

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)

5 Halifax Ct

Check if different than previously reported. (ACC)

Marlton

NJ

08053

2. FEC IDENTIFICATION NUMBER ▼

C C00555284

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

NJ

03

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3 (Revised 02/2003)

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))....	32182.13	758497.08
(b) Total Contribution Refunds (from Line 20(d))	4200	16575
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	27982.13	741922.08
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	32300.87	1262691.97
(b) Total Offsets to Operating Expenditures (from Line 14).....		722.29
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	32300.87	1261969.68
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1427.99	
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).....	369512.43	

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).....	15351	284317.48
(ii) Unitemized.....	16831.13	456764.6
(iii) TOTAL of contributions from individuals ▶	32182.13	741082.08
(b) Political Party Committees.....		65
(c) Other Political Committees (such as PACs).....		14750
(d) The Candidate.....		2600
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	32182.13	758497.08
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....		496500
(b) All Other Loans.....		
(c) TOTAL LOANS (add Lines 13(a) and (b)).....		496500
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		722.29
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		25100.59
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	32182.13	1280819.96

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	32300.87	1262691.97
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	4200	16575
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	4200	16575
21. OTHER DISBURSEMENTS		
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	36500.87	1279266.97

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	5746.73
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	32182.13
25. SUBTOTAL (add Line 23 and Line 24).....	37928.86
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	36500.87
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1427.99

**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 80
	<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)
REV Paul B Akin

Mailing Address 31415 Pike 219

City State Zip Code
Clarksville MO 63336-2702

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
 10 / 09 / 2014

Transaction ID : SA11Ai-CN76663

Amount of Each Receipt this Period
 200

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

Mailing Address 10 Wyckoff Way

City State Zip Code
Chester NJ 07930-2477

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **635**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 27 / 2014

Transaction ID : SA11Ai-CN76925

Amount of Each Receipt this Period
 100

C. Full Name (Last, First, Middle Initial)
MR Mervin E Alexander

Mailing Address 3409 Zuni St

City State Zip Code
Denver CO 80211-3359

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **255**

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 15 / 2014

Transaction ID : SA11Ai-CN77397

Amount of Each Receipt this Period
 35

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

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

335.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 80
	<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 Aliseo

Mailing Address 317 Jefferson Ave

City Linden State NJ Zip Code 07036-4401

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

Name of Employer Best Efforts Occupation Best Efforts

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300**

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

Transaction ID : SA11Ai-CN77115

Amount of Each Receipt this Period
 50

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

Mailing Address 27w320 Roosevelt Rd

City Winfield State IL Zip Code 60190-1542

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

Name of Employer SELF Occupation Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **435**

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 04 / 2014

Transaction ID : SA11Ai-CN77143

Amount of Each Receipt this Period
 40

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

Mailing Address 718 La Portada St

City South Pasadena State CA Zip Code 91030-3627

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **438**

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 20 / 2014

Transaction ID : SA11Ai-CN76692

Amount of Each Receipt this Period
 100

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

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

190.00

**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 80
	<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 De Ette Ette Barner

Mailing Address 718 La Portada St

City: South Pasadena State: CA Zip Code: 91030-3627

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

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: **473**

Date of Receipt: 10 / 23 / 2014

Transaction ID : SA11Ai-CN76875

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

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

Mailing Address 718 La Portada St

City: South Pasadena State: CA Zip Code: 91030-3627

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

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: **573**

Date of Receipt: 12 / 04 / 2014

Transaction ID : SA11Ai-CN77144

Amount of Each Receipt this Period: **100**

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

Mailing Address Hc 34 Box 3

City: 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: **1700**

Date of Receipt: 10 / 21 / 2014

Transaction ID : SA11Ai-CN76764

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

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

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

335.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 80
	<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 Juris Berzins

Mailing Address 30 Geoffrey Dr

City Parsippany State NJ Zip Code 07054-1744

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **260**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 21 / 2014

Transaction ID : SA11Ai-CN76766

Amount of Each Receipt this Period
45

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

Mailing Address S5240 Damar Private Dr

City Eau Claire State WI Zip Code 54701-9974

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

Name of Employer RETIRED Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **378**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 29 / 2014

Transaction ID : SA11Ai-CN76995

Amount of Each Receipt this Period
75

C. Full Name (Last, First, Middle Initial)
Mr. Patrick Blosser

Mailing Address PO Box 540

City Chatham State NJ Zip Code 07928-0540

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **225**

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 06 / 2014

Transaction ID : SA11Ai-CN77050

Amount of Each Receipt this Period
25

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

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

145.00

**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 80
	<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 Linda R Bouscaren

Mailing Address **PO Box 502**

City **Budd Lake** State **NJ** Zip Code **07828-0502**

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

Name of Employer Information Requested
Retired

Occupation Information Requested
Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300

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

Transaction ID : SA11Ai-CN76644

Amount of Each Receipt this Period
100

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

Mailing Address **334 W Cedar St**

City **New Holland** State **PA** Zip Code **17557-1202**

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

Name of Employer Information Requested
Retired

Occupation Information Requested
Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
490

