of Each Receipt this Period
200

B. Full Name (Last, First, Middle Initial)
Mr Carl W Weil

Mailing Address 8 Fairview Ave

City Montvale State NJ Zip Code 07645-2511

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
08 / 06 / 2014

Transaction ID : SA11Ai-CN75724

Amount of Each Receipt this Period
50

C. Full Name (Last, First, Middle Initial)
Mr Carl W Weil

Mailing Address 8 Fairview Ave

City Montvale State NJ Zip Code 07645-2511

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
09 / 15 / 2014

Transaction ID : SA11Ai-CN76511

Amount of Each Receipt this Period
50

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 86 OF 122
	<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 Whetstone

Mailing Address 9624 Crosby Dr

City Pleasanton State CA Zip Code 94588-4614

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 Y Y
 07 / 28 / 2014

Transaction ID : SA11Ai-CN75365

Amount of Each Receipt this Period
 150

B. 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 **400**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 14 / 2014

Transaction ID : SA11Ai-CN74867

Amount of Each Receipt this Period
 100

C. Full Name (Last, First, Middle Initial)
MR Edwin G Wills

Mailing Address 48 Ploch Rd

City Clifton State NJ Zip Code 07013-1473

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

Name of Employer Best Efforts Occupation Best Efforts

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
 07 / 14 / 2014

Transaction ID : SA11Ai-CN74882

Amount of Each Receipt this Period
 50

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 87 OF 122
	<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 Edwin G Wills

Mailing Address 48 Ploch Rd

City Clifton State NJ Zip Code 07013-1473

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

Name of Employer Best Efforts Occupation Best Efforts

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **285**

Date of Receipt
 M M / D D / Y Y Y Y
08 / 25 / 2014

Transaction ID : SA11Ai-CN76132

Amount of Each Receipt this Period
35

B. Full Name (Last, First, Middle Initial)
MRS Florence Windhors

Mailing Address 409 Willows Ln

City Aldan State PA Zip Code 19018-3135

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

Name of Employer Best Efforts Occupation Best Efforts

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **225**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 19 / 2014

Transaction ID : SA11Ai-CN76559

Amount of Each Receipt this Period
75

C. Full Name (Last, First, Middle Initial)
MRS Bonnie Jean Wolfgram

Mailing Address 2335 Patriot Ln

City Oshkosh State WI Zip Code 54904-6928

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
07 / 28 / 2014

Transaction ID : SA11Ai-CN75456

Amount of Each Receipt this Period
25

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

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

135.00

**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 88 OF 122
	<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 James A Woods

Mailing Address 401 Golf Dr

City Birmingham State AL Zip Code 35226-2316

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

Name of Employer Process Equipment Occupation Owner

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
09 / 08 / 2014

Transaction ID : SA11Ai-CN76348

Amount of Each Receipt this Period
100

B. Full Name (Last, First, Middle Initial)
MRS Mary Ann B Wright

Mailing Address 7 S Haxton Pl

City Salt Lake City State UT Zip Code 84102-1410

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
07 / 14 / 2014

Transaction ID : SA11Ai-CN74816

Amount of Each Receipt this Period
200

C. Full Name (Last, First, Middle Initial)
MR John Ykema

Mailing Address 1343 W Baltimore Pike Apt E418

City Media State PA Zip Code 19063-5585

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
09 / 10 / 2014

Transaction ID : SA11Ai-CN76377

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 89 OF 122
	<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 Bonnie J Young

Mailing Address 2631 W Casas Cir

City Tucson State AZ Zip Code 85742-9772

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 **260**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11Ai-CN75871

Amount of Each Receipt this Period
70

B. Full Name (Last, First, Middle Initial)
MS Bonnie J Young

Mailing Address 2631 W Casas Cir

City Tucson State AZ Zip Code 85742-9772

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 **330**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 08 / 2014

Transaction ID : SA11Ai-CN76323

Amount of Each Receipt this Period
70

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).....

