

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** 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 01 / 01 / 2014 through M M / D D / Y Y Y Y 03 / 31 / 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 04 / 14 / 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))....	301688.04	301813.04
(b) Total Contribution Refunds (from Line 20(d))		
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	301688.04	301813.04
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	230258.32	230258.32
(b) Total Offsets to Operating Expenditures (from Line 14).....	624.73	624.73
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	229633.59	229633.59
8. Cash on Hand at Close of Reporting Period (from Line 27).....	172054.45	
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).....	161209.27	

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).....	105681	105806
(ii) Unitemized.....	191007.04	191007.04
(iii) TOTAL of contributions from individuals ▶	296688.04	296813.04
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) The Candidate.....	5000	5000
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	301688.04	301813.04
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	100000	100000
(b) All Other Loans.....		
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	100000	100000
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	624.73	624.73
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	402312.77	402437.77

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	230258.32	230258.32
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....		
(b) Of All Other Loans		
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....		
21. OTHER DISBURSEMENTS		
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	230258.32	230258.32

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	402312.77
25. SUBTOTAL (add Line 23 and Line 24).....	402312.77
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	230258.32
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	172054.45

**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 132
	<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)
Raymond Coleman Heinold Norman LLP

Mailing Address 325 New Albany Rd

City Moorestown State NJ Zip Code 08057

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 07 / 2014

Transaction ID : SA11Ai-CN62412

Amount of Each Receipt this Period
300

B. Full Name (Last, First, Middle Initial)
Christopher J Norman

Mailing Address 23 Bradford Dr

City Shamong State NJ Zip Code 08088

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

Name of Employer Occupation
 Raymond Coleman Heinold Norman LLP Partner

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
03 / 07 / 2014

Transaction ID : SA11Ai-CN62413

Amount of Each Receipt this Period
300

Partnership-Raymond Coleman Heinold No

[MEMO ITEM]
\$300.00 MEMO Partnership Attributed

C. Full Name (Last, First, Middle Initial)
Mrs Joyce Albers-Schonberg

Mailing Address 43 Scribner Ct

City Princeton State NJ Zip Code 08540-6764

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 **750**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 17 / 2014

Transaction ID : SA11Ai-CN63028

Amount of Each Receipt this Period
750

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

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

1050.00

**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 132
	<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. Mrs Janet Allison
 Full Name (Last, First, Middle Initial)
 Mailing Address 5825 SW 28th St
 City Topeka State KS Zip Code 66614-2418
 FEC ID number of contributing federal political committee. C
 Name of Employer Teacher Occupation Teacher
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 223

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2014
Transaction ID : SA11Ai-CN67707
 Amount of Each Receipt this Period
 35

B. Ms Karen Anderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 315 W 2nd Ave
 City Saint John State KS Zip Code 67576-1905
 FEC ID number of contributing federal political committee. C
 Name of Employer Requested Occupation Requested
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 210

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 05 / 2014
Transaction ID : SA11Ai-CN65754
 Amount of Each Receipt this Period
 35

C. Mr. Jon M Aneson
 Full Name (Last, First, Middle Initial)
 Mailing Address 952 Jennifer Ln
 City Manahawkin State NJ Zip Code 08050
 FEC ID number of contributing federal political committee. C
 Name of Employer Seahawk Systems Occupation President
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 2000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 17 / 2014
Transaction ID : SA11Ai-CN62434
 Amount of Each Receipt this Period
 2000

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

2070.00

**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 132
	<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 Ray R Barrett Jr

Mailing Address Hc 34 Box 3

City Midkiff State TX Zip Code 79755

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

Name of Employer SELF Occupation FARMER RANCHER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 18 / 2014

Transaction ID : SA11Ai-CN64386

Amount of Each Receipt this Period
200

B. Full Name (Last, First, Middle Initial)
Mr Ray R Barrett Jr

Mailing Address Hc 34 Box 3

City Midkiff State TX Zip Code 79755

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

Name of Employer SELF Occupation FARMER RANCHER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **600**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 04 / 2014

Transaction ID : SA11Ai-CN65468

Amount of Each Receipt this Period
300

C. Full Name (Last, First, Middle Initial)
Mr. Matthew V Basile

Mailing Address 23 Fulton St

City Bloomfield State NJ Zip Code 07003

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

Name of Employer SELF Occupation INSURANCE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 20 / 2014

Transaction ID : SA11Ai-CN62289

Amount of Each Receipt this Period
250

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

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

750.00

**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 132
	<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)
Lonigan For Congress

A. Full Name (Last, First, Middle Initial)
Mr. Matthew V Basile

Mailing Address 23 Fulton St

City Bloomfield State NJ Zip Code 07003

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

Name of Employer SELF Occupation INSURANCE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **375**

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 28 / 2014

Transaction ID : SA11Ai-CN62317

Amount of Each Receipt this Period
 125

B. Full Name (Last, First, Middle Initial)
Mr. Matthew V Basile

Mailing Address 23 Fulton St

City Bloomfield State NJ Zip Code 07003

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

Name of Employer SELF Occupation INSURANCE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 13 / 2014

Transaction ID : SA11Ai-CN62427

Amount of Each Receipt this Period
 125

C. Full Name (Last, First, Middle Initial)
Mr. Matthew V Basile

Mailing Address 23 Fulton St

City Bloomfield State NJ Zip Code 07003

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

Name of Employer SELF Occupation INSURANCE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **525**

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 13 / 2014

Transaction ID : SA11Ai-CN62428

Amount of Each Receipt this Period
 25

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

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

275.00

**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 132
	<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 Carol Benner

Mailing Address 711 Maple Leaf Ln

City Moorestown State NJ Zip Code 08057-1841

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
03 / 07 / 2014

Transaction ID : SA11Ai-CN66246

Amount of Each Receipt this Period
500

B. Full Name (Last, First, Middle Initial)
Ms. Ruby Bonanno

Mailing Address 62 Hook Mountain Rd

City Montville State NJ Zip Code 07045

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

Name of Employer Four Winds Plaza Occupation President

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-CN63055

Amount of Each Receipt this Period
1000

C. Full Name (Last, First, Middle Initial)
Ms Julie Bostwick

Mailing Address 5819 N Vista Ln

City Spokane State WA Zip Code 99212-1680

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

Name of Employer HOMEMAKER 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
03 / 12 / 2014

Transaction ID : SA11Ai-CN66576

Amount of Each Receipt this Period
150

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

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

1650.00

**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 132
	<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 Doris Boucher

Mailing Address 220 Saint Marys Dr Apt 324

City State Zip Code
Cherry Hill NJ 08003-2577

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
03 / 19 / 2014

Transaction ID : SA11Ai-CN66837

Amount of Each Receipt this Period
300

B. Full Name (Last, First, Middle Initial)
Mr William Boyd

Mailing Address PO Box 1147

City State Zip Code
Tallahassee FL 32302-1147

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

Name of Employer Occupation
NONE RETIRED ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500

Date of Receipt
 M M / D D / Y Y Y Y
03 / 04 / 2014

Transaction ID : SA11Ai-CN65567

Amount of Each Receipt this Period
500

C. Full Name (Last, First, Middle Initial)
Mr William Boyd

Mailing Address PO Box 1147

City State Zip Code
Tallahassee FL 32302-1147

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

Name of Employer Occupation
NONE RETIRED ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000

Date of Receipt
 M M / D D / Y Y Y Y
03 / 28 / 2014

Transaction ID : SA11Ai-CN67770

Amount of Each Receipt this Period
500

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

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

1300.00

**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 132
	<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 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 **300**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 05 / 2014

Transaction ID : SA11Ai-CN65763

Amount of Each Receipt this Period
300

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

Mailing Address 1 W 67th St Apt 611

City New York State NY Zip Code 10023-6200

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 **308**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 30 / 2014

Transaction ID : SA11Ai-CN63365

Amount of Each Receipt this Period
308

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

Mailing Address 1 W 67th St Apt 611

City New York State NY Zip Code 10023-6200

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 **613**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 18 / 2014

Transaction ID : SA11Ai-CN65134

Amount of Each Receipt this Period
305

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

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

913.00

**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 132
	<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 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
818

Date of Receipt
 M M / D D / Y Y Y Y
03 / 04 / 2014

Transaction ID : SA11Ai-CN67839

Amount of Each Receipt this Period
205

B. Full Name (Last, First, Middle Initial)
Christopher E Buoni

Mailing Address 20 Woodthrust Tr E

City State Zip Code
Medford NJ 08055

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

Name of Employer Occupation
Medford Twp Mayor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250

Date of Receipt
 M M / D D / Y Y Y Y
03 / 07 / 2014

Transaction ID : SA11Ai-CN62417

Amount of Each Receipt this Period
250

C. Full Name (Last, First, Middle Initial)
Ms Vera M Burchett

Mailing Address 1819 Birchwood St

City State Zip Code
Aurora NE 68818-1410

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
240

Date of Receipt
 M M / D D / Y Y Y Y
03 / 04 / 2014

Transaction ID : SA11Ai-CN65237

Amount of Each Receipt this Period
140

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

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

595.00

**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 132
	<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)
Christopher J Burn

Mailing Address 151 Hobart Ave

City Millburn State NJ Zip Code 07078

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

Name of Employer Goshen Investments LLC Occupation Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 29 / 2014

Transaction ID : SA11Ai-CN62927

Amount of Each Receipt this Period
500

B. Full Name (Last, First, Middle Initial)
Mr. Gar Wood N Burwell

Mailing Address 10 Ridgedale Ave Apt 24

City Madison State NJ Zip Code 07940

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
03 / 17 / 2014

Transaction ID : SA11Ai-CN62957

Amount of Each Receipt this Period
500

C. Full Name (Last, First, Middle Initial)
Mr. Henry P Butehorn

Mailing Address 791 Port Monmouth Rd

City Port Monmouth State NJ Zip Code 07758

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

Name of Employer UNISYS CORP Occupation TRANSPORTATION

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
03 / 17 / 2014

Transaction ID : SA11Ai-CN62956

Amount of Each Receipt this Period
250

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 14 OF 132
	<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 Mary A Cassard

Mailing Address 2720 Whitney Pl Apt 402

City State Zip Code
Metairie LA 70002-6294

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
03 / 17 / 2014

Transaction ID : SA11Ai-CN66701

Amount of Each Receipt this Period
300

B. Full Name (Last, First, Middle Initial)
Mr Giuseppe Cecchi

Mailing Address 1209 Aldebaran Dr

City State Zip Code
Mc Lean VA 22101-2304

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

Name of Employer Occupation
IDI Group Companies President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11Ai-CN67975

Amount of Each Receipt this Period
500

C. Full Name (Last, First, Middle Initial)
Mr Giuseppe Cecchi

Mailing Address 1700 N Moore St

City State Zip Code
Arlington VA 22209-2793

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

Name of Employer Occupation
IDI Group Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500

Date of Receipt
 M M / D D / Y Y Y Y
03 / 12 / 2014

Transaction ID : SA11Ai-CN67906

Amount of Each Receipt this Period
500

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

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

1300.00

**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 132
	<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 Dicey S Childers

Mailing Address 8517 Joy Rd

City Blountsville State AL Zip Code 35031-4489

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

Name of Employer Owner Occupation Christian Bookstore

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **230**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 04 / 2014

Transaction ID : SA11Ai-CN65518

Amount of Each Receipt this Period
100

B. Full Name (Last, First, Middle Initial)
Ms Dicey S Childers

Mailing Address 8517 Joy Rd

City Blountsville State AL Zip Code 35031-4489

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

Name of Employer Owner Occupation Christian Bookstore

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **360**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 10 / 2014

Transaction ID : SA11Ai-CN66345

Amount of Each Receipt this Period
130

C. Full Name (Last, First, Middle Initial)
Ms Dicey S Childers

Mailing Address 8517 Joy Rd

City Blountsville State AL Zip Code 35031-4489

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

Name of Employer Owner Occupation Christian Bookstore

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **460**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 20 / 2014

Transaction ID : SA11Ai-CN67028

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 16 OF 132
	<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 Howard Christensen

Mailing Address 2704 Oak Ave

City Manhattan Beach State CA Zip Code 90266-2712

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 **215**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 12 / 2014

Transaction ID : SA11Ai-CN66567

Amount of Each Receipt this Period
105

B. Full Name (Last, First, Middle Initial)
Mr. Todd J Christie

Mailing Address 1 Tall Oaks Ct

City Mendham State NJ Zip Code 07945-2300

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

Name of Employer Requested Occupation Requested
 Ernst & Young Business Development

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 26 / 2014

Transaction ID : SA11Ai-CN63014

Amount of Each Receipt this Period
2000

C. Full Name (Last, First, Middle Initial)
Mrs Elloine M Clark III

Mailing Address 3716 Maplewood Ave

City Dallas State TX Zip Code 75205-2827

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 **1650**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 03 / 2014

Transaction ID : SA11Ai-CN63485

Amount of Each Receipt this Period
1650

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

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

3755.00

**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 132
	<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 **300**

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 18 / 2014

Transaction ID : SA11Ai-CN64042

Amount of Each Receipt this Period
300

B. Full Name (Last, First, Middle Initial)
Mr William Condron

Mailing Address 7341 E 42nd St

City Tucson State AZ Zip Code 85730-1723

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **400**

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 07 / 2014

Transaction ID : SA11Ai-CN66247

Amount of Each Receipt this Period
100

C. Full Name (Last, First, Middle Initial)
Mr William Condron

Mailing Address 7341 E 42nd St

City Tucson State AZ Zip Code 85730-1723

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **700**

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 10 / 2014

Transaction ID : SA11Ai-CN66341

Amount of Each Receipt this Period
300

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 18 OF 132
	<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 **1000**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 21 / 2014

Transaction ID : SA11Ai-CN67140

Amount of Each Receipt this Period
300

B. Full Name (Last, First, Middle Initial)
Mr. Peter C Cunniff

Mailing Address 33 South Ave

City Harrington Park State NJ Zip Code 07640-1826

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

Name of Employer HARRINGTON PARK BOE Occupation PROFESSORS/TEACHERS

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
03 / 17 / 2014

Transaction ID : SA11Ai-CN62442

Amount of Each Receipt this Period
250

C. Full Name (Last, First, Middle Initial)
Mrs. Brenda Bocina Curnin

Mailing Address 111 Emily Rd

City Far Hills State NJ Zip Code 07931-2308

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

Name of Employer Stone House Mgmt Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11Ai-CN63060