Date of Receipt
 M M / D D / Y Y Y Y
10 / 21 / 2014

Transaction ID : SA11Ai-CN76714

Amount of Each Receipt this Period
140

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

Mailing Address **334 W Cedar St**

City **New Holland** State **PA** Zip Code **17557-1202**

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

Name of Employer Information Requested
Retired

Occupation Information Requested
Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
560

Date of Receipt
 M M / D D / Y Y Y Y
12 / 01 / 2014

Transaction ID : SA11Ai-CN77076

Amount of Each Receipt this Period
70

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

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

310.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 80
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Longan For Congress

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

Mailing Address 1865 Brickell Ave Apt A2003

City Miami State FL Zip Code 33129-1652

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **315**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 27 / 2014

Transaction ID : SA11Ai-CN76927

Amount of Each Receipt this Period
35

B. Full Name (Last, First, Middle Initial)
MS Normandic Canizaro

Mailing Address 123 Amberly Dr Unit F

City Manalapan State NJ Zip Code 07726-2344

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **205**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2014

Transaction ID : SA11Ai-CN76637

Amount of Each Receipt this Period
50

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

Mailing Address 153 Vail Rd

City Columbia State NJ Zip Code 07832-2431

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

Name of Employer None Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **260**

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

Transaction ID : SA11Ai-CN76645

Amount of Each Receipt this Period
25

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

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

110.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 80
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Longan For Congress

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

Mailing Address 153 Vail Rd

City Columbia State NJ Zip Code 07832-2431

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

Name of Employer None Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **290**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 01 / 2014

Transaction ID : SA11Ai-CN77077

Amount of Each Receipt this Period
30

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

Mailing Address 153 Vail Rd

City Columbia State NJ Zip Code 07832-2431

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

Name of Employer None Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **340**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 29 / 2014

Transaction ID : SA11Ai-CN77434

Amount of Each Receipt this Period
50

C. Full Name (Last, First, Middle Initial)
MRS Rosalie Chambers

Mailing Address 8 Shetland Rd

City Florham Park State NJ Zip Code 07932-1812

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

Name of Employer RETIRED Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **350**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 08 / 2014

Transaction ID : SA11Ai-CN77281

Amount of Each Receipt this Period
100

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

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

180.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 80
	<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 E Ciotti

Mailing Address 21413 Kent Ave

City Torrance State CA Zip Code 90503-5433

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
 10 / 27 / 2014

Transaction ID : SA11Ai-CN76928

Amount of Each Receipt this Period
 100

B. Full Name (Last, First, Middle Initial)
MRS E Ciotti

Mailing Address 21413 Kent Ave

City Torrance State CA Zip Code 90503-5433

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
 12 / 23 / 2014

Transaction ID : SA11Ai-CN77429

Amount of Each Receipt this Period
 100

C. Full Name (Last, First, Middle Initial)
MR Edward Claridge

Mailing Address PO Box 202

City Solomon State AZ Zip Code 85551-0202

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **235**

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 01 / 2014

Transaction ID : SA11Ai-CN77078

Amount of Each Receipt this Period
 50

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

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

250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 80
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Longan For Congress

A. Full Name (Last, First, Middle Initial)
MR William Controvich

Mailing Address 10 Dill Ave

City Berlin State NJ Zip Code 08009-1210

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **205**

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 22 / 2014

Transaction ID : SA11Ai-CN77427

Amount of Each Receipt this Period
 35

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

Mailing Address 4900 Morris Ln

City Oklahoma City State OK Zip Code 73112-6151

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **245**

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 05 / 2014

Transaction ID : SA11Ai-CN77200

Amount of Each Receipt this Period
 25

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

Mailing Address 427 Sonora Cir

City Redlands State CA Zip Code 92373-8508

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

Name of Employer Information Requested Occupation Information Requested

RETIRED
 RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **295**

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 21 / 2014

Transaction ID : SA11Ai-CN76772

Amount of Each Receipt this Period
 40

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

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

100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 80
	<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. Timothy Curley

Mailing Address 427 Sonora Cir

City State Zip Code
Redlands CA 92373-8508

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
325

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

Transaction ID : SA11Ai-CN77096

Amount of Each Receipt this Period
30

B. Full Name (Last, First, Middle Initial)
MRS Brenda Curnin

Mailing Address 111 Emily Rd

City State Zip Code
Far Hills NJ 07931-2580

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

Name of Employer Occupation
Stone House Mgmt Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4500

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

Transaction ID : SA11Ai-CN76130

Amount of Each Receipt this Period
4500

See previous rpt Reattributed

[MEMO ITEM]

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

Mailing Address 111 Emily Rd

City State Zip Code
Far Hills NJ 07931-2580

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

Name of Employer Occupation
Stone House Mgmt Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4400

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 13 / 2014

Transaction ID : SA11Ai-CN76629

Amount of Each Receipt this Period
-2600

Reattributed to Thomas Curnin

[MEMO ITEM]
Reattributed

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

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

30.00

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

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NAME OF COMMITTEE (In Full)
Longan For Congress

A. Full Name (Last, First, Middle Initial)
Mr. Thomas J Curnin

Mailing Address 111 Emily Rd

City State Zip Code
Far Hills NJ 07931-2308

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

Name of Employer Occupation
Bravo AV Consulting Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 13 / 2014