140.00

34401.97

**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 122	
	<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) A. Vanco Services LLC			Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014	
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 7.31	
City Minnetonka	State MN	Zip Code 55343	Transaction ID : SB17-EX3397	
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. Vanco Services LLC			Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014	
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 42.05	
City Minnetonka	State MN	Zip Code 55343	Transaction ID : SB17-EX3499	
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) c. Vanco Services LLC			Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 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-EX3500	
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:				

SUBTOTAL of Disbursements This Page (optional).....	51.19
TOTAL 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 122			
	<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) A. Vanco Services LLC			Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2014
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 1.33
City Minnetonka	State MN	Zip Code 55343	
Purpose of Disbursement Credit Card Fees		001	Transaction ID : SB17-EX3501
Candidate Name		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		Credit Card Fees
State: District:			

Full Name (Last, First, Middle Initial) B. Vanco Services LLC			Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 62.90
City Minnetonka	State MN	Zip Code 55343	
Purpose of Disbursement Credit Card Fees		001	Transaction ID : SB17-EX3502
Candidate Name		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		Credit Card Fees
State: District:			

Full Name (Last, First, Middle Initial) c. Vanco Services LLC			Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 2.47
City Minnetonka	State MN	Zip Code 55343	
Purpose of Disbursement Credit Card Fees		001	Transaction ID : SB17-EX3503
Candidate Name		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		Credit Card Fees
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	66.70
TOTAL 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 122			
	<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) A. Vanco Services LLC			Date of Disbursement MM / DD / YYYY 08 / 15 / 2014
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 6.45
City Minnetonka	State MN	Zip Code 55343	
Purpose of Disbursement Credit Card Fees		Category/ Type 001	Transaction ID : SB17-EX3507
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. Treasurer State Of New Jersey			Date of Disbursement MM / DD / YYYY 07 / 25 / 2014
Mailing Address PO Box 111			Amount of Each Disbursement this Period 2424.12
City Trenton	State NJ	Zip Code 08625	
Purpose of Disbursement Payroll Taxes		Category/ Type 001	Transaction ID : SB17-EX3490
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 Taxes
State: District:			

Full Name (Last, First, Middle Initial) C. Treasurer State Of New Jersey			Date of Disbursement MM / DD / YYYY 07 / 25 / 2014
Mailing Address PO Box 111			Amount of Each Disbursement this Period 290.10
City Trenton	State NJ	Zip Code 08625	
Purpose of Disbursement Payroll Taxes		Category/ Type 001	Transaction ID : SB17-EX3491
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 Taxes
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	2720.67
TOTAL 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 122	
	<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) A. Airtel Group Inc.		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address P.O. Box 11181		Amount of Each Disbursement this Period 38.50
City Chattanooga	State TN	
Zip Code 37401	Purpose of Disbursement Technical Support	Transaction ID : SB17-EX3498
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	Technical Support
State: District:		

Full Name (Last, First, Middle Initial) B. First Virginia Community Bank		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 11325 Random Hills Rd		Amount of Each Disbursement this Period 119.36
City Fairfax	State VA	
Zip Code 22030	Purpose of Disbursement Fundraising	Transaction ID : SB17-EX3515
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) c. First Virginia Community Bank		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2014
Mailing Address 11325 Random Hills Rd		Amount of Each Disbursement this Period 58.75
City Fairfax	State VA	
Zip Code 22030	Purpose of Disbursement Fundraising	Transaction ID : SB17-EX3516
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:		

SUBTOTAL of Disbursements This Page (optional).....	216.61
TOTAL 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 122			
	<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) A. First Virginia Community Bank			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2014
Mailing Address 11325 Random Hills Rd			Amount of Each Disbursement this Period 246.25
City Fairfax	State VA	Zip Code 22030	Transaction ID : SB17-EX3517
Purpose of Disbursement Fundraising		001 Category/ Type	
Candidate Name		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Fundraising
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) B. First Virginia Community Bank			Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 11325 Random Hills Rd			Amount of Each Disbursement this Period 106.01
City Fairfax	State VA	Zip Code 22030	Transaction ID : SB17-EX3518
Purpose of Disbursement Fundraising		001 Category/ Type	
Candidate Name		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Fundraising
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) c. First Virginia Community Bank			Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2014
Mailing Address 11325 Random Hills Rd			Amount of Each Disbursement this Period 28.75
City Fairfax	State VA	Zip Code 22030	Transaction ID : SB17-EX3519
Purpose of Disbursement Fundraising		001 Category/ Type	
Candidate Name		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Fundraising
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