Amount of Each Receipt this Period
2500

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

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

3050.00

**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 132
	<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 Mary Czech

Mailing Address 1105 Waikiki Dr

City Forked River State NJ Zip Code 08731-4733

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

Name of Employer CATALENT Occupation SALESPERSONS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11Ai-CN63043

Amount of Each Receipt this Period
100

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

Mailing Address 16 Gateshead Dr

City Bridgewater State NJ Zip Code 08807-1403

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
03 / 17 / 2014

Transaction ID : SA11Ai-CN62431

Amount of Each Receipt this Period
500

C. Full Name (Last, First, Middle Initial)
Ms. Georgette B 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 **600**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 11 / 2014

Transaction ID : SA11Ai-CN62271

Amount of Each Receipt this Period
500

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

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

1100.00

**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 132
	<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 B Denlinger

Mailing Address 10 Geranium Dr

City Marilton State NJ Zip Code 08053-5534

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **725**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 04 / 2014

Transaction ID : SA11Ai-CN62328

Amount of Each Receipt this Period
125

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

Mailing Address 10 Geranium Dr

City Marilton State NJ Zip Code 08053-5534

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **875**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 07 / 2014

Transaction ID : SA11Ai-CN62416

Amount of Each Receipt this Period
150

C. Full Name (Last, First, Middle Initial)
Mr. Eric T Dixon

Mailing Address 15 75th St

City North Bergen State NJ Zip Code 07047

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

Name of Employer self-employed Occupation attorney

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
01 / 30 / 2014

Transaction ID : SA11Ai-CN62168

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 21 OF 132
	<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. Eric T Dixon

Mailing Address 15 75th St

City North Bergen State NJ Zip Code 07047

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

Name of Employer self-employed Occupation attorney

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
03 / 31 / 2014

Transaction ID : SA11Ai-CN62987

Amount of Each Receipt this Period
250

B. Full Name (Last, First, Middle Initial)
Mr Leonard Dunne

Mailing Address PO Box 560

City Andover State NJ Zip Code 07821-0560

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
03 / 10 / 2014

Transaction ID : SA11Ai-CN66524

Amount of Each Receipt this Period
100

C. Full Name (Last, First, Middle Initial)
Ms Eleanor L Estes

Mailing Address 65 Gaston Rd

City Morristown State NJ Zip Code 07960-3418

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
01 / 31 / 2014

Transaction ID : SA11Ai-CN63308

Amount of Each Receipt this Period
500

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 22 OF 132
	<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 Eleanor L Estes

Mailing Address 65 Gaston Rd

City State Zip Code
Morristown NJ 07960-3418

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
02 / 12 / 2014

Transaction ID : SA11Ai-CN63828

Amount of Each Receipt this Period
100

B. Full Name (Last, First, Middle Initial)
Ms Eleanor L Estes

Mailing Address 65 Gaston Rd

City State Zip Code
Morristown NJ 07960-3418

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
850

Date of Receipt
 M M / D D / Y Y Y Y
03 / 26 / 2014

Transaction ID : SA11Ai-CN63006

Amount of Each Receipt this Period
250

C. Full Name (Last, First, Middle Initial)
Mr Ramona Feuz

Mailing Address PO Box 190

City State Zip Code
Esperance NY 12066-0190

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
250

Date of Receipt
 M M / D D / Y Y Y Y
01 / 28 / 2014

Transaction ID : SA11Ai-CN62861

Amount of Each Receipt this Period
250

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

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

600.00

**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 132
	<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)
Lonigan For Congress

A. Full Name (Last, First, Middle Initial)
Mr. Sean M Fieler

Mailing Address 40 Haslet Ave

City Princeton State NJ Zip Code 08540

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

Name of Employer Equinoz Partners LP Occupation Financial Analyst

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
 03 / 17 / 2014

Transaction ID : SA11Ai-CN63029

Amount of Each Receipt this Period
2600

B. Full Name (Last, First, Middle Initial)
Mr. Sean M Fieler

Mailing Address 40 Haslet Ave

City Princeton State NJ Zip Code 08540

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

Name of Employer Equinoz Partners LP Occupation Financial Analyst

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 17 / 2014

Transaction ID : SA11Ai-CN63030

Amount of Each Receipt this Period
2600

C. Full Name (Last, First, Middle Initial)
Dr. Henry W Finger

Mailing Address 102 Marbury Ct

City Medford State NJ Zip Code 08055-8623

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

Name of Employer Self Occupation DENTIST

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
 03 / 03 / 2014

Transaction ID : SA11Ai-CN62323

Amount of Each Receipt this Period
125

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

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

5325.00

**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 132
	<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 D Fisher

Mailing Address 727 S Florida Ave

City Deland State FL Zip Code 32720-6825

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
03 / 04 / 2014

Transaction ID : SA11Ai-CN67854

Amount of Each Receipt this Period
100

B. Full Name (Last, First, Middle Initial)
Mr. Eric R Fishman

Mailing Address 8 Inwood Ter

City Fairfield State NJ Zip Code 07004

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

Name of Employer Key Client Financial Occupation Financial Advisor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 05 / 2014

Transaction ID : SA11Ai-CN62211

Amount of Each Receipt this Period
2600

C. Full Name (Last, First, Middle Initial)
Mr Don Gabianelli

Mailing Address 47 Louise St

City Crossville State TN Zip Code 38555-5486

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **245**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 13 / 2014

Transaction ID : SA11Ai-CN67910

Amount of Each Receipt this Period
105

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

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

2805.00

**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 132
	<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 Don Gabianelli

Mailing Address 47 Louise St

City State Zip Code
Crossville TN 38555-5486

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
280

Date of Receipt
 M M / D D / Y Y Y Y
03 / 27 / 2014

Transaction ID : SA11Ai-CN67967

Amount of Each Receipt this Period
35

B. Full Name (Last, First, Middle Initial)
Mr Anthony J Gasparine

Mailing Address PO Box 685

City State Zip Code
Chester NJ 07930-0685

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

Name of Employer Occupation
SELF WELDER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400

Date of Receipt
 M M / D D / Y Y Y Y
03 / 10 / 2014

Transaction ID : SA11Ai-CN66453

Amount of Each Receipt this Period
200

C. Full Name (Last, First, Middle Initial)
Mr Benjamin K Gibbs

Mailing Address 8 Springmoor Dr

City State Zip Code
Raleigh NC 27615

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
300

Date of Receipt
 M M / D D / Y Y Y Y
02 / 18 / 2014

Transaction ID : SA11Ai-CN64344

Amount of Each Receipt this Period
300

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

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

535.00

**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 132
	<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 Benjamin K Gibbs

Mailing Address 806 Springmoor Dr

City Raleigh State NC Zip Code 27615-7739

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **335**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 24 / 2014

Transaction ID : SA11Ai-CN67455

Amount of Each Receipt this Period
300

B. Full Name (Last, First, Middle Initial)
Mr. Philip K 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 The Gun Shop Occupation VP-Retail Sales

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 04 / 2014

Transaction ID : SA11Ai-CN62203

Amount of Each Receipt this Period
1000

C. Full Name (Last, First, Middle Initial)
Mr. Philip K 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 The Gun Shop Occupation VP-Retail Sales

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1125**

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

Transaction ID : SA11Ai-CN62379

Amount of Each Receipt this Period
125

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

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

1425.00

**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 132
	<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. Philip K 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 The Gun Shop Occupation VP-Retail Sales

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2125**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 08 / 2014

Transaction ID : SA11Ai-CN62390

Amount of Each Receipt this Period
1000

B. Full Name (Last, First, Middle Initial)
Mr. Philip K 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 The Gun Shop Occupation VP-Retail Sales

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11Ai-CN63053

Amount of Each Receipt this Period
475

C. Full Name (Last, First, Middle Initial)
Mr. Philip K 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 The Gun Shop Occupation VP-Retail Sales

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **3725**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11Ai-CN63054

Amount of Each Receipt this Period
1125

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

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

2600.00

**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 132
	<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 **400**

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 19 / 2014

Transaction ID : SA11Ai-CN64564

Amount of Each Receipt this Period
 250

B. Full Name (Last, First, Middle Initial)
Mr Charles Gorder Sr

Mailing Address 5526 Toyon Rd

City San Diego State CA Zip Code 92115-1020

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
 03 / 04 / 2014

Transaction ID : SA11Ai-CN65598

Amount of Each Receipt this Period
 100

C. Full Name (Last, First, Middle Initial)
Mr Charles Gorder Sr

Mailing Address 5526 Toyon Rd

City San Diego State CA Zip Code 92115-1020

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
 03 / 20 / 2014

Transaction ID : SA11Ai-CN66969

Amount of Each Receipt this Period
 100

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 29 OF 132
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Longan For Congress

A. Full Name (Last, First, Middle Initial)
Mr Richard S Griffith

Mailing Address **PO Box 91610**

City **Lafayette** State **LA** Zip Code **70509-1610**

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

Name of Employer **SELF** Occupation **INVESTER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 14 / 2014

Transaction ID : SA11Ai-CN63993

Amount of Each Receipt this Period
250

B. Full Name (Last, First, Middle Initial)
Ms Mary Gulino

Mailing Address **4200 Old Columbia Pike**

City **Annandale** State **VA** Zip Code **22003-2122**

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
03 / 06 / 2014

Transaction ID : SA11Ai-CN66064

Amount of Each Receipt this Period
100

C. Full Name (Last, First, Middle Initial)
Miss Martin Harris

Mailing Address **41 Granburg Cir**

City **San Antonio** State **TX** Zip Code **78218-3029**

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

Name of Employer **SELF-EMPLOYED** Occupation **C P A**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt
 M M / D D / Y Y Y Y
01 / 31 / 2014

Transaction ID : SA11Ai-CN63313

Amount of Each Receipt this Period
250

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

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

600.00

**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 132
	<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 Joyce M Harrison

Mailing Address 4 Midland Ave

City Budd Lake State NJ Zip Code 07828-3412

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

Name of Employer Requested Occupation Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **263**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 19 / 2014

Transaction ID : SA11Ai-CN66848

Amount of Each Receipt this Period
113

B. Full Name (Last, First, Middle Initial)
Mrs Donald Ray Hembre

Mailing Address 8191 Southpark Ln Unit 210

City Littleton State CO Zip Code 80120-4641

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
01 / 28 / 2014

Transaction ID : SA11Ai-CN62917

Amount of Each Receipt this Period
500

C. Full Name (Last, First, Middle Initial)
Mr Tatnall Lea Hillman

Mailing Address 504 W Bleeker St

City Aspen State CO Zip Code 81611-1228

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 **1600**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 27 / 2014

Transaction ID : SA11Ai-CN65199

Amount of Each Receipt this Period
1600

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

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

2213.00

**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 132
	<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. Marcia Hocker

Mailing Address 107 E Cottage Ave

City Haddonfield State NJ Zip Code 08033

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

Name of Employer Penn Capital Mgmt Co Occupation Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 26 / 2014

Transaction ID : SA11Ai-CN62330

Amount of Each Receipt this Period
 2600

B. Full Name (Last, First, Middle Initial)
Mrs. Marcia Hocker

Mailing Address 107 E Cottage Ave

City Haddonfield State NJ Zip Code 08033

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

Name of Employer Penn Capital Mgmt Co Occupation Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 26 / 2014

Transaction ID : SA11Ai-CN62331

Amount of Each Receipt this Period
 2600

C. Full Name (Last, First, Middle Initial)
Mr. Richard Hocker

Mailing Address 107 E Cottage Ave

City Haddonfield State NJ Zip Code 08033

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

Name of Employer MAH Inc Occupation Restaurateur

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 26 / 2014

Transaction ID : SA11Ai-CN62332

Amount of Each Receipt this Period
 2600

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

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

7800.00

**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 132
	<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

Full Name (Last, First, Middle Initial) Mr. Richard Hocker		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 05 / 2014
Mailing Address 107 E Cottage Ave		Transaction ID : SA11Ai-CN62333
City Haddonfield	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600
Name of Employer MAH Inc	Occupation Restaurateur	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200	

Full Name (Last, First, Middle Initial) Mr William Hotaling		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 18 / 2014
Mailing Address 125 Quassaick Ave		Transaction ID : SA11Ai-CN64380
City New Windsor	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600
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 600	

Full Name (Last, First, Middle Initial) Mr William Hotaling		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 26 / 2014
Mailing Address 125 Quassaick Ave		Transaction ID : SA11Ai-CN67608
City New Windsor	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400
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 1000	

SUBTOTAL of Receipts This Page (optional).....	3600.00
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 33 OF 132
	<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)
Lonigan For Congress

Full Name (Last, First, Middle Initial) Mr. George V Humphris		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2014
Mailing Address 2 Parkway Dr		Transaction ID : SA11Ai-CN62430
City Toms River	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1200
Name of Employer UNITED PARCEL SERVICE	Occupation OPERATOR	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1200	

Full Name (Last, First, Middle Initial) Mr. George V Humphris		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address 2 Parkway Dr		Transaction ID : SA11Ai-CN62474
City Toms River	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500
Name of Employer UNITED PARCEL SERVICE	Occupation OPERATOR	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1700	

Full Name (Last, First, Middle Initial) Mr. George V Humphris		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 2 Parkway Dr		Transaction ID : SA11Ai-CN62988
City Toms River	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200
Name of Employer UNITED PARCEL SERVICE	Occupation OPERATOR	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1900	

SUBTOTAL of Receipts This Page (optional).....	1900.00
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 34 OF 132
	<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 J Humphris

Mailing Address 14 Manassas Dr

City Toms River State NJ Zip Code 08757

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
03 / 31 / 2014

Transaction ID : SA11Ai-CN63058

Amount of Each Receipt this Period
500

B. Full Name (Last, First, Middle Initial)
Mr William Hunter Jr.

Mailing Address 6 S Union Ave

City Cherry Hill State NJ Zip Code 08002-3329

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **245**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 19 / 2014

Transaction ID : SA11Ai-CN66905

Amount of Each Receipt this Period
100

C. Full Name (Last, First, Middle Initial)
Mr William Hunter Jr.

Mailing Address 6 S Union Ave

City Cherry Hill State NJ Zip Code 08002-3329

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

Name of Employer 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
03 / 19 / 2014

Transaction ID : SA11Ai-CN66933

Amount of Each Receipt this Period
5

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

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

605.00

**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 132
	<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. Roger W Jacobs

Mailing Address 42 Upper Creek Rd

City State Zip Code
Stockton NJ 08559-1205

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

Name of Employer Occupation
RW Jacobs Consulting LLC Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 11 / 2014