Transaction ID : SA11Ai-CN76630

Amount of Each Receipt this Period
2600

Reattributed from Brenda Curnin

[MEMO ITEM]
Reattribution

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

Mailing Address 1105 Waikiki Dr

City State Zip Code
Forked River NJ 08731-4733

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

Name of Employer Occupation
CATALENT SALESPERSONS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
525

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 21 / 2014

Transaction ID : SA11Ai-CN76773

Amount of Each Receipt this Period
25

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

Mailing Address 70 Porter St

City State Zip Code
Manchester CT 06040-5438

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

Name of Employer Occupation
Highland Park Market Grocer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 05 / 2014

Transaction ID : SA11Ai-CN77246

Amount of Each Receipt this Period
100

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

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

125.00

**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 80
	<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 Emily Di Vento

Mailing Address 1746 Johnston St

City Philadelphia State PA Zip Code 19145-4715

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **268**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 07 / 2014

Transaction ID : SA11Ai-CN76654

Amount of Each Receipt this Period
 25

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

Mailing Address 1746 Johnston St

City Philadelphia State PA Zip Code 19145-4715

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **293**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 01 / 2014

Transaction ID : SA11Ai-CN77079

Amount of Each Receipt this Period
 25

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

Mailing Address 100 Donizetti Pl # 18

City Bronx State NY Zip Code 10475-2002

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

Name of Employer Self Employed Occupation Auditor

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
 10 / 01 / 2014

Transaction ID : SA11Ai-CN76638

Amount of Each Receipt this Period
 100

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

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

150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 80
	<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 Diamond

Mailing Address 100 Donizetti Pl # 18

City State Zip Code
Bronx NY 10475-2002

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

Name of Employer Occupation
Self Employed Auditor

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
 12 / 03 / 2014

Transaction ID : SA11Ai-CN77121

Amount of Each Receipt this Period
100

B. Full Name (Last, First, Middle Initial)
MR Sanford Dorf

Mailing Address 31 Jackson Dr

City State Zip Code
Alpine NJ 07620

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

Name of Employer Occupation
Honda Of Tenafly Auto Dealer

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
 12 / 15 / 2014

Transaction ID : SA11Ai-CN77400

Amount of Each Receipt this Period
500

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

Mailing Address 300 3rd Ave SE

City State Zip Code
Plainview MN 55964-1579

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

Name of Employer Occupation
Best Efforts Best Efforts

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
295

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 21 / 2014

Transaction ID : SA11Ai-CN76720

Amount of Each Receipt this Period
70

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

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

670.00

**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 80
	<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 Carl Dumke

Mailing Address 1445 Poplar Dr

City Fairborn State OH Zip Code 45324-3550

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

Name of Employer Best Efforts Occupation Best Efforts

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **350**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 21 / 2014

Transaction ID : SA11Ai-CN76776

Amount of Each Receipt this Period
 150

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

Mailing Address 989 Shooting Box Rd

City King William State VA Zip Code 23086-2003

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
 10 / 20 / 2014

Transaction ID : SA11Ai-CN76697

Amount of Each Receipt this Period
 100

C. Full Name (Last, First, Middle Initial)
MRS Jeraldine F Edison

Mailing Address 9843 E 84th St

City Tulsa State OK Zip Code 74133-4507

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **240**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : SA11Ai-CN76971

Amount of Each Receipt this Period
 40

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

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

290.00

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

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NAME OF COMMITTEE (In Full)
Longan For Congress

A. Full Name (Last, First, Middle Initial)
Mr Chris Egan

Mailing Address 8426 Annwood Rd

City State Zip Code
Largo FL 33777-2026

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 27 / 2014

Transaction ID : SA11Ai-CN76932

Amount of Each Receipt this Period
 100

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

Mailing Address 7667 Acoma Trl

City State Zip Code
Yucca Valley CA 92284-3282

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

Name of Employer Information Requested Occupation Information Requested
 RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **215**

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

Transaction ID : SA11Ai-CN77099

Amount of Each Receipt this Period
 25

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

Mailing Address 3070 NW 14th St

City State Zip Code
Delray Beach FL 33445-7683

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

Name of Employer Information Requested Occupation Information Requested
 Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2014

Transaction ID : SA11Ai-CN77044

Amount of Each Receipt this Period
 20

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

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

145.00

**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 80
	<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)
P Fanning

Mailing Address 160 Frog Hollow Rd

City Coatesville State PA Zip Code 19320-4421

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

Name of Employer Self Employed Occupation Breeder

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 04 / 2014

Transaction ID : SA11Ai-CN77151

Amount of Each Receipt this Period
 100

B. Full Name (Last, First, Middle Initial)
MS Rosemarie F Farrell

Mailing Address 150 Franklin Ave

City Monroe State NY Zip Code 10950-3610

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

Name of Employer RN (RETIRED) Occupation RN (RETIRED)

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **210**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 29 / 2014

Transaction ID : SA11Ai-CN76997

Amount of Each Receipt this Period
 38

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

Mailing Address 4303 Forest Park Rd

City Jacksonville State FL Zip Code 32210-6027

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **900**

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

Transaction ID : SA11Ai-CN77100

Amount of Each Receipt this Period
 250

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

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

388.00

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

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NAME OF COMMITTEE (In Full)
Longan For Congress