SUBTOTAL of Disbursements This Page (optional).....	381.01
TOTAL 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 122		
	<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) A. First Virginia Community Bank		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address 11325 Random Hills Rd		Amount of Each Disbursement this Period 65.17
City Fairfax	State VA	
Zip Code 22030	Purpose of Disbursement Fundraising	Transaction ID : SB17-EX3520
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. First Virginia Community Bank		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 11325 Random Hills Rd		Amount of Each Disbursement this Period 88.05
City Fairfax	State VA	
Zip Code 22030	Purpose of Disbursement Fundraising	Transaction ID : SB17-EX3525
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) C. First Virginia Community Bank		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address 11325 Random Hills Rd		Amount of Each Disbursement this Period 26.50
City Fairfax	State VA	
Zip Code 22030	Purpose of Disbursement Fundraising	Transaction ID : SB17-EX3526
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:		

SUBTOTAL of Disbursements This Page (optional).....	179.72
TOTAL 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 122			
	<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) A. First Virginia Community Bank			Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address 11325 Random Hills Rd			Amount of Each Disbursement this Period 21.65
City Fairfax	State VA	Zip Code 22030	Transaction ID : SB17-EX3527
Purpose of Disbursement Fundraising	Category/ Type 001		
Candidate Name			Fundraising
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. Consolidated Mailing Services			Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2014
Mailing Address 504 SHAW ROAD SUITE 206			Amount of Each Disbursement this Period 2500.00
City STERLING	State VA	Zip Code 20166	Transaction ID : SB17-EX3523
Purpose of Disbursement Fundraising	Category/ Type 001		
Candidate Name			Fundraising
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) c. Donor Precision LLC			Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2014
Mailing Address 1900 N CULPEPER STREET			Amount of Each Disbursement this Period 317.51
City ARLINGTON	State VA	Zip Code 22207	Transaction ID : SB17-EX3524
Purpose of Disbursement Fundraising	Category/ Type 001		
Candidate Name			Fundraising
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:		

SUBTOTAL of Disbursements This Page (optional).....	2839.16
TOTAL 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 97 OF 122			
	<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) A. Capitol Caging Corp			Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2014
Mailing Address 504 SHAW ROAD SUITE 217			Amount of Each Disbursement this Period 300.00 Transaction ID : SB17-EX3532
City STERLING	State VA	Zip Code 20166	
Purpose of Disbursement Fundraising		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		Fundraising	
State: District:			

Full Name (Last, First, Middle Initial) B. Century Data Mailing Systems			Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount of Each Disbursement this Period 13956.09 Transaction ID : SB17-EX3514
City WASHINGTON	State DC	Zip Code 20005	
Purpose of Disbursement Fundraising		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		Fundraising	
State: District:			

Full Name (Last, First, Middle Initial) c. Century Data Mailing Systems			Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2014
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount of Each Disbursement this Period 12436.54 Transaction ID : SB17-EX3521
City WASHINGTON	State DC	Zip Code 20005	
Purpose of Disbursement Fundraising		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		Fundraising	
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	26692.63
TOTAL 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 98 OF 122	
	<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) A. Simpkins Escrow LLC		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2014
Mailing Address 29243 St Just Dr		Amount of Each Disbursement this Period 375.70
City UNIONVILLE	State VA	Zip Code 22567
Purpose of Disbursement Fundraising	Category/Type 001	
Candidate Name	Transaction ID : SB17-EX3510	
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. Simpkins Escrow LLC		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2014
Mailing Address 29243 St Just Dr		Amount of Each Disbursement this Period 544.43
City UNIONVILLE	State VA	Zip Code 22567
Purpose of Disbursement Fundraising	Category/Type 001	
Candidate Name	Transaction ID : SB17-EX3530	
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) C. Arthur J. Finkelstein & Assoc. Inc.		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2014
Mailing Address 16 North Astor Street		Amount of Each Disbursement this Period 1225.00
City Irvington	State NY	Zip Code 10533
Purpose of Disbursement Strategic Planning Consulting	Category/Type 001	
Candidate Name	Transaction ID : SB17-EX3509	
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 Planning Consulting
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2145.13
TOTAL 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 122	
	<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) A. Facebook Inc.		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 1601 Willow Rd		Amount of Each Disbursement this Period 22.40
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Advertising - Internet	Transaction ID : SB17-EX3452
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	Advertising - Internet
State: District:		