Transaction ID : SA11Ai-CN62273

Amount of Each Receipt this Period
250

B. Full Name (Last, First, Middle Initial)
Ms. Virginia James

Mailing Address PO Box 60

City State Zip Code
Lambertville NJ 08530

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
2600

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 14 / 2014

Transaction ID : SA11Ai-CN62278

Amount of Each Receipt this Period
2600

C. Full Name (Last, First, Middle Initial)
Mr Frederick S Johnson

Mailing Address 19355 Cypress Ridge Ter Unit 1110

City State Zip Code
Leesburg VA 20176-6923

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
300

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 12 / 2014

Transaction ID : SA11Ai-CN66562

Amount of Each Receipt this Period
300

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

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

3150.00

**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 132
	<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. Mr Peter Johnston
 Full Name (Last, First, Middle Initial)
 Mailing Address 215 Carter Rd
 City Princeton State NJ Zip Code 08540-2104
 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 **250**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2014
Transaction ID : SA11Ai-CN66883
 Amount of Each Receipt this Period
250

B. Mrs Ferenc Kacsinta
 Full Name (Last, First, Middle Initial)
 Mailing Address 7323 Cartwright Ave
 City Sun Valley State CA Zip Code 91352-5107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Requested Occupation Requested
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date **220**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 11 / 2014
Transaction ID : SA11Ai-CN66549
 Amount of Each Receipt this Period
50

C. Mr. Henry J Kafel
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 N Pond Rd
 City Whippany State NJ Zip Code 07981
 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
 03 / 26 / 2014
Transaction ID : SA11Ai-CN63016
 Amount of Each Receipt this Period
250

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

550.00

**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 132
	<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)
Mark D Kalinowski

Mailing Address 33 Plymouth Rd

City Clifton State NJ Zip Code 07013

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

Name of Employer: JANEY MONTGOMERY SCOTT Occupation: FINANCIAL SERVICES

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: **500**

Date of Receipt: **02 / 06 / 2014**

Transaction ID : SA11Ai-CN62215

Amount of Each Receipt this Period: **500**

B. Full Name (Last, First, Middle Initial)
Mark D Kalinowski

Mailing Address 33 Plymouth Rd

City Clifton State NJ Zip Code 07013

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

Name of Employer: JANEY MONTGOMERY SCOTT Occupation: FINANCIAL SERVICES

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: **1000**

Date of Receipt: **03 / 17 / 2014**

Transaction ID : SA11Ai-CN62959

Amount of Each Receipt this Period: **500**

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: **250**

Date of Receipt: **01 / 28 / 2014**

Transaction ID : SA11Ai-CN62727

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

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 38 OF 132
	<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 E Kent

Mailing Address 16 Orsaf Lane

City Bayville State NJ Zip Code 08721-2545

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
 02 / 10 / 2014

Transaction ID : SA11Ai-CN62242

Amount of Each Receipt this Period
500

B. Full Name (Last, First, Middle Initial)
Mr. James E Kent

Mailing Address 16 Orsaf Lane

City Bayville State NJ Zip Code 08721-2545

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
 03 / 11 / 2014

Transaction ID : SA11Ai-CN62457

Amount of Each Receipt this Period
500

C. Full Name (Last, First, Middle Initial)
Mr James S Kernan Jr

Mailing Address 275 Clinton St

City Whitesboro State NY Zip Code 13492-2514

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
 03 / 10 / 2014

Transaction ID : SA11Ai-CN66427

Amount of Each Receipt this Period
200

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

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

1200.00

**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 132
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Longan For Congress

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

Mailing Address **PO Box 7066**

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

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

Name of Employer **None** Occupation **Retired**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 20 / 2014

Transaction ID : SA11Ai-CN64600

Amount of Each Receipt this Period
100

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

Mailing Address **PO Box 7066**

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

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

Name of Employer **None** Occupation **Retired**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **400**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 10 / 2014

Transaction ID : SA11Ai-CN66525

Amount of Each Receipt this Period
100

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

Mailing Address **39 William Penn Rd**

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

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 08 / 2014

Transaction ID : SA11Ai-CN62385

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 40 OF 132
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Longan For Congress

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

Mailing Address 11 Green Hills Rd

City Mendham State NJ Zip Code 07945-0090

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

Name of Employer SELF EMPLOYED Occupation INVESTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 26 / 2014

Transaction ID : SA11Ai-CN63012

Amount of Each Receipt this Period
2600

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

Mailing Address 11 Green Hills Rd

City Mendham State NJ Zip Code 07945-0090

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

Name of Employer SELF EMPLOYED Occupation INVESTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5200**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 26 / 2014

Transaction ID : SA11Ai-CN63013

Amount of Each Receipt this Period
2600

C. Full Name (Last, First, Middle Initial)
Mr Leonard M Kirk

Mailing Address 6 Hunter Dr

City Bel Air State MD Zip Code 21014-3934

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
02 / 10 / 2014

Transaction ID : SA11Ai-CN63654

Amount of Each Receipt this Period
250

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

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

5450.00

**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 132
	<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 Carlos Kirkpatrick

Mailing Address 417 Dalecrest Dr

City	State	Zip Code
San Antonio	TX	78239-2501

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
03 / 31 / 2014

Transaction ID : SA11Ai-CN67977

Amount of Each Receipt this Period
50

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

Mailing Address 27 Miller Rd

City	State	Zip Code
Darien	CT	06820

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

Name of Employer	Occupation
Murtha Cullina LLP	Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 09 / 2014

Transaction ID : SA11Ai-CN62228

Amount of Each Receipt this Period
250

C. Full Name (Last, First, Middle Initial)
Dr Richard J Kossmann

Mailing Address 260 Glenwood Rd

City	State	Zip Code
Englewood	NJ	07631-1912

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

Name of Employer	Occupation
Retired	Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt
 M M / D D / Y Y Y Y
01 / 28 / 2014

Transaction ID : SA11Ai-CN62167

Amount of Each Receipt this Period
1000

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

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

1300.00

**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 132
	<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 Ann Krebs

Mailing Address 1921 James Ave

City Saint Paul State MN Zip Code 55105-1716

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
03 / 21 / 2014

Transaction ID : SA11Ai-CN67114

Amount of Each Receipt this Period
500

B. Full Name (Last, First, Middle Initial)
Mayor Walter George Lacicero

Mailing Address 116 Elizabeth Avenue

City Lavallette State NJ Zip Code 08735

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

Name of Employer Lavallette Twp Occupation Mayor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 10 / 2014

Transaction ID : SA11Ai-CN62247

Amount of Each Receipt this Period
1000

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

Mailing Address 708 Forecastle Ave

City Beachwood State NJ Zip Code 08722

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

Name of Employer Beachwood Twp Occupation Councilman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 11 / 2014

Transaction ID : SA11Ai-CN62450

Amount of Each Receipt this Period
250

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

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

1750.00

**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 132
	<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 Clarence Laliberte

Mailing Address 2712 E 5th St

City Duluth State MN Zip Code 55812-1537

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
02 / 21 / 2014

Transaction ID : SA11Ai-CN64684

Amount of Each Receipt this Period
250

B. Full Name (Last, First, Middle Initial)
Mr Peter O Lawson-Johnston

Mailing Address 215 Carter Rd

City Princeton State NJ Zip Code 08540-2104

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

Name of Employer GUGGEHEIM BROTHERS Occupation MGMT/EXECUTIVES

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
03 / 31 / 2014

Transaction ID : SA11Ai-CN63050

Amount of Each Receipt this Period
250

C. Full Name (Last, First, Middle Initial)
Ms Lawrence R Lentini

Mailing Address 266 Hollywood Ave

City Monroeville State NJ Zip Code 08343-9041

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 **300**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 20 / 2014

Transaction ID : SA11Ai-CN65154

Amount of Each Receipt this Period
100

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

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

600.00

**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 132
	<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 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 **225**

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

Transaction ID : SA11Ai-CN66024

Amount of Each Receipt this Period
75

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 **300**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 24 / 2014

Transaction ID : SA11Ai-CN67250

Amount of Each Receipt this Period
75

C. Full Name (Last, First, Middle Initial)
Mrs. Frayda Levy

Mailing Address 33 Crystal Rd

City Mountain Lakes State NJ Zip Code 07046-1504

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 05 / 2014

Transaction ID : SA11Ai-CN62224

Amount of Each Receipt this Period
2600

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

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

2750.00

**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 132
	<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. Kenneth N Levy

Mailing Address 33 Crystal Rd

City State Zip Code
Mountain Lakes NJ 07046-1504

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

Name of Employer Occupation
Jacobs Levy Equity Management Manager

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
 03 / 26 / 2014

Transaction ID : SA11Ai-CN63010

Amount of Each Receipt this Period
2600

B. Full Name (Last, First, Middle Initial)
Mr Harold G Lippert

Mailing Address PO Box 965
1012 20th St

City State Zip Code
Fort Benton MT 59442-0965

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
 03 / 06 / 2014

Transaction ID : SA11Ai-CN65983

Amount of Each Receipt this Period
250

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

Mailing Address 4974 Rio Verde Dr

City State Zip Code
San Jose CA 95118-2303

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

Name of Employer Occupation
SOCIAL SERVICES PROVIDER

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
 01 / 30 / 2014

Transaction ID : SA11Ai-CN63214

Amount of Each Receipt this Period
250

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

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

3100.00

**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 132
	<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 Deanna Z Macek

Mailing Address 115 Truman Blvd

City State Zip Code
Oakland NJ 07436-2025

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

Name of Employer Occupation
Self Health Care

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300

Date of Receipt
 M M / D D / Y Y Y Y
03 / 12 / 2014

Transaction ID : SA11Ai-CN66557

Amount of Each Receipt this Period
100

B. Full Name (Last, First, Middle Initial)
Mr. Richard F Maragni

Mailing Address 40 Spring Rd

City State Zip Code
Livingston NJ 07039

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

Name of Employer Occupation
Roman Asphalt Corp. Controller

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11Ai-CN62938

Amount of Each Receipt this Period
100

C. Full Name (Last, First, Middle Initial)
Mrs. Beverly A Marinelli

Mailing Address 28 Flemish Way

City State Zip Code
Lumberton NJ 08048

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
225

Date of Receipt
 M M / D D / Y Y Y Y
03 / 08 / 2014

Transaction ID : SA11Ai-CN62391

Amount of Each Receipt this Period
125

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

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

325.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 132
	<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 **300**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 04 / 2014

Transaction ID : SA11Ai-CN65247

Amount of Each Receipt this Period
100

B. Full Name (Last, First, Middle Initial)
Mr Joseph F Martino Jr

Mailing Address 700 Ocean Ave Unit 326

City Spring Lake State NJ Zip Code 07762-3503

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
03 / 17 / 2014

Transaction ID : SA11Ai-CN66723

Amount of Each Receipt this Period
200

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

Mailing Address 99 S Ridgedale Ave

City East Hanover State NJ Zip Code 07936

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

Name of Employer PSE&G Occupation Transmission Supervisor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 17 / 2014

Transaction ID : SA11Ai-CN62955

Amount of Each Receipt this Period
250

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

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

550.00

**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 132
	<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. Jennifer McClurg

Mailing Address PO Box 500129

City Austin State TX Zip Code 78750

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

Name of Employer N/A Occupation 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
03 / 17 / 2014

Transaction ID : SA11Ai-CN62435

Amount of Each Receipt this Period
2600

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

Mailing Address PO Box 500129

City Austin State TX Zip Code 78750

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

Name of Employer N/A Occupation Homemaker volunteer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **3600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11Ai-CN62986

Amount of Each Receipt this Period
1000

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

Mailing Address 12 Colonial Ln

City Riverside State CT Zip Code 06878

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

Name of Employer Sidley Austin LLP Occupation Lawyer

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
03 / 17 / 2014

Transaction ID : SA11Ai-CN63031

Amount of Each Receipt this Period
2600

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

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

6200.00

**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 132
	<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 Evangelos Megariotis Md

Mailing Address 21 Ravona St

City Clifton State NJ Zip Code 07012-1521

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

Name of Employer Self Occupation Surgeon

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt
 M M / D D / Y Y Y Y
01 / 30 / 2014

Transaction ID : SA11Ai-CN63227

Amount of Each Receipt this Period
500

B. Full Name (Last, First, Middle Initial)
Mr Evangelos Megariotis Md

Mailing Address 21 Ravona St

City Clifton State NJ Zip Code 07012-1521

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

Name of Employer Self Occupation Surgeon

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 20 / 2014

Transaction ID : SA11Ai-CN62996

Amount of Each Receipt this Period
500

C. Full Name (Last, First, Middle Initial)
Mrs Lucille W Mellish

Mailing Address 2241 Wellesley St

City Palo Alto State CA Zip Code 94306-1361

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
02 / 11 / 2014

Transaction ID : SA11Ai-CN63756

Amount of Each Receipt this Period
500

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

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

1500.00

**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 132
	<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)
Mrs Mary L Meltzer

Mailing Address 14 Edgecomb Rd

City Binghamton State NY Zip Code 13905-4017

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 24 / 2014

Transaction ID : SA11Ai-CN67318

Amount of Each Receipt this Period
300

B. Full Name (Last, First, Middle Initial)
Mr Paul Miles

Mailing Address 1077 River Rd Apt 201

City Edgewater State NJ Zip Code 07020-1353

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
03 / 10 / 2014

Transaction ID : SA11Ai-CN66355

Amount of Each Receipt this Period
500

C. Full Name (Last, First, Middle Initial)
Ms Patricia A Morris-Roworth

Mailing Address 146mt Horeb Rd

City Warren State NJ Zip Code 07059

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
03 / 19 / 2014

Transaction ID : SA11Ai-CN66877

Amount of Each Receipt this Period
100

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

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

900.00

**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 132
	<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) Mr Peter Moses		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 10 / 2014
Mailing Address 1140 5th Ave		Transaction ID : SA11Ai-CN63686
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750
Name of Employer INSURANCE	Occupation INSURANCE	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750	

Full Name (Last, First, Middle Initial) Ms. Constance Murray		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 07 / 2014
Mailing Address 629 Devon Ave		Transaction ID : SA11Ai-CN62383
City Moorestown	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250
Name of Employer DeLaney Family Chiropractic	Occupation Office manager	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250	