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

Mailing Address 2216 Wallace St

City Stroudsburg State PA Zip Code 18360-2809

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **420**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 21 / 2014

Transaction ID : SA11Ai-CN76778

Amount of Each Receipt this Period
 35

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

Mailing Address 2216 Wallace St

City Stroudsburg State PA Zip Code 18360-2809

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **455**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 08 / 2014

Transaction ID : SA11Ai-CN77289

Amount of Each Receipt this Period
 35

C. Full Name (Last, First, Middle Initial)
MRS Betty Gardner

Mailing Address 1572 Goodin Hollow Rd

City Noel State MO Zip Code 64854-7235

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **445**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 05 / 2014

Transaction ID : SA11Ai-CN77249

Amount of Each Receipt this Period
 25

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

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

95.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 80
	<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 George C Gergulas

Mailing Address 216 High St

City Stirling State NJ Zip Code 07980-1216

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **230**

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 22 / 2014

Transaction ID : SA11Ai-CN76826

Amount of Each Receipt this Period
 40

B. Full Name (Last, First, Middle Initial)
MR George C Gergulas

Mailing Address 216 High St

City Stirling State NJ Zip Code 07980-1216

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **270**

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

Transaction ID : SA11Ai-CN77123

Amount of Each Receipt this Period
 40

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

Mailing Address 21730 Redbeam Ave

City Torrance State CA Zip Code 90503-6229

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
 12 / 15 / 2014

Transaction ID : SA11Ai-CN77401

Amount of Each Receipt this Period
 50

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

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

130.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 80
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Longan For Congress

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

Mailing Address 800 Blossom Hill Rd Unit E324

City Los Gatos State CA Zip Code 95032-3568

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

Name of Employer 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
 10 / 23 / 2014

Transaction ID : SA11Ai-CN76880

Amount of Each Receipt this Period
 200

B. Full Name (Last, First, Middle Initial)
Roberta W Hillman

Mailing Address PO Box 332

City Chilmark State MA Zip Code 02535-0332

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
 10 / 27 / 2014

Transaction ID : SA11Ai-CN76937

Amount of Each Receipt this Period
 1600

C. Full Name (Last, First, Middle Initial)
Roberta W Hillman

Mailing Address PO Box 332

City Chilmark State MA Zip Code 02535-0332

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 **4200**

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 09 / 2014

Transaction ID : SA11Ai-CN77344

Amount of Each Receipt this Period
 2600

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

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

4400.00

**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 80
	<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 Constance M Hoh

Mailing Address 1580 Edmond Dr

City San Carlos State CA Zip Code 94070-4234

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **210**

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 08 / 2014

Transaction ID : SA11Ai-CN77294

Amount of Each Receipt this Period
 40

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

Mailing Address 620 Buermann Ave

City Toms River State NJ Zip Code 08753-7164

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 20 / 2014

Transaction ID : SA11Ai-CN76699

Amount of Each Receipt this Period
 25

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

Mailing Address 620 Buermann Ave

City Toms River State NJ Zip Code 08753-7164

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **325**

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 01 / 2014

Transaction ID : SA11Ai-CN77083

Amount of Each Receipt this Period
 25

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

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

90.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 80
	<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) MRS Ethel Huser		Date of Receipt M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 1704 Decatur Rd		Transaction ID : SA11Ai-CN76975
City Fredonia	State KS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80
Name of Employer NONE	Occupation HOUSEWIFE	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 221	

Full Name (Last, First, Middle Initial) MR Charles G Jackson		Date of Receipt M M / D D / Y Y Y Y 12 / 03 / 2014
Mailing Address 6940 Scenic Dr		Transaction ID : SA11Ai-CN77447
City Bloomsburg	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35
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 270	

Full Name (Last, First, Middle Initial) MR Terry Johnson		Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 7535 Utopia Pkwy		Transaction ID : SA11Ai-CN77008
City Flushing	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 260	

SUBTOTAL of Receipts This Page (optional).....	145.00
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 26 OF 80
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Longan For Congress

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

Mailing Address 141 Port Royal Dr

City Toms River State NJ Zip Code 08757-3947

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **275**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2014

Transaction ID : SA11Ai-CN76882

Amount of Each Receipt this Period
 25

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

Mailing Address 149 Fleetwood Ter

City Buffalo State NY Zip Code 14221-4469

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

Name of Employer **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 Y Y
 12 / 09 / 2014

Transaction ID : SA11Ai-CN77346

Amount of Each Receipt this Period
 50

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

Mailing Address PO Box 512

City Somers Point State NJ Zip Code 08244-0512

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **400**

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

Transaction ID : SA11Ai-CN77128

Amount of Each Receipt this Period
 100

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

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

175.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 80
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Longan For Congress

A. Full Name (Last, First, Middle Initial)
MRS Nancy E Kays

Mailing Address 2231 N Indian Hill Blvd

City State Zip Code
Claremont CA 91711-1727

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

Name of Employer Occupation
RET CONTRACTOR RET CONTRACTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
390