Full Name (Last, First, Middle Initial) B. Integram		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2014
Mailing Address 22695 Commerce Center Court		Amount of Each Disbursement this Period 9327.23
City Dulles	State VA	
Zip Code 20166	Purpose of Disbursement Fundraising	Transaction ID : SB17-EX3511
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) c. Integram		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2014
Mailing Address 22695 Commerce Center Court		Amount of Each Disbursement this Period 5309.75
City Dulles	State VA	
Zip Code 20166	Purpose of Disbursement Fundraising	Transaction ID : SB17-EX3529
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:		

SUBTOTAL of Disbursements This Page (optional).....	14659.38
TOTAL 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 122			
	<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. Integram		M M / D D / Y Y Y Y 09 / 18 / 2014	
Mailing Address 22695 Commerce Center Court		Amount of Each Disbursement this Period	
City Dulles State VA Zip Code 20166		2497.94	
Purpose of Disbursement Fundraising		Transaction ID : SB17-EX3531	
Candidate Name		Fundraising	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014	
State: District:		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
Category/Type		001	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. Integram		M M / D D / Y Y Y Y 08 / 28 / 2014	
Mailing Address 22695 Commerce Center Court		Amount of Each Disbursement this Period	
City Dulles State VA Zip Code 20166		10000.00	
Purpose of Disbursement Fundraising		Transaction ID : SB17-EX3512	
Candidate Name		Fundraising	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014	
State: District:		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
Category/Type		001	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. Internal Revenue Service		M M / D D / Y Y Y Y 07 / 28 / 2014	
Mailing Address PO Box 931000		Amount of Each Disbursement this Period	
City Louisville State KY Zip Code 40293		276.93	
Purpose of Disbursement Payroll Taxes		Transaction ID : SB17-EX3493	
Candidate Name		Payroll Taxes	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014	
State: District:		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
Category/Type		001	

SUBTOTAL of Disbursements This Page (optional).....	12774.87
TOTAL 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 122	
	<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) A. Internal Revenue Service		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014
Mailing Address PO Box 931000		Amount of Each Disbursement this Period 3124.94
City Louisville	State KY	Zip Code 40293
Purpose of Disbursement Payroll Taxes	Category/ Type 001	
Candidate Name	Transaction ID : SB17-EX3504	
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 Taxes
State: District:		

Full Name (Last, First, Middle Initial) B. Intuit		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 2632 Marine Way		Amount of Each Disbursement this Period 28.00
City Mountain View	State CA	Zip Code 94043
Purpose of Disbursement Payroll Processing Fee	Category/ Type 001	
Candidate Name	Transaction ID : SB17-EX3420	
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 Processing Fee
State: District:		

Full Name (Last, First, Middle Initial) C. Intuit		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 2632 Marine Way		Amount of Each Disbursement this Period 28.00
City Mountain View	State CA	Zip Code 94043
Purpose of Disbursement Payroll Processing	Category/ Type 001	
Candidate Name	Transaction ID : SB17-EX3505	
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 Processing
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3180.94
TOTAL 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 122	
	<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) A. Intuit		Date of Disbursement MM / DD / YYYY 08 / 29 / 2014
Mailing Address 2632 Marine Way		Amount of Each Disbursement this Period \$ 28.00
City Mountain View State CA Zip Code 94043	Category/Type 001	
Purpose of Disbursement Payroll Processing	Candidate Name	Transaction ID : SB17-EX3506
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 Processing	
State: District:		

Full Name (Last, First, Middle Initial) B. Intuit		Date of Disbursement MM / DD / YYYY 09 / 30 / 2014
Mailing Address 2632 Marine Way		Amount of Each Disbursement this Period \$ 28.00
City Mountain View State CA Zip Code 94043	Category/Type 001	
Purpose of Disbursement Payroll Services	Candidate Name	Transaction ID : SB17-EX3534
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 Services	
State: District:		