Full Name (Last, First, Middle Initial) Mrs Ilse M Niedermayer		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 13 / 2014
Mailing Address 911 Yorkshire Rd		Transaction ID : SA11Ai-CN66641
City Colonial Heights	State VA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 450
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 450	

SUBTOTAL of Receipts This Page (optional).....	1450.00
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 52 OF 132
	<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
900

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11Ai-CN67994

Amount of Each Receipt this Period
450

B. Full Name (Last, First, Middle Initial)
Mr Robert Nocek

Mailing Address 13 Pamrapo Ct E

City State Zip Code
Glen Rock NJ 07452-2847

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

Name of Employer Occupation
Self Sales

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000

Date of Receipt
 M M / D D / Y Y Y Y
02 / 12 / 2014

Transaction ID : SA11Ai-CN63812

Amount of Each Receipt this Period
1000

C. Full Name (Last, First, Middle Initial)
Mrs Barbara L Nunes

Mailing Address 444 Hume Ln

City State Zip Code
Bakersfield CA 93309-2428

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
250

Date of Receipt
 M M / D D / Y Y Y Y
02 / 14 / 2014

Transaction ID : SA11Ai-CN63915

Amount of Each Receipt this Period
100

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

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

1550.00

**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 132
	<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 B Paoella II

Mailing Address 14 Wyndham Dr

City Bay Head State NJ Zip Code 08742-4652

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
 02 / 10 / 2014

Transaction ID : SA11Ai-CN62246

Amount of Each Receipt this Period
 1000

B. Full Name (Last, First, Middle Initial)
Ms Grace Player

Mailing Address 426 Lilly Rd NE Apt 343

City Olympia State WA Zip Code 98506-6908

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
 01 / 28 / 2014

Transaction ID : SA11Ai-CN62530

Amount of Each Receipt this Period
 375

C. Full Name (Last, First, Middle Initial)
Ms Sharon Poole

Mailing Address 18 Lenox Rd

City Summit State NJ Zip Code 07901-3733

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 **250**

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

Transaction ID : SA11Ai-CN66043

Amount of Each Receipt this Period
 250

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

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

1625.00

**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 132
	<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 Douglas O Powell

Mailing Address 17 Club Ter

City Newport News State VA Zip Code 23606-2836

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

Name of Employer Self Occupation DOCTOR

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
01 / 28 / 2014

Transaction ID : SA11Ai-CN62867

Amount of Each Receipt this Period
250

B. Full Name (Last, First, Middle Initial)
Ms Ute B Pratt

Mailing Address 244 Valley Rd

City Hillsborough State NJ Zip Code 08844-4063

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
02 / 28 / 2014

Transaction ID : SA11Ai-CN64994

Amount of Each Receipt this Period
500

C. Full Name (Last, First, Middle Initial)
Mr. Leslie C Quick III

Mailing Address 11 Chapin Rd

City Bernardsville State NJ Zip Code 07924

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

Name of Employer MASSEY QUICK & CO Occupation FINANCIAL SERVICES

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
03 / 07 / 2014

Transaction ID : SA11Ai-CN62393

Amount of Each Receipt this Period
2600

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

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

3350.00

**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 132
	<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 Claire Rains

Mailing Address 420 41st Ave

City San Francisco State CA Zip Code 94121-1512

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **260**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 25 / 2014

Transaction ID : SA11Ai-CN67570

Amount of Each Receipt this Period
75

B. 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 **1000**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 24 / 2014

Transaction ID : SA11Ai-CN64750

Amount of Each Receipt this Period
1000

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

Mailing Address 106 W Maple Tree Dr

City Westampton State NJ Zip Code 08060-9600

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 28 / 2014

Transaction ID : SA11Ai-CN62925

Amount of Each Receipt this Period
100

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

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

1175.00

**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 132
	<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 Kenneth L Rolfe

Mailing Address 301 SE Foundation Dr

City State Zip Code
Dallas OR 97338-9755

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 21 / 2014

Transaction ID : SA11Ai-CN67072

Amount of Each Receipt this Period
150

B. Full Name (Last, First, Middle Initial)
Mr Anthony H Ryan

Mailing Address 393 Dorchester Rd

City State Zip Code
Lyme NH 03768-3900

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
250

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 14 / 2014

Transaction ID : SA11Ai-CN63962

Amount of Each Receipt this Period
250

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

Mailing Address 7 Carton Rd

City State Zip Code
Morristown NJ 07960

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

Name of Employer Occupation
RDC Golf Group President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 11 / 2014

Transaction ID : SA11Ai-CN62452

Amount of Each Receipt this Period
2600

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

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

3000.00

**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 132
	<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 Edith M Schoenborn

Mailing Address 259 Foxhound Dr

City Lafayette Hill State PA Zip Code 19444-1034

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 **500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 04 / 2014

Transaction ID : SA11Ai-CN65388

Amount of Each Receipt this Period
500

B. Full Name (Last, First, Middle Initial)
Mr Richard D Schwart

Mailing Address 960 SE Algonquian Ct

City Prineville State OR Zip Code 97754-2700

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

Name of Employer Requested Occupation Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 20 / 2014

Transaction ID : SA11Ai-CN67031

Amount of Each Receipt this Period
150

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

Mailing Address 10790 Rose Ave Unit 106

City Los Angeles State CA Zip Code 90034-4440

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 10 / 2014

Transaction ID : SA11Ai-CN66305

Amount of Each Receipt this Period
300

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

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

950.00

**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 132
	<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 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
300

Date of Receipt
 M M / D D / Y Y Y Y
03 / 05 / 2014

Transaction ID : SA11Ai-CN65675

Amount of Each Receipt this Period
100

B. Full Name (Last, First, Middle Initial)
Miss Lois A Simons

Mailing Address 3903 19th Ave NW

City State Zip Code
Rochester MN 55901-0548

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
03 / 04 / 2014

Transaction ID : SA11Ai-CN65395

Amount of Each Receipt this Period
100

C. Full Name (Last, First, Middle Initial)
Mr. Alexander M Smith

Mailing Address 1451 Martine Ave

City State Zip Code
Scotch Plains NJ 07076-2501

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

Name of Employer Occupation
AMS Solutions Inc Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500

Date of Receipt
 M M / D D / Y Y Y Y
03 / 08 / 2014

Transaction ID : SA11Ai-CN62384

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 59 OF 132
	<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 William B Snyder

Mailing Address 555 5th Ave NE Ph 2

City State Zip Code
Saint Petersburg FL 33701-2663

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
1000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2014

Transaction ID : SA11Ai-CN62723

Amount of Each Receipt this Period
1000

B. Full Name (Last, First, Middle Initial)
Mr William Spreen

Mailing Address 127 Park Rd

City State Zip Code
Fair Haven NJ 07704-3136

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
210

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11Ai-CN63049

Amount of Each Receipt this Period
50

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

Mailing Address 314 Walnut Dr

City State Zip Code
Nashville TN 37205-2916

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

Name of Employer Requested Occupation Requested
NONE HOMEMAKER

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
 01 / 28 / 2014

Transaction ID : SA11Ai-CN62845

Amount of Each Receipt this Period
500

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

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

1550.00

**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 132
	<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 G Steiner

Mailing Address 600 W Broadway
Ste 2600

City San Diego State CA Zip Code 92101-3372

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

Name of Employer McKenna Long & Aldridge LLP Occupation Lawyer

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
 02 / 11 / 2014

Transaction ID : SA11Ai-CN63747

Amount of Each Receipt this Period
250

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

Mailing Address 382 Centerton Rd

City Bridgeton State NJ Zip Code 08302

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

Name of Employer G & G Communications Inc. Occupation President

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
 03 / 02 / 2014

Transaction ID : SA11Ai-CN62321

Amount of Each Receipt this Period
250

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

Mailing Address 17 Cathedral Ave

City Florham Park State NJ Zip Code 07932-2520

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
 02 / 03 / 2014

Transaction ID : SA11Ai-CN63458

Amount of Each Receipt this Period
500

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

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

1000.00

**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 61 OF 132
	<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 Tomanelli

Mailing Address 3540 Chapel Hill Blvd

City: Clermont State: FL Zip Code: 34711-5731

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: **03 / 31 / 2014**

Transaction ID : SA11Ai-CN63059

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

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

Mailing Address 701 Oak Ln

City: Franklin Lakes State: NJ Zip Code: 07417-2308

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: **03 / 04 / 2014**

Transaction ID : SA11Ai-CN65361

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

C. 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: **205**

Date of Receipt: **03 / 24 / 2014**

Transaction ID : SA11Ai-CN67412

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

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

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

535.00

**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 132
	<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)
Dorothy J Troutman

Mailing Address 925 Old Indian Mills Rd

City State Zip Code
Tabernacle NJ 08088

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

Name of Employer Occupation
Needleman Management Co Realty

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
03 / 05 / 2014

Transaction ID : SA11Ai-CN62344

Amount of Each Receipt this Period
250

B. Full Name (Last, First, Middle Initial)
Fredrick Vahlsing

Mailing Address 1014 Cherry Hill Rd

City State Zip Code
Princeton NJ 08540

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

Name of Employer Occupation
EME Inc CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 14 / 2014

Transaction ID : SA11Ai-CN62429

Amount of Each Receipt this Period
2000

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

Mailing Address 1909 Canterbury St

City State Zip Code
Irving TX 75062-3551

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 Y Y
01 / 28 / 2014

Transaction ID : SA11Ai-CN62495

Amount of Each Receipt this Period
500

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

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

2750.00

**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 132
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Longan For Congress

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

Mailing Address 1909 Canterbury St

City Irving State TX Zip Code 75062-3551

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **550**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 10 / 2014

Transaction ID : SA11Ai-CN66370

Amount of Each Receipt this Period
50

B. Full Name (Last, First, Middle Initial)
Mr Victor V Vandamme

Mailing Address 5113 Patricia Ave

City Las Vegas State NV Zip Code 89130-2609

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
03 / 24 / 2014

Transaction ID : SA11Ai-CN67349

Amount of Each Receipt this Period
200

C. Full Name (Last, First, Middle Initial)
Ms. Georgina M. Vastola

Mailing Address 19 Bond Avenue

City Lavallette State NJ Zip Code 08735

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

Name of Employer **Requested** Occupation **Requested**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 10 / 2014

Transaction ID : SA11Ai-CN62248

Amount of Each Receipt this Period
300

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

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

550.00

**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 132
	<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 Helen Von Quintus

Mailing Address **PO Box 151685**

City **Austin** State **TX** Zip Code **78715-1685**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 24 / 2014

Transaction ID : SA11Ai-CN67257

Amount of Each Receipt this Period
100

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

Mailing Address **2824 Wesley Ave**

City **Ocean City** State **NJ** Zip Code **08226-2342**

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

Name of Employer **None** Occupation **Retired**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 05 / 2014

Transaction ID : SA11Ai-CN65654

Amount of Each Receipt this Period
250

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

Mailing Address **2824 Wesley Ave**

City **Ocean City** State **NJ** Zip Code **08226-2342**

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

Name of Employer **None** Occupation **Retired**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

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

Transaction ID : SA11Ai-CN67880

Amount of Each Receipt this Period
250

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 132
	<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 Daniel Walsh

Mailing Address 4 N 32nd Ave

City Longport State NJ Zip Code 08403-1524

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

Name of Employer Unemployed Occupation Project Manager-Engineer

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
 03 / 28 / 2014

Transaction ID : SA11Ai-CN67755

Amount of Each Receipt this Period
 150

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

Mailing Address 103 Mineral Springs Rd

City Highland Mills State NY Zip Code 10930-6228

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **400**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2014

Transaction ID : SA11Ai-CN65472

Amount of Each Receipt this Period
 200

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 **500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2014

Transaction ID : SA11Ai-CN66934

Amount of Each Receipt this Period
 100

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 66 OF 132
	<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) Mr William Walsh		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2014
Mailing Address 906 Santa Hidalga		Transaction ID : SA11Ai-CN67044
City Solana Beach	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100
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 250	

Full Name (Last, First, Middle Initial) Ms Jean Warren		Date of Receipt M M / D D / Y Y Y Y 01 / 28 / 2014
Mailing Address 2410 NW Grand Cir		Transaction ID : SA11Ai-CN62749
City Oklahoma City	State OK	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250
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 250	

Full Name (Last, First, Middle Initial) Ms Jean Warren		Date of Receipt M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address 2410 NW Grand Cir		Transaction ID : SA11Ai-CN65493
City Oklahoma City	State OK	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100
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 350	

SUBTOTAL of Receipts This Page (optional).....	450.00
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 67 OF 132
	<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. Patricia L Watson

Mailing Address 1385 Cooper St

City State Zip Code
Deptford NJ 08096

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

Name of Employer Occupation
KM Systems Inc owner

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
03 / 31 / 2014

Transaction ID : SA11Ai-CN62969

Amount of Each Receipt this Period
500

B. Full Name (Last, First, Middle Initial)
Mr Walter Williams

Mailing Address 1100 SW Shoreline Dr Apt 325

City State Zip Code
Palm City FL 34990-4545

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
400

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

Transaction ID : SA11Ai-CN65937

Amount of Each Receipt this Period
200

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

Mailing Address 620 Sand Hill Rd Apt 413g

City State Zip Code
Palo Alto CA 94304-2085

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
300

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 10 / 2014

Transaction ID : SA11Ai-CN66490

Amount of Each Receipt this Period
100

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

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

800.00

105681.00

**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 132
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Lonigan For Congress

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

Mailing Address 212 Larch Ave

City Bogota State NJ Zip Code 07603

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

Name of Employer Candidate Occupation None

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11D-CN68002

Amount of Each Receipt this Period
2600

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

Mailing Address 212 Larch Ave

City Bogota State NJ Zip Code 07603

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

Name of Employer Candidate Occupation None

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5000**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11D-CN68003

Amount of Each Receipt this Period
2400

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

Mailing Address

City State Zip Code

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

Name of Employer Candidate Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

5000.00

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 132
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Lonegan For Congress

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

Mailing Address 212 Larch Ave

City Bogota State NJ Zip Code 07603

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

Name of Employer None Occupation Candidate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
25000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 15 / 2014

Transaction ID : SA13a-LN5

Amount of Each Receipt this Period
25000

Loan

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

Mailing Address 212 Larch Ave

City Bogota State NJ Zip Code 07603

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

Name of Employer None Occupation Candidate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
75000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 29 / 2014

Transaction ID : SA13a-LN6

Amount of Each Receipt this Period
75000

Loan

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

Mailing Address

City State Zip Code

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

Name of Employer 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).....