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

Transaction ID : SA11Ai-CN77387

Amount of Each Receipt this Period
100

B. 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
350

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 08 / 2014

Transaction ID : SA11Ai-CN77298

Amount of Each Receipt this Period
125

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

Mailing Address 1804 Harkness St

City State Zip Code
Manhattan Beach CA 90266-4109

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

Name of Employer Occupation
Self Employed General Contractor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 04 / 2014

Transaction ID : SA11Ai-CN77041

Amount of Each Receipt this Period
50

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 28 OF 80
	<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 T Lamoureux

Mailing Address 13220 Hansworth Ave

City Hawthorne	State CA	Zip Code 90250-4924
-------------------	-------------	------------------------

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
 12 / 18 / 2014

Transaction ID : SA11Ai-CN77419

Amount of Each Receipt this Period
 100

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

Mailing Address 20454 Rancho La Floresta Rd

City Covina	State CA	Zip Code 91724-3522
----------------	-------------	------------------------

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

Name of Employer Information Requested	Occupation Information Requested
---	-------------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **380**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 24 / 2014

Transaction ID : SA11Ai-CN76902

Amount of Each Receipt this Period
 30

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

Mailing Address 20454 Rancho La Floresta Rd

City Covina	State CA	Zip Code 91724-3522
----------------	-------------	------------------------

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

Name of Employer Information Requested	Occupation Information Requested
---	-------------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **480**

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 08 / 2014

Transaction ID : SA11Ai-CN77300

Amount of Each Receipt this Period
 100

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

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

230.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 80
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Longan For Congress

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

Mailing Address 1687 Lake Dr

City State Zip Code
Heath OH 43056-1048

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
460

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11Ai-CN76835

Amount of Each Receipt this Period
35

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

Mailing Address 1687 Lake Dr

City State Zip Code
Heath OH 43056-1048

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
495

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 05 / 2014

Transaction ID : SA11Ai-CN77253

Amount of Each Receipt this Period
35

C. Full Name (Last, First, Middle Initial)
Mr Jerry Lenker

Mailing Address 74 Fairview Ave

City State Zip Code
Jersey City NJ 07304-2160

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
260

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 27 / 2014

Transaction ID : SA11Ai-CN76941

Amount of Each Receipt this Period
75

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

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

145.00

**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 80
	<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 Melvin Levine

Mailing Address 201 E 79th St Apt 6d

City State Zip Code
New York NY 10075-0833

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
205

Date of Receipt
 M M / D D / Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11Ai-CN76903

Amount of Each Receipt this Period
50

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

Mailing Address 10202 Dutch Iris Dr

City State Zip Code
Bakersfield CA 93311-3770

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

Name of Employer Information Requested Occupation Information Requested
Homemaker Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
450

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

Transaction ID : SA11Ai-CN77103

Amount of Each Receipt this Period
100

C. Full Name (Last, First, Middle Initial)
MR Jeffrey Link

Mailing Address 444 Arthur Ter

City State Zip Code
Paramus NJ 07652-4108

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

Name of Employer Information Requested Occupation Information Requested
Sales Sales

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250

Date of Receipt
 M M / D D / Y Y Y Y
12 / 10 / 2014

Transaction ID : SA11Ai-CN77361

Amount of Each Receipt this Period
100

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

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

250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 80
	<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 Edna Litz

Mailing Address 188 State Route 31 Apt 129

City State Zip Code
Flemington NJ 08822-5766

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

Name of Employer Occupation
Best Efforts Best Efforts

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
290

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 21 / 2014

Transaction ID : SA11Ai-CN76786

Amount of Each Receipt this Period
50

B. Full Name (Last, First, Middle Initial)
M Eileen Lutz

Mailing Address 481 Old Kathleen Trl

City State Zip Code
Guffey CO 80820-9711

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
425

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 21 / 2014

Transaction ID : SA11Ai-CN76787

Amount of Each Receipt this Period
350

C. Full Name (Last, First, Middle Initial)
Mrs. Margaret M Martin

Mailing Address 9 Diamond Dr

City State Zip Code
Key West FL 33040-5633

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

Name of Employer Occupation
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
 12 / 03 / 2014

Transaction ID : SA11Ai-CN77451

Amount of Each Receipt this Period
500

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 32 OF 80
	<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) A. Mrs. Margaret M Martin		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 08 / 2014
Mailing Address 9 Diamond Dr		Transaction ID : SA11Ai-CN77453
City Key West	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500
Name of Employer Retired	Occupation Retired	Reattributed from Robert Martin
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000	[MEMO ITEM] Reattribution

Full Name (Last, First, Middle Initial) B. MR Robert T Martin		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 08 / 2014
Mailing Address 9 Diamond Dr		Transaction ID : SA11Ai-CN77303
City Key West	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500
Name of Employer None	Occupation None	Reattributed from Robert Martin
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3500	[MEMO ITEM] Reattribution

Full Name (Last, First, Middle Initial) C. MR Robert T Martin		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 08 / 2014
Mailing Address 9 Diamond Dr		Transaction ID : SA11Ai-CN77452
City Key West	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -500
Name of Employer None	Occupation None	Reattributed to Margaret Martin
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000	[MEMO ITEM] Reattribution