Full Name (Last, First, Middle Initial) c. HostGator.com LLC		Date of Disbursement MM / DD / YYYY 09 / 23 / 2014
Mailing Address 5005 Mitchelldale Ste 100		Amount of Each Disbursement this Period \$ 30.00
City Houston State TX Zip Code 77092	Category/Type 001	
Purpose of Disbursement Web Hosting	Candidate Name	Transaction ID : SB17-EX3535
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	Web Hosting	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	\$ 86.00
TOTAL 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 122	
	<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) A. Colortree Marketing Resources		Date of Disbursement MM / DD / YYYY 07 / 24 / 2014
Mailing Address PO Box 28960		Amount of Each Disbursement this Period 3184.41
City Henrico	State VA	
Zip Code 23228	Purpose of Disbursement Fundraising	Transaction ID : SB17-EX3513
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	Fundraising
State: District:		

Full Name (Last, First, Middle Initial) B. Colortree Marketing Resources		Date of Disbursement MM / DD / YYYY 08 / 28 / 2014
Mailing Address PO Box 28960		Amount of Each Disbursement this Period 7500.00
City Henrico	State VA	
Zip Code 23228	Purpose of Disbursement Fundraising	Transaction ID : SB17-EX3522
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	Fundraising
State: District:		

Full Name (Last, First, Middle Initial) C. Colortree Marketing Resources		Date of Disbursement MM / DD / YYYY 09 / 11 / 2014
Mailing Address PO Box 28960		Amount of Each Disbursement this Period 3066.41
City Henrico	State VA	
Zip Code 23228	Purpose of Disbursement Fundraising	Transaction ID : SB17-EX3528
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	Fundraising
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	13750.82
TOTAL 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 122			
	<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) A. Google Inc			Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 1600 Amphitheatre Parkway			Amount of Each Disbursement this Period 59.99
City Mountain View	State CA	Zip Code 94043	Transaction ID : SB17-EX3403
Purpose of Disbursement Advertising - Internet		001 Category/ Type	
Candidate Name			Advertising - Internet
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. Google Inc			Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 1600 Amphitheatre Parkway			Amount of Each Disbursement this Period 10.00
City Mountain View	State CA	Zip Code 94043	Transaction ID : SB17-EX3508
Purpose of Disbursement Technical Support		001 Category/ Type	
Candidate Name			Technical Support
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) c. Google Inc			Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 1600 Amphitheatre Parkway			Amount of Each Disbursement this Period 10.00
City Mountain View	State CA	Zip Code 94043	Transaction ID : SB17-EX3533
Purpose of Disbursement Technical Support		001 Category/ Type	
Candidate Name			Technical Support
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:			

SUBTOTAL of Disbursements This Page (optional).....	79.99
TOTAL 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 122	
	<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) A. Jamestown Associates			Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014
Mailing Address 5 Mapleton Rd Ste 300			Amount of Each Disbursement this Period 1070.00
City Princeton	State NJ	Zip Code 08540	Transaction ID : SB17-EX3492
Purpose of Disbursement Production		001 Category/ Type	
Candidate Name			Production
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. IMP Digital Studios			Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2014
Mailing Address 120 Rt 17 N			Amount of Each Disbursement this Period 950.00
City Paramus	State NJ	Zip Code 07652	Transaction ID : SB17-EX3496
Purpose of Disbursement Production		001 Category/ Type	
Candidate Name			Production
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) c. IMP Digital Studios			Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2014
Mailing Address 120 Rt 17 N			Amount of Each Disbursement this Period 375.00
City Paramus	State NJ	Zip Code 07652	Transaction ID : SB17-EX3497
Purpose of Disbursement Production		001 Category/ Type	
Candidate Name			Production
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:		

SUBTOTAL of Disbursements This Page (optional).....	2395.00
TOTAL This Period (last page this line number only).....	82219.82

**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 122	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" 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) A. MR William Condron		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 7341 E 42nd St		Amount of Each Disbursement this Period 175.00
City Tucson	State AZ	
Zip Code 85730	Purpose of Disbursement Contribution Ref to Individual	Transaction ID : SB20a-CR51
Candidate Name	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	Refund of Contribution
State: District:		

Full Name (Last, First, Middle Initial) B. MRS Brenda Curnin		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 111 Emily Rd		Amount of Each Disbursement this Period 1900.00
City Far Hills	State NJ	
Zip Code 07931	Purpose of Disbursement Contribution Ref to Individual	Transaction ID : SB20a-CR54
Candidate Name	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	Refund of Contribution
State: District:		