100000.00

100000.00

**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 132
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Longan For Congress

A. Full Name (Last, First, Middle Initial)
Best Buy

Mailing Address 52 Chambers Bridge Rd

City State Zip Code
Brick NJ 08723

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
624.73

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 26 / 2014

Transaction ID : SA14-ER11

Amount of Each Receipt this Period
624.73

Expenditure Refund

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

624.73

624.73

**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 71 OF 132			
	<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. Trail Blazer Campaign Services Inc.			Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014
Mailing Address 620 Mendelssohn Avenue N Suite 186			Amount of Each Disbursement this Period 997.00
City Golden Valley	State MN	Zip Code 55427	Transaction ID : SB17-EX2060
Purpose of Disbursement Software Licensing	Category/Type 001		
Candidate Name			Software Licensing
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. Trail Blazer Campaign Services Inc.			Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 620 Mendelssohn Avenue N Suite 186			Amount of Each Disbursement this Period 997.00
City Golden Valley	State MN	Zip Code 55427	Transaction ID : SB17-EX2061
Purpose of Disbursement Software Licensing	Category/Type 001		
Candidate Name			Software Licensing
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 02 / 10 / 2014
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 11.84
City Minnetonka	State MN	Zip Code 55343	Transaction ID : SB17-EX2100
Purpose of Disbursement Credit Card Fee	Category/Type 001		
Candidate Name			Credit Card Fee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	2005.84
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 72 OF 132	
	<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 02 / 11 / 2014	
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 41.36	
City Minnetonka	State MN	Zip Code 55343	Transaction ID : SB17-EX2101	
Purpose of Disbursement Credit Card Fee		Category/ Type 001	Credit Card Fee	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

Full Name (Last, First, Middle Initial) B. Vanco Services LLC			Date of Disbursement MM / DD / YYYY 02 / 12 / 2014	
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 2.97	
City Minnetonka	State MN	Zip Code 55343	Transaction ID : SB17-EX2102	
Purpose of Disbursement Credit Card Fee		Category/ Type 001	Credit Card Fee	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

Full Name (Last, First, Middle Initial) c. Vanco Services LLC			Date of Disbursement MM / DD / YYYY 02 / 13 / 2014	
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 12.40	
City Minnetonka	State MN	Zip Code 55343	Transaction ID : SB17-EX2103	
Purpose of Disbursement Credit Card Fee		Category/ Type 001	Credit Card Fee	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	56.73
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 73 OF 132			
	<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 02 / 14 / 2014
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 3.95
City Minnetonka	State MN	Zip Code 55343	Transaction ID : SB17-EX2104
Purpose of Disbursement Credit Card Fee		001 Category/ Type	
Candidate Name			Credit Card Fee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		
State:	District:		

Full Name (Last, First, Middle Initial) B. Vanco Services LLC			Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 67.50
City Minnetonka	State MN	Zip Code 55343	Transaction ID : SB17-EX2105
Purpose of Disbursement Credit Card Fee		001 Category/ Type	
Candidate Name			Credit Card Fee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		
State:	District:		

Full Name (Last, First, Middle Initial) c. Vanco Services LLC			Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2014
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 2.20
City Minnetonka	State MN	Zip Code 55343	Transaction ID : SB17-EX2106
Purpose of Disbursement Credit Card Fee		001 Category/ Type	
Candidate Name			Credit Card Fee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	73.65
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 74 OF 132			
	<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 02 / 21 / 2014
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 1.41
City Minnetonka	State MN	Zip Code 55343	Transaction ID : SB17-EX2107
Purpose of Disbursement Credit Card Fee		001 Category/ Type	
Candidate Name			Credit Card Fee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		
State:	District:		

Full Name (Last, First, Middle Initial) B. Vanco Services LLC			Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 5.07
City Minnetonka	State MN	Zip Code 55343	Transaction ID : SB17-EX2108
Purpose of Disbursement Credit Card Fee		001 Category/ Type	
Candidate Name			Credit Card Fee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		
State:	District:		

Full Name (Last, First, Middle Initial) c. Vanco Services LLC			Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 18.34
City Minnetonka	State MN	Zip Code 55343	Transaction ID : SB17-EX2109
Purpose of Disbursement Credit Card Fee		001 Category/ Type	
Candidate Name			Credit Card Fee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	24.82
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 75 OF 132	
	<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 02 / 26 / 2014	
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 9.60	
City Minnetonka	State MN	Zip Code 55343	Transaction ID : SB17-EX2110	
Purpose of Disbursement Credit Card Fee		Category/ Type 001	Credit Card Fee	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

Full Name (Last, First, Middle Initial) B. Vanco Services LLC			Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014	
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 7.94	
City Minnetonka	State MN	Zip Code 55343	Transaction ID : SB17-EX2111	
Purpose of Disbursement Credit Card Fee		Category/ Type 001	Credit Card Fee	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

Full Name (Last, First, Middle Initial) c. Vanco Services LLC			Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014	
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 6.23	
City Minnetonka	State MN	Zip Code 55343	Transaction ID : SB17-EX2112	
Purpose of Disbursement Credit Card Fee		Category/ Type 001	Credit Card Fee	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	23.77
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 76 OF 132	
	<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 03 / 03 / 2014	
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 10.82	
City Minnetonka	State MN	Zip Code 55343	Transaction ID : SB17-EX2113	
Purpose of Disbursement Credit Card Fee		Category/ Type 001	Credit Card Fee	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

Full Name (Last, First, Middle Initial) B. Vanco Services LLC			Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014	
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 21.67	
City Minnetonka	State MN	Zip Code 55343	Transaction ID : SB17-EX2114	
Purpose of Disbursement Credit Card Fee		Category/ Type 001	Credit Card Fee	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

Full Name (Last, First, Middle Initial) c. Vanco Services LLC			Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014	
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 5.04	
City Minnetonka	State MN	Zip Code 55343	Transaction ID : SB17-EX2115	
Purpose of Disbursement Credit Card Fee		Category/ Type 001	Credit Card Fee	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	37.53
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 77 OF 132			
	<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 03 / 06 / 2014
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 6.17
City Minnetonka	State MN	Zip Code 55343	
Purpose of Disbursement Credit Card Fee		Category/ Type 001	Transaction ID : SB17-EX2116
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 Fee
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. Vanco Services LLC			Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 19.18
City Minnetonka	State MN	Zip Code 55343	
Purpose of Disbursement Credit Card Fee		Category/ Type 001	Transaction ID : SB17-EX2117
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 Fee
State: _____	District: _____		

Full Name (Last, First, Middle Initial) c. Vanco Services LLC			Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 13.40
City Minnetonka	State MN	Zip Code 55343	
Purpose of Disbursement Credit Card Fee		Category/ Type 001	Transaction ID : SB17-EX2118
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 Fee
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional).....	38.75
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 78 OF 132			
	<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 03 / 10 / 2014	
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 33.58	
City Minnetonka	State MN	Zip Code 55343	Transaction ID : SB17-EX2119	
Purpose of Disbursement Credit Card Fee		Category/ Type 001	Credit Card Fee	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

Full Name (Last, First, Middle Initial) B. Vanco Services LLC			Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014	
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 17.95	
City Minnetonka	State MN	Zip Code 55343	Transaction ID : SB17-EX2120	
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 03 / 14 / 2014	
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 1.14	
City Minnetonka	State MN	Zip Code 55343	Transaction ID : SB17-EX2121	
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).....	52.67
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 79 OF 132	
	<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 03 / 17 / 2014	
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 6.15	
City Minnetonka	State MN	Zip Code 55343	Transaction ID : SB17-EX2122	
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 03 / 17 / 2014	
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 47.85	
City Minnetonka	State MN	Zip Code 55343	Transaction ID : SB17-EX2123	
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 03 / 19 / 2014	
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 65.56	
City Minnetonka	State MN	Zip Code 55343	Transaction ID : SB17-EX2124	
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).....	119.56
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 80 OF 132			
	<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 03 / 19 / 2014
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 71.47 Transaction ID : SB17-EX2125
City Minnetonka	State MN	Zip Code 55343	
Purpose of Disbursement Credit Card Fee		Category/ Type 001	Credit Card Fee
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. Vanco Services LLC			Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 6.22 Transaction ID : SB17-EX2126
City Minnetonka	State MN	Zip Code 55343	
Purpose of Disbursement Credit Card Fee		Category/ Type 001	Credit Card Fee
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) c. Vanco Services LLC			Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 11.65 Transaction ID : SB17-EX2127
City Minnetonka	State MN	Zip Code 55343	
Purpose of Disbursement Credit Card Fee		Category/ Type 001	Credit Card Fee
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional).....	71.47
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 81 OF 132	
	<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 03 / 25 / 2014	
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 7.82	
City Minnetonka	State MN	Zip Code 55343	Transaction ID : SB17-EX2128	
Purpose of Disbursement Credit Card Fee		Category/ Type 001	Credit Card Fee	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

Full Name (Last, First, Middle Initial) B. Vanco Services LLC			Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014	
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 3.95	
City Minnetonka	State MN	Zip Code 55343	Transaction ID : SB17-EX2129	
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 03 / 27 / 2014	
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 14.79	
City Minnetonka	State MN	Zip Code 55343	Transaction ID : SB17-EX2130	
Purpose of Disbursement Credit Card Fee		Category/ Type 001	Credit Card Fee	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	26.56
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 82 OF 132		
	<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 03 / 28 / 2014
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 6.41
City Minnetonka	State MN	Zip Code 55343	
Purpose of Disbursement Credit Card Fee		Category/ Type 001	Transaction ID : SB17-EX2131
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 Fee
State: District:			

Full Name (Last, First, Middle Initial) B. The Printing Express LLC			Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2014
Mailing Address 21 Warehouse Road			Amount of Each Disbursement this Period 2988.05
City Harrisonburg	State VA	Zip Code 22801	
Purpose of Disbursement Postage		Category/ Type 001	Transaction ID : SB17-EX2027
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		Postage
State: District:			

Full Name (Last, First, Middle Initial) c. The Printing Express LLC			Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 21 Warehouse Road			Amount of Each Disbursement this Period 17718.41
City Harrisonburg	State VA	Zip Code 22801	
Purpose of Disbursement Fundraising Supplies		Category/ Type 001	Transaction ID : SB17-EX2028
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		Fundraising Supplies
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	20712.87
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 83 OF 132	
	<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. The Printing Express LLC			Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014	
Mailing Address 21 Warehouse Road			Amount of Each Disbursement this Period 741.80	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : SB17-EX2029	
Purpose of Disbursement Printing		Category/ Type 001	Printing	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

Full Name (Last, First, Middle Initial) B. The Printing Express LLC			Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014	
Mailing Address 21 Warehouse Road			Amount of Each Disbursement this Period 898.98	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : SB17-EX3136	
Purpose of Disbursement Printing		Category/ Type 001	Printing	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

Full Name (Last, First, Middle Initial) c. Leadership Marketing Group Inc.			Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2014	
Mailing Address 2476 Nimmo Parkway Suite 115-266			Amount of Each Disbursement this Period 625.00	
City Virginia Beach	State VA	Zip Code 23456	Transaction ID : SB17-EX2066	
Purpose of Disbursement Internet Consulting		Category/ Type 001	Internet Consulting	
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).....	2265.78
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 84 OF 132			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Lonegan For Congress

Full Name (Last, First, Middle Initial) A. Leadership Marketing Group Inc.		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 2476 Nimmo Parkway Suite 115-266		Amount of Each Disbursement this Period 625.00
City Virginia Beach State VA Zip Code 23456	Purpose of Disbursement Internet Consulting	Transaction ID : SB17-EX2067
Candidate Name	Category/Type 001	Internet Consulting
Office Sought: House Senate 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. Leadership Marketing Group Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 2476 Nimmo Parkway Suite 115-266		Amount of Each Disbursement this Period 625.00
City Virginia Beach State VA Zip Code 23456	Purpose of Disbursement Internet Consulting	Transaction ID : SB17-EX2068
Candidate Name	Category/Type 001	Internet Consulting
Office Sought: House Senate 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. Leadership Marketing Group Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 2476 Nimmo Parkway Suite 115-266		Amount of Each Disbursement this Period 625.00
City Virginia Beach State VA Zip Code 23456	Purpose of Disbursement Internet Consulting	Transaction ID : SB17-EX2069
Candidate Name	Category/Type 001	Internet Consulting
Office Sought: House Senate 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).....	1875.00
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 85 OF 132	
	<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. Leadership Marketing Group Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 2476 Nimmo Parkway Suite 115-266		Amount of Each Disbursement this Period 625.00
City Virginia Beach State VA Zip Code 23456	Purpose of Disbursement Internet Consulting	Transaction ID : SB17-EX2070
Candidate Name	Category/Type 001	Internet Consulting
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. Staples		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 557 Route 17 South		Amount of Each Disbursement this Period 182.92
City Paramus State NJ Zip Code 07652	Purpose of Disbursement Office Supplies	Transaction ID : SB17-EX1958
Candidate Name	Category/Type 001	Office Supplies
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. Staples		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2014
Mailing Address 557 Route 17 South		Amount of Each Disbursement this Period 145.68
City Paramus State NJ Zip Code 07652	Purpose of Disbursement Office Supplies	Transaction ID : SB17-EX1959
Candidate Name	Category/Type 001	Office Supplies
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).....	953.60
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 86 OF 132		
	<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. Staples		Date of Disbursement MM / DD / YYYY 02 / 07 / 2014
Mailing Address 557 Route 17 South		Amount of Each Disbursement this Period 185.92
City Paramus	State NJ	
Zip Code 07652	Purpose of Disbursement Office Supplies	Transaction ID : SB17-EX1960
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Office Supplies
State: District:		

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement MM / DD / YYYY 02 / 10 / 2014
Mailing Address 557 Route 17 South		Amount of Each Disbursement this Period 41.18
City Paramus	State NJ	
Zip Code 07652	Purpose of Disbursement Office Supplies	Transaction ID : SB17-EX1961
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Office Supplies
State: District:		

Full Name (Last, First, Middle Initial) c. Staples		Date of Disbursement MM / DD / YYYY 02 / 11 / 2014
Mailing Address 557 Route 17 South		Amount of Each Disbursement this Period 287.30
City Paramus	State NJ	
Zip Code 07652	Purpose of Disbursement Office Supplies	Transaction ID : SB17-EX1962
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Office Supplies
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	514.40
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 87 OF 132		
	<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. Staples		Date of Disbursement MM / DD / YYYY 02 / 18 / 2014
Mailing Address 557 Route 17 South		Amount of Each Disbursement this Period 29.43
City Paramus	State NJ	
Zip Code 07652	Purpose of Disbursement Office Supplies	Transaction ID : SB17-EX1963
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Office Supplies
State: District:		