SUBTOTAL of Receipts This Page (optional).....	500.00
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 80
	<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 Stefano A Masi

Mailing Address 4 Squire Ct

City Mahwah State NJ Zip Code 07430-1580

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

Name of Employer MASI BOYLE ASSOCIATES Occupation ADMINISTRATORS/OFF WORKERS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **325**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 20 / 2014

Transaction ID : SA11Ai-CN76702

Amount of Each Receipt this Period
 _____ 50

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

Mailing Address 4 Squire Ct

City Mahwah State NJ Zip Code 07430-1580

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

Name of Employer MASI BOYLE ASSOCIATES Occupation ADMINISTRATORS/OFF WORKERS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **375**

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

Transaction ID : SA11Ai-CN77132

Amount of Each Receipt this Period
 _____ 50

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

Mailing Address 12 Gull Cv

City Brigantine State NJ Zip Code 08203-1280

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **750**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 22 / 2014

Transaction ID : SA11Ai-CN76839

Amount of Each Receipt this Period
 _____ 100

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

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

_____ 200.00

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

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

FOR LINE NUMBER: PAGE 34 OF 80
(check only one)
 11a 12
 11b 13a
 11c 13b
 11d 14
 15

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NAME OF COMMITTEE (In Full)
Longan For Congress

A. Full Name (Last, First, Middle Initial)
DR Judy McConnell

Mailing Address 350 Katie Ln

City State Zip Code
Conway AR 72034-9345

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

Name of Employer Occupation
Pharmacist Pharmacist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
225

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 29 / 2014

Transaction ID : SA11Ai-CN77439

Amount of Each Receipt this Period
25

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

Mailing Address 620 NW Kay Dr

City State Zip Code
Lees Summit MO 64063-1815

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

Name of Employer Occupation
Best Efforts Best Efforts

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
270

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 05 / 2014

Transaction ID : SA11Ai-CN77223

Amount of Each Receipt this Period
20

C. Full Name (Last, First, Middle Initial)
MS Patricia Mollino

Mailing Address 515 N Bay Ave

City State Zip Code
Massapequa NY 11758-2046

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
283

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 21 / 2014

Transaction ID : SA11Ai-CN76789

Amount of Each Receipt this Period
23

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

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

68.00

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

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NAME OF COMMITTEE (In Full)
Longan For Congress

A. Full Name (Last, First, Middle Initial)
MS Patricia Mollino

Mailing Address 515 N Bay Ave

City Massapequa State NY Zip Code 11758-2046

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 **306**

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 04 / 2014

Transaction ID : SA11Ai-CN77169

Amount of Each Receipt this Period
 23

B. Full Name (Last, First, Middle Initial)
MR Carlyle N Montanye JR

Mailing Address PO Box 14

City Glyndon State MD Zip Code 21071-0014

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
 12 / 08 / 2014

Transaction ID : SA11Ai-CN77306

Amount of Each Receipt this Period
 20

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

Mailing Address 47 Glen St

City Springville State NY Zip Code 14141-1003

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **285**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 22 / 2014

Transaction ID : SA11Ai-CN76841

Amount of Each Receipt this Period
 75

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

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

118.00

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

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NAME OF COMMITTEE (In Full)
Longan For Congress

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

Mailing Address 1014 Ripley Ave

City Westfield State NJ Zip Code 07090-1644

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
 12 / 04 / 2014

Transaction ID : SA11Ai-CN77173

Amount of Each Receipt this Period
 50

B. Full Name (Last, First, Middle Initial)
MS Dolores O'Connor

Mailing Address 852 Strang Dr

City Wantagh State NY Zip Code 11793-1136

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
 10 / 29 / 2014

Transaction ID : SA11Ai-CN77001

Amount of Each Receipt this Period
 50

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

Mailing Address 39 Eastwood Circuit

City West Roxbury State MA Zip Code 02132-5537

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
 10 / 21 / 2014

Transaction ID : SA11Ai-CN76732

Amount of Each Receipt this Period
 50

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

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

150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 80
	<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 Debra O'Leary-Kurtz

Mailing Address 11608 E Pawnee St

City State Zip Code
Wichita KS 67207-6410

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

Name of Employer Occupation
NONE STUDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
210

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 29 / 2014

Transaction ID : SA11Ai-CN77440

Amount of Each Receipt this Period
20

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

Mailing Address 1742 N Fitzgerald Ln

City State Zip Code
Hanford CA 93230-7901

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
470

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 04 / 2014

Transaction ID : SA11Ai-CN77174

Amount of Each Receipt this Period
80

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

Mailing Address 2743 Baker Rd

City State Zip Code
Modesto CA 95358-8263

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

Name of Employer Occupation
SELF DAIRY FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
700

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 04 / 2014

Transaction ID : SA11Ai-CN77194

Amount of Each Receipt this Period
100

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

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

200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 80
	<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 Pace

Mailing Address 774 S Mill Rd

City Vineland State NJ Zip Code 08360-4332

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **255**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 21 / 2014