Full Name (Last, First, Middle Initial) c. Ms. Georgette Denlinger		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address 10 Geranium Dr		Amount of Each Disbursement this Period 500.00
City Marlton	State NJ	
Zip Code 08053	Purpose of Disbursement Contribution Ref to Individual	Transaction ID : SB20a-CR50
Candidate Name	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	contribution refund
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2575.00
TOTAL 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 122	
	<input type="checkbox"/> 17 <input checked="" 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

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)
Lonegan For Congress

Full Name (Last, First, Middle Initial) A. Mr. Philip Gibbs			Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014	
Mailing Address 231 Fellowship Rd			Amount of Each Disbursement this Period 1500.00	
City Moorestown	State NJ	Zip Code 08057	Transaction ID : SB20a-CR49	
Purpose of Disbursement Contribution Ref to Individual		Category/ Type	Refund of contribution	
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. Mrs. Marcia Hocker			Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014	
Mailing Address 107 E Cottage Ave			Amount of Each Disbursement this Period 2600.00	
City Haddonfield	State NJ	Zip Code 08033	Transaction ID : SB20a-CR47	
Purpose of Disbursement Contribution Ref to Individual		Category/ Type	Refund of 02/26/14 Contribution	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014			
State: District:				

Full Name (Last, First, Middle Initial) C. Mr. Richard Hocker			Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014	
Mailing Address 107 E Cottage Ave			Amount of Each Disbursement this Period 2600.00	
City Haddonfield	State NJ	Zip Code 08033	Transaction ID : SB20a-CR48	
Purpose of Disbursement Contribution Ref to Individual		Category/ Type	Refund of General contribution	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	6700.00
TOTAL 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 122			
	<input type="checkbox"/> 17 <input checked="" 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) A. Ms. Virginia James		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address PO Box 60		Amount of Each Disbursement this Period 2600.00
City Lambertville	State NJ	
Zip Code 08530	Purpose of Disbursement Contribution Ref to Individual	Transaction ID : SB20a-CR55
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	
State: District:		

Full Name (Last, First, Middle Initial) B. MR Robert T Martin		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 9 Diamond Dr		Amount of Each Disbursement this Period 500.00
City Key West	State FL	
Zip Code 33040	Purpose of Disbursement Contribution Ref to Individual	Transaction ID : SB20a-CR52
Candidate Name	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	Refund of Contribution
State: District:		

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

SUBTOTAL of Disbursements This Page (optional).....	3100.00
TOTAL This Period (last page this line number only).....	12375.00

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

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

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-LN11

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 100000	Cumulative Payment To Date .00	Balance Outstanding at Close of This Period 100000.00
-----------------------------------	-----------------------------------	--

TERMS

Date Incurred: M 05 / D 16 / 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)..... ▶ 100000.00
TOTALS This Period (last page in this line only)..... ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC10-LN13
Lonegan For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) Steven Lonegan	[PERSONAL FUNDS]	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 23 / 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: 150px;" 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: 150px;" 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: 150px;" 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: 150px;" type="text"/>

SUBTOTALS This Period This Page (optional).....	<input style="width: 150px;" type="text" value="100000.00"/>
TOTALS This Period (last page in this line only).....	<input style="width: 150px;" type="text" value="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)	PAGE 112 OF 122
	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 Base Connect Inc.	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 1442.93	Transaction ID : SD10-INV1871	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 1442.93

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Integram	Nature of Debt (Purpose): Invoice: Fundraising
Mailing Address 22695 Commerce Center Court	
City State Zip Code Dulles VA 20166	

Outstanding Balance Beginning This Period 17651.39	Transaction ID : SD10-INV1877	
Amount Incurred This Period .00	Payment This Period 17134.92	Outstanding Balance at Close of This Period 516.47

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Legacy Lists Inc - Mgmt	Nature of Debt (Purpose): Invoice: Fundraising
Mailing Address 1155 - 15TH STREET NW	
City State Zip Code Washington DC 20005	

Outstanding Balance Beginning This Period 1721.10	Transaction ID : SD10-INV1879	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 1721.10

1) SUBTOTALS This Period This Page (optional)	3680.50
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) ▶	