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement MM / DD / YYYY 02 / 20 / 2014
Mailing Address 557 Route 17 South		Amount of Each Disbursement this Period 42.87
City Paramus	State NJ	
Zip Code 07652	Purpose of Disbursement Office Supplies	Transaction ID : SB17-EX1964
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Office Supplies
State: District:		

Full Name (Last, First, Middle Initial) c. Staples		Date of Disbursement MM / DD / YYYY 02 / 21 / 2014
Mailing Address 557 Route 17 South		Amount of Each Disbursement this Period 184.56
City Paramus	State NJ	
Zip Code 07652	Purpose of Disbursement Office Supplies	Transaction ID : SB17-EX1965
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Office Supplies
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	256.86
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 88 OF 132		
	<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. Staples		Date of Disbursement MM / DD / YYYY 02 / 24 / 2014
Mailing Address 557 Route 17 South		Amount of Each Disbursement this Period 8.00
City Paramus	State NJ	
Zip Code 07652	Purpose of Disbursement Office Supplies	Transaction ID : SB17-EX1966
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Office Supplies
State: District:		

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement MM / DD / YYYY 02 / 24 / 2014
Mailing Address 557 Route 17 South		Amount of Each Disbursement this Period 23.29
City Paramus	State NJ	
Zip Code 07652	Purpose of Disbursement Office Supplies	Transaction ID : SB17-EX1967
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Office Supplies
State: District:		

Full Name (Last, First, Middle Initial) c. Staples		Date of Disbursement MM / DD / YYYY 02 / 26 / 2014
Mailing Address 557 Route 17 South		Amount of Each Disbursement this Period 144.40
City Paramus	State NJ	
Zip Code 07652	Purpose of Disbursement Office Supplies	Transaction ID : SB17-EX1968
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Office Supplies
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	175.69
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 89 OF 132		
	<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. Staples		Date of Disbursement MM / DD / YYYY 02 / 26 / 2014
Mailing Address 557 Route 17 South		Amount of Each Disbursement this Period 37.43
City Paramus	State NJ	
Zip Code 07652	Purpose of Disbursement Office Supplies	Transaction ID : SB17-EX1969
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	Office Supplies
State: District:		

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement MM / DD / YYYY 03 / 03 / 2014
Mailing Address 557 Route 17 South		Amount of Each Disbursement this Period 35.28
City Paramus	State NJ	
Zip Code 07652	Purpose of Disbursement Office Supplies	Transaction ID : SB17-EX1970
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	Office Supplies
State: District:		

Full Name (Last, First, Middle Initial) c. Staples		Date of Disbursement MM / DD / YYYY 03 / 03 / 2014
Mailing Address 557 Route 17 South		Amount of Each Disbursement this Period 56.92
City Paramus	State NJ	
Zip Code 07652	Purpose of Disbursement Office Supplies	Transaction ID : SB17-EX1971
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	Office Supplies
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	129.63
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 90 OF 132			
	<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. Staples		Date of Disbursement MM / DD / YYYY 03 / 03 / 2014
Mailing Address 557 Route 17 South		Amount of Each Disbursement this Period 120.36
City Paramus	State NJ	
Zip Code 07652	Purpose of Disbursement Office Supplies	Transaction ID : SB17-EX1972
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	Office Supplies
State: District:		

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement MM / DD / YYYY 03 / 06 / 2014
Mailing Address 557 Route 17 South		Amount of Each Disbursement this Period 6.93
City Paramus	State NJ	
Zip Code 07652	Purpose of Disbursement Office Supplies	Transaction ID : SB17-EX1973
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	Office Supplies
State: District:		

Full Name (Last, First, Middle Initial) c. Staples		Date of Disbursement MM / DD / YYYY 03 / 14 / 2014
Mailing Address 557 Route 17 South		Amount of Each Disbursement this Period 18.18
City Paramus	State NJ	
Zip Code 07652	Purpose of Disbursement Office Supplies	Transaction ID : SB17-EX1974
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	Office Supplies
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	145.47
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 132			
	<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. Staples		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 557 Route 17 South		Amount of Each Disbursement this Period 67.12
City Paramus	State NJ	
Zip Code 07652	Purpose of Disbursement Office Supplies	Transaction ID : SB17-EX1975
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Office Supplies
State: District:		

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014
Mailing Address 557 Route 17 South		Amount of Each Disbursement this Period 132.65
City Paramus	State NJ	
Zip Code 07652	Purpose of Disbursement Office Supplies	Transaction ID : SB17-EX1977
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Office Supplies
State: District:		

Full Name (Last, First, Middle Initial) c. Staples		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014
Mailing Address 557 Route 17 South		Amount of Each Disbursement this Period 55.45
City Paramus	State NJ	
Zip Code 07652	Purpose of Disbursement Office Supplies	Transaction ID : SB17-EX1978
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Office Supplies
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	255.22
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 132	
	<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. Staples		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 557 Route 17 South		Amount of Each Disbursement this Period 34.88
City Paramus State NJ Zip Code 07652	Purpose of Disbursement Office Supplies 001	
Candidate Name		Transaction ID : SB17-EX1979
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: _____	Office Supplies	

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address 557 Route 17 South		Amount of Each Disbursement this Period 168.58
City Paramus State NJ Zip Code 07652	Purpose of Disbursement Office Supplies 001	
Candidate Name		Transaction ID : SB17-EX1980
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: _____	Office Supplies	

Full Name (Last, First, Middle Initial) c. Staples		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address 557 Route 17 South		Amount of Each Disbursement this Period 114.31
City Paramus State NJ Zip Code 07652	Purpose of Disbursement Office Supplies 001	
Candidate Name		Transaction ID : SB17-EX1981
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: _____	Office Supplies	

SUBTOTAL of Disbursements This Page (optional).....	317.77
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 132	
	<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. Staples		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 557 Route 17 South		Amount of Each Disbursement this Period 177.61
City Paramus	State NJ	
Zip Code 07652	Purpose of Disbursement Office Supplies	Transaction ID : SB17-EX1982
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	Office Supplies
State: _____ District: _____		

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 557 Route 17 South		Amount of Each Disbursement this Period 14.74
City Paramus	State NJ	
Zip Code 07652	Purpose of Disbursement Office Supplies	Transaction ID : SB17-EX1983
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	Office Supplies
State: _____ District: _____		

Full Name (Last, First, Middle Initial) c. United States Postal Service		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014
Mailing Address 143 E Ridgewood Ave		Amount of Each Disbursement this Period 162.40
City Ridgewood	State NJ	
Zip Code 07450	Purpose of Disbursement Postage	Transaction ID : SB17-EX2008
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	Postage
State: _____ District: _____		

SUBTOTAL of Disbursements This Page (optional).....	354.75
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 132			
	<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. United States Postal Service			Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014
Mailing Address 143 E Ridgewood Ave			Amount of Each Disbursement this Period 26.40
City Ridgewood	State NJ	Zip Code 07450	
Purpose of Disbursement Postage	Candidate Name		Transaction ID : SB17-EX2009
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:	Category/Type 001		Postage

Full Name (Last, First, Middle Initial) B. United States Postal Service			Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2014
Mailing Address 143 E Ridgewood Ave			Amount of Each Disbursement this Period 49.00
City Ridgewood	State NJ	Zip Code 07450	
Purpose of Disbursement Postage	Candidate Name		Transaction ID : SB17-EX2010
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:	Category/Type 001		Postage

Full Name (Last, First, Middle Initial) C. United States Postal Service			Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2014
Mailing Address 143 E Ridgewood Ave			Amount of Each Disbursement this Period 490.00
City Ridgewood	State NJ	Zip Code 07450	
Purpose of Disbursement Postage	Candidate Name		Transaction ID : SB17-EX2011
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:	Category/Type 001		Postage

SUBTOTAL of Disbursements This Page (optional).....	565.40
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 132			
	<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. United States Postal Service			Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address 143 E Ridgewood Ave			Amount of Each Disbursement this Period 9,999,999.99 5.22
City Ridgewood	State NJ	Zip Code 07450	
Purpose of Disbursement Postage		Category/ Type 001	Transaction ID : SB17-EX2012
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		Postage
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. United States Postal Service			Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address 143 E Ridgewood Ave			Amount of Each Disbursement this Period 9,999,999.99 498.40
City Ridgewood	State NJ	Zip Code 07450	
Purpose of Disbursement Postage		Category/ Type 001	Transaction ID : SB17-EX2013
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		Postage
State: _____	District: _____		

Full Name (Last, First, Middle Initial) C. United States Postal Service			Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address 143 E Ridgewood Ave			Amount of Each Disbursement this Period 9,999,999.99 420.00
City Ridgewood	State NJ	Zip Code 07450	
Purpose of Disbursement Postage		Category/ Type 001	Transaction ID : SB17-EX2014
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		Postage
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional).....	923.62
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 132			
	<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. United States Postal Service			Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address 143 E Ridgewood Ave			Amount of Each Disbursement this Period 330.00
City Ridgewood	State NJ	Zip Code 07450	
Purpose of Disbursement Postage	Candidate Name		Transaction ID : SB17-EX2015
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:	Category/Type 001		Postage

Full Name (Last, First, Middle Initial) B. United States Postal Service			Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address 143 E Ridgewood Ave			Amount of Each Disbursement this Period 616.20
City Ridgewood	State NJ	Zip Code 07450	
Purpose of Disbursement Postage	Candidate Name		Transaction ID : SB17-EX2016
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:	Category/Type 001		Postage

Full Name (Last, First, Middle Initial) c. United States Postal Service			Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address 143 E Ridgewood Ave			Amount of Each Disbursement this Period 196.00
City Ridgewood	State NJ	Zip Code 07450	
Purpose of Disbursement Postage	Candidate Name		Transaction ID : SB17-EX2017
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:	Category/Type 001		Postage

SUBTOTAL of Disbursements This Page (optional).....	1142.20
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 132			
	<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. United States Postal Service			Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 143 E Ridgewood Ave			Amount of Each Disbursement this Period 6.49
City Ridgewood	State NJ	Zip Code 07450	
Purpose of Disbursement Postage	Candidate Name		Transaction ID : SB17-EX2018
	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		Postage
State: District:			

Full Name (Last, First, Middle Initial) B. United States Postal Service			Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address 143 E Ridgewood Ave			Amount of Each Disbursement this Period 204.00
City Ridgewood	State NJ	Zip Code 07450	
Purpose of Disbursement Postage	Candidate Name		Transaction ID : SB17-EX2019
	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		Postage
State: District:			

Full Name (Last, First, Middle Initial) C. United States Postal Service			Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 143 E Ridgewood Ave			Amount of Each Disbursement this Period 784.00
City Ridgewood	State NJ	Zip Code 07450	
Purpose of Disbursement Postage	Candidate Name		Transaction ID : SB17-EX2020
	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		Postage
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	994.49
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 132	
	<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. United States Postal Service			Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 143 E Ridgewood Ave			Amount of Each Disbursement this Period 5.60
City Ridgewood	State NJ	Zip Code 07450	
Purpose of Disbursement Postage	Candidate Name		Transaction ID : SB17-EX2021
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:	Category/Type 001		Postage

Full Name (Last, First, Middle Initial) B. United States Postal Service			Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 143 E Ridgewood Ave			Amount of Each Disbursement this Period 588.00
City Ridgewood	State NJ	Zip Code 07450	
Purpose of Disbursement Postage	Candidate Name		Transaction ID : SB17-EX2022
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:	Category/Type 001		Postage

Full Name (Last, First, Middle Initial) c. United States Postal Service			Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014
Mailing Address 143 E Ridgewood Ave			Amount of Each Disbursement this Period 3.00
City Ridgewood	State NJ	Zip Code 07450	
Purpose of Disbursement Postage	Candidate Name		Transaction ID : SB17-EX2023
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:	Category/Type 001		Postage

SUBTOTAL of Disbursements This Page (optional).....	596.60
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 132		
	<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. United States Postal Service		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address 143 E Ridgewood Ave		Amount of Each Disbursement this Period 92.00 Transaction ID : SB17-EX2024
City Ridgewood	State NJ	
Purpose of Disbursement Postage	Category/ Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Postage
State: District:		

Full Name (Last, First, Middle Initial) B. United States Postal Service		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 143 E Ridgewood Ave		Amount of Each Disbursement this Period 30.10 Transaction ID : SB17-EX2025
City Ridgewood	State NJ	
Purpose of Disbursement Postage	Category/ Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Postage
State: District:		

Full Name (Last, First, Middle Initial) C. United States Postal Service		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 143 E Ridgewood Ave		Amount of Each Disbursement this Period 42.00 Transaction ID : SB17-EX2026
City Ridgewood	State NJ	
Purpose of Disbursement Postage	Category/ Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Postage
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	92.00
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 100 OF 132	
	<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. Treasurer State Of New Jersey		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2014
Mailing Address PO Box 111		Amount of Each Disbursement this Period 244.13
City Trenton State NJ Zip Code 08625	Purpose of Disbursement Payroll Taxes	Transaction ID : SB17-EX2030
Candidate Name	Category/Type 001	Payroll Taxes
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. Treasurer State Of New Jersey		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address PO Box 111		Amount of Each Disbursement this Period 162.22
City Trenton State NJ Zip Code 08625	Purpose of Disbursement Payroll Taxes	Transaction ID : SB17-EX2031
Candidate Name	Category/Type 001	Payroll Taxes
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. MoreInformation.NET LLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address P.O. Box 1198		Amount of Each Disbursement this Period 3000.00
City Forest State VA Zip Code 24551	Purpose of Disbursement Communication Consulting	Transaction ID : SB17-EX2032
Candidate Name	Category/Type 001	Communication Consulting
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).....	3406.35
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 132	
	<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. MoreInformation.NET LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address P.O. Box 1198		Amount of Each Disbursement this Period 4125.00
City Forest State VA Zip Code 24551	Purpose of Disbursement Communication Consulting	Transaction ID : SB17-EX2033
Candidate Name	Category/Type 001	Communication Consulting
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. MoreInformation.NET LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address P.O. Box 1198		Amount of Each Disbursement this Period 4008.00
City Forest State VA Zip Code 24551	Purpose of Disbursement Communication Consulting	Transaction ID : SB17-EX2034
Candidate Name	Category/Type 001	Communication Consulting
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. Obed Bazakian		Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014
Mailing Address 38 E. Ridgewood Avenue #181		Amount of Each Disbursement this Period 1179.33
City Ridgewood State NJ Zip Code 07450	Purpose of Disbursement Payroll	Transaction ID : SB17-EX2056
Candidate Name	Category/Type 001	Payroll
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	9312.33
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 132	
	<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. Obed Bazakian		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address 38 E. Ridgewood Avenue #181		Amount of Each Disbursement this Period 1179.34
City Ridgewood State NJ Zip Code 07450	Purpose of Disbursement Payroll	001 Category/ Type
Candidate Name	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Payroll
Transaction ID : SB17-EX2057		