Transaction ID : SA11Ai-CN76734

Amount of Each Receipt this Period
 25

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

Mailing Address 774 S Mill Rd

City Vineland State NJ Zip Code 08360-4332

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 **285**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 05 / 2014

Transaction ID : SA11Ai-CN77257

Amount of Each Receipt this Period
 30

C. Full Name (Last, First, Middle Initial)
MS Helen Pappas

Mailing Address 5435 Monticello Ave

City Dallas State TX Zip Code 75206-6039

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **210**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 21 / 2014

Transaction ID : SA11Ai-CN76790

Amount of Each Receipt this Period
 20

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

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

75.00

**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 80
	<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 Pappas

Mailing Address 5435 Monticello Ave

City State Zip Code
Dallas TX 75206-6039

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
235

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 05 / 2014

Transaction ID : SA11Ai-CN77258

Amount of Each Receipt this Period
25

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

Mailing Address 19 Porreca Dr

City State Zip Code
Millville NJ 08332-4839

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 16 / 2014

Transaction ID : SA11Ai-CN77410

Amount of Each Receipt this Period
250

C. Full Name (Last, First, Middle Initial)
Mr. Gregory F Poulos

Mailing Address 815 SW 8th Ter

City State Zip Code
Fort Lauderdale FL 33315-3853

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

Name of Employer Occupation
Information Requested BOAT YARD WOKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
210

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 05 / 2014

Transaction ID : SA11Ai-CN77274

Amount of Each Receipt this Period
20

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

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

295.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 80
	<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)
MRS Duska E Powell

Mailing Address 2548 Apple Tree St

City Hemet State CA Zip Code 92545-7702

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 **305**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 22 / 2014

Transaction ID : SA11Ai-CN76848

Amount of Each Receipt this Period
 100

B. Full Name (Last, First, Middle Initial)
MR Donald S Powers

Mailing Address 1501 Muirfield Dr

City Dyer State IN Zip Code 46311-1258

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

Name of Employer INSURANCE AGENT/REAL ESTA Occupation INSURANCE AGENT/REAL ESTA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 08 / 2014

Transaction ID : SA11Ai-CN77310

Amount of Each Receipt this Period
 100

C. Full Name (Last, First, Middle Initial)
MS Thespena A Pungchar

Mailing Address 9 Dogwood Dr

City Ocean State NJ Zip Code 07712-8706

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **215**

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 17 / 2014

Transaction ID : SA11Ai-CN77416

Amount of Each Receipt this Period
 25

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

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

225.00

**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 80
	<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 Pupino

Mailing Address 60 Knickerbocker Rd Apt 7

City Dumont State NJ Zip Code 07628-2635

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
 10 / 21 / 2014

Transaction ID : SA11Ai-CN76736

Amount of Each Receipt this Period
100

B. Full Name (Last, First, Middle Initial)
MS Ruth Rees

Mailing Address 3655 Somerset Dr

City New Orleans State LA Zip Code 70131-7138

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **225**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 01 / 2014

Transaction ID : SA11Ai-CN77086

Amount of Each Receipt this Period
75

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

Mailing Address 529 Plymouth Rd

City Plymouth Meeting State PA Zip Code 19462-1609

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **205**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 21 / 2014

Transaction ID : SA11Ai-CN76791

Amount of Each Receipt this Period
50

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

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

225.00

**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 80
	<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 S Reid

Mailing Address 529 Plymouth Rd

City State Zip Code
Plymouth Meeting PA 19462-1609

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
240

Date of Receipt
 M M / D D / Y Y Y Y
12 / 08 / 2014

Transaction ID : SA11Ai-CN77311

Amount of Each Receipt this Period
35

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

Mailing Address 432 High Ridge Rd

City State Zip Code
Stamford CT 06905-3020

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
210

Date of Receipt
 M M / D D / Y Y Y Y
10 / 21 / 2014

Transaction ID : SA11Ai-CN76792

Amount of Each Receipt this Period
30

C. Full Name (Last, First, Middle Initial)
MR Kenneth Rose

Mailing Address 39773 N 107th Way

City State Zip Code
Scottsdale AZ 85262-4952

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
12 / 04 / 2014

Transaction ID : SA11Ai-CN77176

Amount of Each Receipt this Period
100

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

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

165.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 80
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Longan For Congress

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

Mailing Address 215 Passaic Ave Apt 5j

City	State	Zip Code
Passaic	NJ	07055-3607

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

Name of Employer Information Requested	Occupation Information Requested
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 415

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 27 / 2014

Transaction ID : SA11Ai-CN76950

Amount of Each Receipt this Period
40

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

Mailing Address 215 Passaic Ave Apt 5j

City	State	Zip Code
Passaic	NJ	07055-3607

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

Name of Employer Information Requested	Occupation Information Requested
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 455

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 08 / 2014

Transaction ID : SA11Ai-CN77313

Amount of Each Receipt this Period
40

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

Mailing Address 3744 Oceanic Ave

City	State	Zip Code
Brooklyn	NY	11224-1222

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

Name of Employer Information Requested	Occupation Information Requested
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 208