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 Legacy Lists Inc - Brokerage		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	Transaction ID : SD10-INV3251	
<input type="text" value="5403.74"/>		
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="5403.74"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Century Data Systems Corp		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	Transaction ID : SD10-INV3252	
<input type="text" value="2767.50"/>		
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="2767.50"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Colortree Marketing Resources		Nature of Debt (Purpose): Invoice: Fundraising
Mailing Address PO Box 28960		
City State	Zip Code	
Henrico VA	23228	

Outstanding Balance Beginning This Period	Transaction ID : SD10-INV3253	
<input type="text" value="10035.60"/>		
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="10035.60"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="18206.84"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) 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

Consolidated Mailing Services

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

5637.96

Transaction ID : SD10-INV3254

Amount Incurred This Period

.00

Payment This Period

.00

Outstanding Balance at Close of This Period

5637.96

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Donor Precision LLC

Nature of Debt (Purpose):

Invoice: Fundraising

Mailing Address 1900 N CULPEPER STREET

City State Zip Code
ARLINGTON VA 22207

Outstanding Balance Beginning This Period

764.12

Transaction ID : SD10-INV3255

Amount Incurred This Period

.00

Payment This Period

.00

Outstanding Balance at Close of This Period

764.12

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Base Connect Inc.

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

30605.27

Transaction ID : SD10-INV3060

Amount Incurred This Period

.00

Payment This Period

.00

Outstanding Balance at Close of This Period

30605.27

1) **SUBTOTALS** This Period This Page (optional) ▶

37007.35

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) ▶

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 115 OF 122
	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 Capitol Caging Corp		Nature of Debt (Purpose): Invoice: Fundraising
Mailing Address 504 SHAW ROAD SUITE 217		
City	State	Zip Code
STERLING	VA	20166

Outstanding Balance Beginning This Period	Transaction ID : SD10-INV3061	
<input type="text" value="436.03"/>		
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="436.03"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Colortree Marketing Resources		Nature of Debt (Purpose): Invoice: Fundraising
Mailing Address PO Box 28960		
City	State	Zip Code
Henrico	VA	23228

Outstanding Balance Beginning This Period	Transaction ID : SD10-INV3063	
<input type="text" value="17912.52"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value=".00"/>	<input type="text" value="13750.82"/>	<input type="text" value="4161.70"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Donor Precision LLC		Nature of Debt (Purpose): Invoice: Fundraising
Mailing Address 1900 N CULPEPER STREET		
City	State	Zip Code
ARLINGTON	VA	22207

Outstanding Balance Beginning This Period	Transaction ID : SD10-INV3065	
<input type="text" value="1176.61"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value=".00"/>	<input type="text" value="317.51"/>	<input type="text" value="859.10"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="5456.83"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) 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 Integram		Nature of Debt (Purpose): Invoice: Fundraising
Mailing Address 22695 Commerce Center Court		
City	State	Zip Code
Dulles	VA	20166

Outstanding Balance Beginning This Period	Transaction ID : SD10-INV3066	
<input type="text" value="20194.93"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value=".00"/>	<input type="text" value="10000.00"/>	<input type="text" value="10194.93"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Legacy Lists Inc - Mgmt		Nature of Debt (Purpose): Invoice: Fundraising
Mailing Address 1155 - 15TH STREET NW		
City	State	Zip Code
Washington	DC	20005

Outstanding Balance Beginning This Period	Transaction ID : SD10-INV3068	
<input type="text" value="2440.56"/>		
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="2440.56"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Century Data Systems Corp		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	Transaction ID : SD10-INV3217	
<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"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="16969.23"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) 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 Consolidated Mailing Services		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	Transaction ID : SD10-INV3256	
<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"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Legacy Lists Inc - Brokerage		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	Transaction ID : SD10-INV3257	
<input type="text" value="5793.47"/>		
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="5793.47"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Jamestown Associates		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	Transaction ID : SD10-INV3193	
<input type="text" value="1070.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value=".00"/>	<input type="text" value="1070.00"/>	<input type="text" value=".00"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="5915.73"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) 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 Treasurer Sate Of Virginia		Nature of Debt (Purpose): Invoice: Payroll Taxes
Mailing Address PO Box 1879		
City	State	Zip Code
Richmond	VA	23218