Full Name (Last, First, Middle Initial) B. Obed Bazakian		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address 38 E. Ridgewood Avenue #181		Amount of Each Disbursement this Period 1179.33
City Ridgewood State NJ Zip Code 07450	Purpose of Disbursement Payroll	001 Category/ Type
Candidate Name	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Payroll
Transaction ID : SB17-EX2058		

Full Name (Last, First, Middle Initial) c. Gretchen Hahn		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 38 E. Ridgewood Avenue #181		Amount of Each Disbursement this Period 1097.00
City Ridgewood State NJ Zip Code 07450	Purpose of Disbursement Fundraising Consulting	001 Category/ Type
Candidate Name	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Fundraising Consulting
Transaction ID : SB17-EX2059		

SUBTOTAL of Disbursements This Page (optional).....	3455.67
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 103 OF 132	
	<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. Christopher Santora		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address 38 E. Ridgewood Avenue #181		Amount of Each Disbursement this Period 3546.52
City Ridgewood	State NJ	
Zip Code 07450	Purpose of Disbursement Payroll	Transaction ID : SB17-EX1986
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Payroll
State: District:		

Full Name (Last, First, Middle Initial) B. Christopher Santora		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 38 E. Ridgewood Avenue #181		Amount of Each Disbursement this Period 249.50
City Ridgewood	State NJ	
Zip Code 07450	Purpose of Disbursement See Memo Item Below	Transaction ID : SB17-EX1987
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	See Memo Item Below
State: District:		

Full Name (Last, First, Middle Initial) c. Staples		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 557 Route 17 South		Amount of Each Disbursement this Period 249.50
City Paramus	State NJ	
Zip Code 07652	Purpose of Disbursement Office Supplies	Transaction ID : SB17-EX2157
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	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3796.02
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 132			
	<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. Christopher Santora		Date of Disbursement MM / DD / YYYY 02 / 10 / 2014
Mailing Address 38 E. Ridgewood Avenue #181		Amount of Each Disbursement this Period 200.00
City Ridgewood	State NJ	Zip Code 07450
Purpose of Disbursement Transportation	Category/ Type 001	
Candidate Name	Transaction ID : SB17-EX1988	
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:	Transportation	

Full Name (Last, First, Middle Initial) B. Christopher Santora		Date of Disbursement MM / DD / YYYY 02 / 19 / 2014
Mailing Address 38 E. Ridgewood Avenue #181		Amount of Each Disbursement this Period 1773.25
City Ridgewood	State NJ	Zip Code 07450
Purpose of Disbursement Payroll	Category/ Type 001	
Candidate Name	Transaction ID : SB17-EX1989	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:	Payroll	

Full Name (Last, First, Middle Initial) c. Christopher Santora		Date of Disbursement MM / DD / YYYY 03 / 04 / 2014
Mailing Address 38 E. Ridgewood Avenue #181		Amount of Each Disbursement this Period 1773.26
City Ridgewood	State NJ	Zip Code 07450
Purpose of Disbursement Payroll	Category/ Type 001	
Candidate Name	Transaction ID : SB17-EX1990	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:	Payroll	

SUBTOTAL of Disbursements This Page (optional).....	3746.51
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 132	
	<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. Christopher Santora		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address 38 E. Ridgewood Avenue #181		Amount of Each Disbursement this Period 2074.98
City Ridgewood State NJ Zip Code 07450	Purpose of Disbursement Payroll	Transaction ID : SB17-EX1991
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Payroll
State: District:		

Full Name (Last, First, Middle Initial) B. First Virginia Community Bank		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 11325 Random Hills Rd		Amount of Each Disbursement this Period 101.93
City Fairfax State VA Zip Code 22030	Purpose of Disbursement Fundraising	Transaction ID : SB17-EX2003
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. First Virginia Community Bank		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014
Mailing Address 11325 Random Hills Rd		Amount of Each Disbursement this Period 45.25
City Fairfax State VA Zip Code 22030	Purpose of Disbursement Fundraising	Transaction ID : SB17-EX2004
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).....	2222.16
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 106 OF 132	
	<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 03 / 03 / 2014
Mailing Address 11325 Random Hills Rd		Amount of Each Disbursement this Period 199.51
City Fairfax	State VA	
Zip Code 22030	Purpose of Disbursement Fundraising	Transaction ID : SB17-EX2079
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 03 / 07 / 2014
Mailing Address 11325 Random Hills Rd		Amount of Each Disbursement this Period 75.50
City Fairfax	State VA	
Zip Code 22030	Purpose of Disbursement Fundraising	Transaction ID : SB17-EX2080
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 03 / 10 / 2014
Mailing Address 11325 Random Hills Rd		Amount of Each Disbursement this Period 308.30
City Fairfax	State VA	
Zip Code 22030	Purpose of Disbursement Fundraising	Transaction ID : SB17-EX2081
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).....	583.31
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 132	
	<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 03 / 20 / 2014
Mailing Address 11325 Random Hills Rd		Amount of Each Disbursement this Period 15.00 Transaction ID : SB17-EX2082
City Fairfax	State VA	
Zip Code 22030	Purpose of Disbursement Fundraising	Fundraising
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	
State: District:		

Full Name (Last, First, Middle Initial) B. First Virginia Community Bank		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 11325 Random Hills Rd		Amount of Each Disbursement this Period 15.00 Transaction ID : SB17-EX2083
City Fairfax	State VA	
Zip Code 22030	Purpose of Disbursement Fundraising	Fundraising
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	
State: District:		

Full Name (Last, First, Middle Initial) c. Base Connect Inc.		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address 1155 - 15TH ST NW SUITE 410		Amount of Each Disbursement this Period 1508.67 Transaction ID : SB17-EX2045
City WASHINGTON	State DC	
Zip Code 20005	Purpose of Disbursement Fundraising	Fundraising
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	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1538.67
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 108 OF 132	
	<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. Base Connect Inc.		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address 1155 - 15TH ST NW SUITE 410		Amount of Each Disbursement this Period 9692.76
City WASHINGTON State DC Zip Code 20005	Purpose of Disbursement Fundraising 001 Category/Type	
Candidate Name		Transaction ID : SB17-EX2046
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:	Fundraising	

Full Name (Last, First, Middle Initial) B. Century Data Systems Corp		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount of Each Disbursement this Period 354.04
City WASHINGTON State DC Zip Code 20005	Purpose of Disbursement Fundraising 001 Category/Type	
Candidate Name		Transaction ID : SB17-EX2051
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:	Fundraising	

Full Name (Last, First, Middle Initial) c. Century Data Systems Corp		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount of Each Disbursement this Period 2345.22
City WASHINGTON State DC Zip Code 20005	Purpose of Disbursement Fundraising 001 Category/Type	
Candidate Name		Transaction ID : SB17-EX2052
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:	Fundraising	

SUBTOTAL of Disbursements This Page (optional).....	12392.02
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 109 OF 132	
	<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. Donor Precision LLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address 1900 N CULPEPER STREET		Amount of Each Disbursement this Period 745.77
City ARLINGTON State VA Zip Code 22207	Purpose of Disbursement Fundraising 001 Category/Type	
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	Transaction ID : SB17-EX2063 Fundraising
State: District:		

Full Name (Last, First, Middle Initial) B. Capitol Caging Corp		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address 504 SHAW ROAD SUITE 217		Amount of Each Disbursement this Period 274.75
City STERLING State VA Zip Code 20166	Purpose of Disbursement Fundraising 001 Category/Type	
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	Transaction ID : SB17-EX2071 Fundraising
State: District:		

Full Name (Last, First, Middle Initial) c. Capitol Caging Corp		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address 504 SHAW ROAD SUITE 217		Amount of Each Disbursement this Period 575.44
City STERLING State VA Zip Code 20166	Purpose of Disbursement Fundraising 001 Category/Type	
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	Transaction ID : SB17-EX2072 Fundraising
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1595.96
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 110 OF 132	
	<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 03 / 04 / 2014
Mailing Address 504 SHAW ROAD SUITE 217		Amount of Each Disbursement this Period 500.00
City STERLING	State VA	Zip Code 20166
Purpose of Disbursement Fundraising	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX2073
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: _____	District: _____	Fundraising

Full Name (Last, First, Middle Initial) B. Andrew Clay		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2014
Mailing Address 38 E. Ridgewood Avenue #181		Amount of Each Disbursement this Period 1500.00
City Ridgewood	State NJ	Zip Code 07450
Purpose of Disbursement Technical Support	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX2053
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: _____	District: _____	Technical Support

Full Name (Last, First, Middle Initial) c. Andrew Clay		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014
Mailing Address 38 E. Ridgewood Avenue #181		Amount of Each Disbursement this Period 1225.00
City Ridgewood	State NJ	Zip Code 07450
Purpose of Disbursement Technical Support	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX2054
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: _____	District: _____	Technical Support

SUBTOTAL of Disbursements This Page (optional).....	3225.00
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 111 OF 132	
	<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. American Express		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address PO Box 1270		Amount of Each Disbursement this Period 1000.00
City Newark	State NJ	Zip Code 07101
Purpose of Disbursement See Memo Items Below	Category/Type 001	
Candidate Name	Transaction ID : SB17-EX3137	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	See Memo Items Below
State: District:		

Full Name (Last, First, Middle Initial) B. Trail Blazer Campaign Services Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 620 Mendelssohn Avenue N Suite 186		Amount of Each Disbursement this Period 1000.00
City Golden Valley	State MN	Zip Code 55427
Purpose of Disbursement Software Licensing Fee	Category/Type 001	
Candidate Name	Transaction ID : SB17-EX3138	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Best Buy		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address 52 Chambers Bridge Rd		Amount of Each Disbursement this Period 658.42
City Brick	State NJ	Zip Code 08723
Purpose of Disbursement Office Equipment	Category/Type 001	
Candidate Name	Transaction ID : SB17-EX2064	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Office Equipment
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1658.42
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 112 OF 132	
	<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. Best Buy		Date of Disbursement MM / DD / YYYY 02 / 25 / 2014
Mailing Address 52 Chambers Bridge Rd		Amount of Each Disbursement this Period 125.16
City Brick	State NJ	
Zip Code 08723	Purpose of Disbursement Office Equipment	Transaction ID : SB17-EX2065
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Office Equipment
State: District:		

Full Name (Last, First, Middle Initial) B. Century Data Mailing Systems		Date of Disbursement MM / DD / YYYY 02 / 12 / 2014
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount of Each Disbursement this Period 28089.77
City WASHINGTON	State DC	
Zip Code 20005	Purpose of Disbursement Fundraising	Transaction ID : SB17-EX2041
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. Century Data Mailing Systems		Date of Disbursement MM / DD / YYYY 02 / 25 / 2014
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount of Each Disbursement this Period 24715.60
City WASHINGTON	State DC	
Zip Code 20005	Purpose of Disbursement Fundraising	Transaction ID : SB17-EX2042
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).....	52930.53
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 113 OF 132	
	<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 MM / DD / YYYY 02 / 12 / 2014
Mailing Address 29243 St Just Dr		Amount of Each Disbursement this Period 353.92
City UNIONVILLE	State VA	
Zip Code 22567	Purpose of Disbursement Fundraising	Transaction ID : SB17-EX2078
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. Arthur J. Finkelstein & Assoc. Inc.		Date of Disbursement MM / DD / YYYY 02 / 06 / 2014
Mailing Address 16 North Astor Street		Amount of Each Disbursement this Period 9600.00
City Irvington	State NY	
Zip Code 10533	Purpose of Disbursement Polling	Transaction ID : SB17-EX2035
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	Polling
State: District:		

Full Name (Last, First, Middle Initial) C. Arthur J. Finkelstein & Assoc. Inc.		Date of Disbursement MM / DD / YYYY 02 / 27 / 2014
Mailing Address 16 North Astor Street		Amount of Each Disbursement this Period 5000.00
City Irvington	State NY	
Zip Code 10533	Purpose of Disbursement Strategic Planning Consulting	Transaction ID : SB17-EX2036
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	Strategic Planning Consulting
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	14953.92
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 114 OF 132	
	<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. Campaign Marketing Strategies		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 3240 Wilson Boulevard Suite 202		Amount of Each Disbursement this Period 134.60
City Arlington State VA Zip Code 22201	Purpose of Disbursement Phone Bank	Transaction ID : SB17-EX2094
Candidate Name	Category/Type 001	Phone Bank
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. Campaign Marketing Strategies		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 3240 Wilson Boulevard Suite 202		Amount of Each Disbursement this Period 28.33
City Arlington State VA Zip Code 22201	Purpose of Disbursement Phone Bank	Transaction ID : SB17-EX2095
Candidate Name	Category/Type 001	Phone Bank
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. Braddock's Tavern		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 39 S Main St		Amount of Each Disbursement this Period 1185.94
City Medford State NJ Zip Code 08055	Purpose of Disbursement Fundraiser - food/beverages	Transaction ID : SB17-EX2055
Candidate Name	Category/Type 001	Fundraiser - food/beverages
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).....	1348.87
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 115 OF 132			
	<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. Integram		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address 22695 Commerce Center Court		Amount of Each Disbursement this Period 9318.63
City Dulles	State VA	
Zip Code 20166	Purpose of Disbursement Fundraising	Transaction ID : SB17-EX2047
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. Holiday Inn Toms River		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address 290 Highway 37 E		Amount of Each Disbursement this Period 250.00
City Toms River	State NJ	
Zip Code 08753	Purpose of Disbursement Facility/Room Rental	Transaction ID : SB17-EX1984
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	Facility/Room Rental
State: District:		