Outstanding Balance Beginning This Period	Transaction ID : SD10-INV3194	
<input type="text" value="16.96"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value=".00"/>	<input type="text" value="16.96"/>	<input type="text" value=".00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Treasurer State Of New Jersey		Nature of Debt (Purpose): Invoice: Payroll Taxes
Mailing Address PO Box 111		
City	State	Zip Code
Trenton	NJ	08625

Outstanding Balance Beginning This Period	Transaction ID : SD10-INV3195	
<input type="text" value="2424.12"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value=".00"/>	<input type="text" value="2424.12"/>	<input type="text" value=".00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Treasurer State Of New Jersey		Nature of Debt (Purpose): Invoice: Payroll Taxes
Mailing Address PO Box 111		
City	State	Zip Code
Trenton	NJ	08625

Outstanding Balance Beginning This Period	Transaction ID : SD10-INV3196	
<input type="text" value="290.10"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value=".00"/>	<input type="text" value="290.10"/>	<input type="text" value=".00"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) 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 Internal Revenue Service	Nature of Debt (Purpose): Invoice: Payroll Taxes
Mailing Address PO Box 931000	
City State Zip Code Louisville KY 40293	

Outstanding Balance Beginning This Period 276.93	Transaction ID : SD10-INV3197	
Amount Incurred This Period .00	Payment This Period 276.93	Outstanding Balance at Close of This Period .00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Pennsylvania Department Of Revenue	Nature of Debt (Purpose): Invoice: Payroll Taxes
Mailing Address 1 Revenue Pl	
City State Zip Code Harrisburg PA 17129	

Outstanding Balance Beginning This Period 48.29	Transaction ID : SD10-INV3198	
Amount Incurred This Period .00	Payment This Period 48.29	Outstanding Balance at Close of This Period .00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Base Connect Inc.	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 5725.37	Transaction ID : SD10-INV3212	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 5725.37

1) SUBTOTALS This Period This Page (optional)	5725.37
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) ▶	

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 Legacy Lists Inc - Mgmt		Nature of Debt (Purpose): Invoice: Fundraising
Mailing Address 1155 - 15TH STREET NW		
City State	Zip Code	
Washington DC	20005	

Outstanding Balance Beginning This Period	Transaction ID : SD10-INV3213	
<input type="text" value="2271.37"/>		
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="2271.37"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Simpkins Escrow LLC		Nature of Debt (Purpose): Invoice: Fundraising
Mailing Address 29243 St Just Dr		
City State	Zip Code	
UNIONVILLE VA	22567	

Outstanding Balance Beginning This Period	Transaction ID : SD10-INV3214	
<input type="text" value="375.70"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value=".00"/>	<input type="text" value="375.70"/>	<input type="text" value=".00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Consolidated Mailing Services		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	Transaction ID : SD10-INV3215	
<input type="text" value="7644.76"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value=".00"/>	<input type="text" value="2500.00"/>	<input type="text" value="5144.76"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="7416.13"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) 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 121 OF 122
	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 Capitol Caging Corp	Nature of Debt (Purpose): Invoice: Fundraising
Mailing Address 504 SHAW ROAD SUITE 217	
City State Zip Code STERLING VA 20166	

Outstanding Balance Beginning This Period 1564.63	Transaction ID : SD10-INV3216	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 1564.63

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Legacy Lists Inc - Brokerage	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 2306.91	Transaction ID : SD10-INV3218	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 2306.91

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Integram	Nature of Debt (Purpose): Invoice: Fundraising
Mailing Address 22695 Commerce Center Court	
City State Zip Code Dulles VA 20166	

Outstanding Balance Beginning This Period 7661.09	Transaction ID : SD10-INV3259	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 7661.09

1) SUBTOTALS This Period This Page (optional)	11532.63
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) ▶	

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
Capitol Caging Corp

Nature of Debt (Purpose):
Invoice: Fundraising

Mailing Address 504 SHAW ROAD
SUITE 217

City State Zip Code
STERLING VA 20166

Outstanding Balance Beginning This Period

Transaction ID : SD10-INV3249

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

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

Transaction ID : SD10-INV3250

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

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) **SUBTOTALS** This Period This Page (optional) ▶
- 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) ▶