Full Name (Last, First, Middle Initial) c. Holiday Inn Toms River		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address 290 Highway 37 E		Amount of Each Disbursement this Period 251.65
City Toms River	State NJ	
Zip Code 08753	Purpose of Disbursement Facility/Room Rental	Transaction ID : SB17-EX1985
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	Facility/Room Rental
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	9820.28
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 116 OF 132			
	<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. Alexander Martinez			Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014	
Mailing Address 40 Mariciel Ave			Amount of Each Disbursement this Period 1852.07	
City Bayville	State NJ	Zip Code 08721	Transaction ID : SB17-EX1992	
Purpose of Disbursement Payroll		Category/ Type 001		
Candidate Name		Payroll		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

Full Name (Last, First, Middle Initial) B. Alexander Martinez			Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2014	
Mailing Address 40 Mariciel Ave			Amount of Each Disbursement this Period 1515.35	
City Bayville	State NJ	Zip Code 08721	Transaction ID : SB17-EX1993	
Purpose of Disbursement Payroll		Category/ Type 001		
Candidate Name		Payroll		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

Full Name (Last, First, Middle Initial) C. Alexander Martinez			Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014	
Mailing Address 40 Mariciel Ave			Amount of Each Disbursement this Period 1515.36	
City Bayville	State NJ	Zip Code 08721	Transaction ID : SB17-EX1994	
Purpose of Disbursement Payroll		Category/ Type 001		
Candidate Name		Payroll		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	4882.78
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 117 OF 132			
	<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. Alexander Martinez		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address 40 Mariciel Ave		Amount of Each Disbursement this Period 1235.35
City Bayville State NJ Zip Code 08721	Purpose of Disbursement Payroll 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17-EX1995 Payroll
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. Elizabeth Curtis		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address 5 Halifax Ct		Amount of Each Disbursement this Period 2163.01
City Marlton State NJ Zip Code 08505	Purpose of Disbursement Payroll 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17-EX1996 Payroll
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. Elizabeth Curtis		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2014
Mailing Address 5 Halifax Ct		Amount of Each Disbursement this Period 118.05
City Marlton State NJ Zip Code 08505	Purpose of Disbursement See Memo Items Below 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17-EX1997 See Memo Items Below
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).....	3516.41
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 118 OF 132	
	<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. United States Postal Service		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2014
Mailing Address 143 E Ridgewood Ave		Amount of Each Disbursement this Period 62.00
City Ridgewood State NJ Zip Code 07450	Purpose of Disbursement Post Office Box Rental	Transaction ID : SB17-EX2154 [MEMO ITEM]
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:		

Full Name (Last, First, Middle Initial) B. UPS Store		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2014
Mailing Address 230 N Maple Ave Space B-1		Amount of Each Disbursement this Period 24.57
City Marlton State NJ Zip Code 08053	Purpose of Disbursement Postage	Transaction ID : SB17-EX2155 [MEMO ITEM]
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:		

Full Name (Last, First, Middle Initial) c. Qwik Pack Ship		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2014
Mailing Address 175-30 Rt 70		Amount of Each Disbursement this Period 31.48
City Medford State NJ Zip Code 08055	Purpose of Disbursement Postage	Transaction ID : SB17-EX2156 [MEMO ITEM]
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 119 OF 132	
	<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. Elizabeth Curtis		Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2014
Mailing Address 5 Halifax Ct		Amount of Each Disbursement this Period 1153.01
City Marlton	State NJ	Zip Code 08505
Purpose of Disbursement Payroll	Category/ Type 001	
Candidate Name	Transaction ID : SB17-EX1998	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Payroll
State: District:		

Full Name (Last, First, Middle Initial) B. Elizabeth Curtis		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address 5 Halifax Ct		Amount of Each Disbursement this Period 74.04
City Marlton	State NJ	Zip Code 08505
Purpose of Disbursement See Memo Items Below	Category/ Type 001	
Candidate Name	Transaction ID : SB17-EX3131	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	See Memo Items Below
State: District:		

Full Name (Last, First, Middle Initial) c. Envelopemail.com		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address 2330 W Walnut		Amount of Each Disbursement this Period 74.04
City Chicago	State IL	Zip Code 60612
Purpose of Disbursement Stationary/Envelopes	Category/ Type 001	
Candidate Name	Transaction ID : SB17-EX3132	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1227.05
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 120 OF 132			
	<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. Elizabeth Curtis			Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014	
Mailing Address 5 Halifax Ct			Amount of Each Disbursement this Period 1353.02	
City Marlton	State NJ	Zip Code 08505	Transaction ID : SB17-EX2000	
Purpose of Disbursement Payroll		Category/Type 001		
Candidate Name		Payroll		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: _____ District: _____				

Full Name (Last, First, Middle Initial) B. Elizabeth Curtis			Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014	
Mailing Address 5 Halifax Ct			Amount of Each Disbursement this Period 1353.01	
City Marlton	State NJ	Zip Code 08505	Transaction ID : SB17-EX2001	
Purpose of Disbursement Payroll		Category/Type 001		
Candidate Name		Payroll		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: _____ District: _____				

Full Name (Last, First, Middle Initial) c. Internal Revenue Service			Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014	
Mailing Address PO Box 931000			Amount of Each Disbursement this Period 2768.75	
City Louisville	State KY	Zip Code 40293	Transaction ID : SB17-EX2037	
Purpose of Disbursement Payroll Taxes		Category/Type 001		
Candidate Name		Payroll Taxes		
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).....	5474.78
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 121 OF 132	
	<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 03 / 11 / 2014
Mailing Address PO Box 931000		Amount of Each Disbursement this Period 1968.97
City Louisville	State KY	Zip Code 40293
Purpose of Disbursement Payroll Taxes	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX2038
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. Target		Date of Disbursement M M / D D / Y Y Y Y 02 / 07 / 2014
Mailing Address 1331 Hooper Ave		Amount of Each Disbursement this Period 380.41
City Toms River	State NJ	Zip Code 08753
Purpose of Disbursement Office Equipment	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX2076
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Office Equipment
State: District:		

Full Name (Last, First, Middle Initial) c. Target		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address 1331 Hooper Ave		Amount of Each Disbursement this Period 5.85
City Toms River	State NJ	Zip Code 08753
Purpose of Disbursement Office Supplies	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX2077
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Office Supplies
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2355.23
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 122 OF 132	
	<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. 20/20 Multimedia Group			Date of Disbursement MM / DD / YYYY 02 / 18 / 2014	
Mailing Address 41 Hendrickson Dr			Amount of Each Disbursement this Period 300.00	
City Belle Mead	State NJ	Zip Code 08502	Transaction ID : SB17-EX2084	
Purpose of Disbursement Technical Support		Category/ Type 001	Technical Support	
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. Captain's Inn Restaurant			Date of Disbursement MM / DD / YYYY 02 / 25 / 2014	
Mailing Address 304 E Lacey Rd			Amount of Each Disbursement this Period 400.00	
City Forked River	State NJ	Zip Code 08731	Transaction ID : SB17-EX2075	
Purpose of Disbursement Meals		Category/ Type 001	Meals	
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. The Photo Center			Date of Disbursement MM / DD / YYYY 02 / 25 / 2014	
Mailing Address 1930 Rt 88			Amount of Each Disbursement this Period 775.24	
City Bricktown	State NJ	Zip Code 08724	Transaction ID : SB17-EX2062	
Purpose of Disbursement Office Equipment		Category/ Type 001	Office Equipment	
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).....	1475.24
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 123 OF 132	
	<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. William McClintock Associates		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 1583 E 2nd St		Amount of Each Disbursement this Period 2011.60
City Scotch Plains	State NJ	
Purpose of Disbursement Letterhead/Envelopes	Zip Code 07076	Transaction ID : SB17-EX1952
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	Letterhead/Envelopes
State: District:		

Full Name (Last, First, Middle Initial) B. William McClintock Associates		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 1583 E 2nd St		Amount of Each Disbursement this Period 445.12
City Scotch Plains	State NJ	
Purpose of Disbursement Printing	Zip Code 07076	Transaction ID : SB17-EX1951
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	Printing
State: District:		

Full Name (Last, First, Middle Initial) c. Labels & Lists Inc		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 2500 116th Ave NE #3		Amount of Each Disbursement this Period 550.34
City Bellevue	State WA	
Purpose of Disbursement List Acquisition	Zip Code 98004	Transaction ID : SB17-EX2074
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	List Acquisition
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3007.06
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 124 OF 132			
	<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. Charles C Johnson Research Services			Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address 1986 Verde Vista Dr			Amount of Each Disbursement this Period 6200.00
City Monterey Park	State CA	Zip Code 91754	Transaction ID : SB17-EX2050
Purpose of Disbursement Research Services		Category/ Type 001	
Candidate Name			Research Services
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. Creative Direct LLC			Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 25 E Main St			Amount of Each Disbursement this Period 12600.00
City Richmond	State VA	Zip Code 23219	Transaction ID : SB17-EX2043
Purpose of Disbursement Advertising		Category/ Type 001	
Candidate Name			Advertising
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. Creative Direct LLC			Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 25 E Main St			Amount of Each Disbursement this Period 12600.00
City Richmond	State VA	Zip Code 23219	Transaction ID : SB17-EX2044
Purpose of Disbursement Advertising		Category/ Type 001	
Candidate Name			Advertising
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).....	31400.00
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 125 OF 132	
	<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. Alexa Coombs		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address 10524 Rosehaven St #11		Amount of Each Disbursement this Period 270.32
City Fairfax State VA Zip Code 22030	Purpose of Disbursement Payroll	Transaction ID : SB17-EX2085
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Payroll
State: District:		

Full Name (Last, First, Middle Initial) B. Colortree Marketing Resources		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address PO Box 28960		Amount of Each Disbursement this Period 6423.86
City Henrico State VA Zip Code 23228	Purpose of Disbursement Fundraising	Transaction ID : SB17-EX2048
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 M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address PO Box 28960		Amount of Each Disbursement this Period 6728.41
City Henrico State VA Zip Code 23228	Purpose of Disbursement Fundraising	Transaction ID : SB17-EX2049
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).....	13422.59
TOTAL This Period (last page this line number only).....	227549.95

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Lonegan For Congress

Transaction ID : SC10-LN5

LOAN SOURCE Full Name (Last, First, Middle Initial)

Steven Lonegan

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
212 Larch Ave

City State ZIP Code
Bogota NJ 07603

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
25000 .00 25000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 01 / D 15 / 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)..... 25000.00

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-LN6

LOAN SOURCE Full Name (Last, First, Middle Initial)

Steven Lonegan

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
212 Larch Ave

City State ZIP Code
Bogota NJ 07603

Original Amount of Loan 75000	Cumulative Payment To Date .00	Balance Outstanding at Close of This Period 75000.00
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TERMS

Date Incurred: M 01 / D 29 / Y 2014
Date Due: M 12 / D 31 / Y 2014
Interest Rate: 0.00 % (apr)
Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	75000.00
TOTALS This Period (last page in this line only).....	100000.00

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

NAME OF COMMITTEE (In Full)
Lonegan For Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Printing Express LLC	Nature of Debt (Purpose): Invoice: Printing
Mailing Address 21 Warehouse Road	
City State Zip Code Harrisonburg VA 22801-9704	

Outstanding Balance Beginning This Period [.00]	Transaction ID : SD10-INV1685	
Amount Incurred This Period [3815.25]	Payment This Period [.00]	Outstanding Balance at Close of This Period [3815.25]

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Alexa Coombs	Nature of Debt (Purpose): Invoice: Transportation
Mailing Address 10524 Rosehaven St #11	
City State Zip Code Fairfax VA 22030	

Outstanding Balance Beginning This Period [.00]	Transaction ID : SD10-INV1869	
Amount Incurred This Period [269.00]	Payment This Period [.00]	Outstanding Balance at Close of This Period [269.00]

C. 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 [.00]	Transaction ID : SD10-INV1878	
Amount Incurred This Period [5403.74]	Payment This Period [.00]	Outstanding Balance at Close of This Period [5403.74]

1) SUBTOTALS This Period This Page (optional)	[9487.99]
2) TOTALS This Period (last page this line number only)	[]
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	[0.00]
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	[0.00]

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 129 OF 132
	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 Association Of NJ Rifle & Pistol Clubs	Nature of Debt (Purpose): Invoice: Advertising
Mailing Address 179-9 Rt 46 #125	
City State Zip Code Rockaway NJ 07866	

Outstanding Balance Beginning This Period [.00]	Transaction ID : SD10-INV1870	
Amount Incurred This Period [600.00]	Payment This Period [.00]	Outstanding Balance at Close of This Period [600.00]

B. 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 [.00]	Transaction ID : SD10-INV1871	
Amount Incurred This Period [1442.93]	Payment This Period [.00]	Outstanding Balance at Close of This Period [1442.93]

C. 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 [.00]	Transaction ID : SD10-INV1872	
Amount Incurred This Period [1119.97]	Payment This Period [.00]	Outstanding Balance at Close of This Period [1119.97]

1) SUBTOTALS This Period This Page (optional)	[3162.90]
2) TOTALS This Period (last page this line number only)	[]
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	[0.00]
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	[0.00]

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 130 OF 132
	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 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 [.00]	Transaction ID : SD10-INV1873	
Amount Incurred This Period [2767.50]	Payment This Period [.00]	Outstanding Balance at Close of This Period [2767.50]

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 [.00]	Transaction ID : SD10-INV1874	
Amount Incurred This Period [10035.60]	Payment This Period [.00]	Outstanding Balance at Close of This Period [10035.60]

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 [.00]	Transaction ID : SD10-INV1875	
Amount Incurred This Period [5637.96]	Payment This Period [.00]	Outstanding Balance at Close of This Period [5637.96]

1) SUBTOTALS This Period This Page (optional)	[18441.06]
2) TOTALS This Period (last page this line number only)	[]
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	[0.00]
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	[0.00]

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 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-INV1876	
<input type="text" value=".00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="764.12"/>	<input type="text" value=".00"/>	<input type="text" value="764.12"/>

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	Transaction ID : SD10-INV1877	
<input type="text" value=".00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="27031.99"/>	<input type="text" value=".00"/>	<input type="text" value="27031.99"/>

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	Transaction ID : SD10-INV1879	
<input type="text" value=".00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="1721.10"/>	<input type="text" value=".00"/>	<input type="text" value="1721.10"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="29517.21"/>
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" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="0.00"/>

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 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-INV1880	
<input type="text" value=".00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="600.11"/>	<input type="text" value=".00"/>	<input type="text" value="600.11"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State	Zip Code	

Outstanding Balance Beginning This Period		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

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		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="600.11"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="61209.27"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="61209.27"/>