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 04 / 2014

Transaction ID : SA11Ai-CN77178

Amount of Each Receipt this Period
36

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

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

116.00

**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 80
	<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. Ms Peggy Sauer
 Full Name (Last, First, Middle Initial)
 Mailing Address 3100 Edward St NE
 City Minneapolis State MN Zip Code 55418-2355
 FEC ID number of contributing federal political committee. C
 Name of Employer Retired Occupation Retired
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 270

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 23 / 2014
Transaction ID : SA11Ai-CN76886
 Amount of Each Receipt this Period
 50

B. MR Kenneth H Schrom
 Full Name (Last, First, Middle Initial)
 Mailing Address 1161 E 10th St
 City Salem State OH Zip Code 44460-1721
 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 225

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 22 / 2014
Transaction ID : SA11Ai-CN76854
 Amount of Each Receipt this Period
 75

C. MS Edna Sheppard
 Full Name (Last, First, Middle Initial)
 Mailing Address 823 N 161st PI Apt 209
 City Shoreline State WA Zip Code 98133-5683
 FEC ID number of contributing federal political committee. C
 Name of Employer Best Efforts Occupation Best Efforts
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 249

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 30 / 2014
Transaction ID : SA11Ai-CN77011
 Amount of Each Receipt this Period
 20

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

145.00

**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 80
	<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 Edna Sheppard

Mailing Address 823 N 161st PI Apt 209

City Shoreline	State WA	Zip Code 98133-5683
-------------------	-------------	------------------------

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
274

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		08		2014

Transaction ID : SA11Ai-CN77316

Amount of Each Receipt this Period
25

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

Mailing Address 9 Chatham Rd

City Chappaqua	State NY	Zip Code 10514-3507
-------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
450

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		05		2014

Transaction ID : SA11Ai-CN77233

Amount of Each Receipt this Period
200

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

Mailing Address 4800 Fillmore Ave Apt 603

City Alexandria	State VA	Zip Code 22311-5057
--------------------	-------------	------------------------

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
310

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		17		2014

Transaction ID : SA11Ai-CN76689

Amount of Each Receipt this Period
35

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

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

260.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 80
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Longan For Congress

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

Mailing Address 513 Starlight Ln

City Arroyo Grande State CA Zip Code 93420-4156

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **400**

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

Transaction ID : SA11Ai-CN77106

Amount of Each Receipt this Period
50

B. Full Name (Last, First, Middle Initial)
MRS Melia Skandalakis

Mailing Address 5460 E El Jardin St

City Long Beach State CA Zip Code 90815-4153

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

Name of Employer Best Efforts Occupation Best Efforts

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250**

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

Transaction ID : SA11Ai-CN77107

Amount of Each Receipt this Period
50

C. Full Name (Last, First, Middle Initial)
MS Ruby M Smalley

Mailing Address 978 Naples St

City Mendota State CA Zip Code 93640-2608

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **281**

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 05 / 2014

Transaction ID : SA11Ai-CN77261

Amount of Each Receipt this Period
53

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

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

153.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 80
	<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 Kenneth Snowe

Mailing Address 203 Lenox Ave

City Pompton Lakes State NJ Zip Code 07442-1302

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

Name of Employer SELF Occupation FINANCIAL ADVISOR

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
 12 / 01 / 2014

Transaction ID : SA11Ai-CN77088

Amount of Each Receipt this Period
 100

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

Mailing Address 2325 20th St NW

City Washington State DC Zip Code 20009-1411

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

Name of Employer Best Efforts Occupation Best Efforts

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **282**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : SA11Ai-CN76986

Amount of Each Receipt this Period
 25

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

Mailing Address 2325 20th St NW

City Washington State DC Zip Code 20009-1411

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

Name of Employer Best Efforts Occupation Best Efforts

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **329**

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

Transaction ID : SA11Ai-CN77392

Amount of Each Receipt this Period
 47

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

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

172.00

**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 80
	<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. Avis Spies

Mailing Address 60 Heyburn Rd

City Chadds Ford State PA Zip Code 19317-9707

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
 12 / 04 / 2014

Transaction ID : SA11Ai-CN77183

Amount of Each Receipt this Period
 _____ 50

B. Full Name (Last, First, Middle Initial)
Ms Dorothea Streveler

Mailing Address 6715 Missouri Ave

City Hammond State IN Zip Code 46323-1834

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **320**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 29 / 2014

Transaction ID : SA11Ai-CN77442

Amount of Each Receipt this Period
 _____ 150

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

Mailing Address 751 Morningside Dr

City Lake Forest State IL Zip Code 60045-4027

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **350**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2014

Transaction ID : SA11Ai-CN77028

Amount of Each Receipt this Period
 _____ 50

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

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

_____ 250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 80
	<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 Sara Thomas

Mailing Address 177 N Highland St Apt 4207

City State Zip Code
Memphis TN 38111-4777

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
285

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 19 / 2014

Transaction ID : SA11Ai-CN77425

Amount of Each Receipt this Period
50

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

Mailing Address 25 Steeplechase Dr

City State Zip Code
Newington CT 06111-5701

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

Name of Employer Occupation
None None

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
245

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 05 / 2014

Transaction ID : SA11Ai-CN77239

Amount of Each Receipt this Period
35

C. Full Name (Last, First, Middle Initial)
MRS Marina Timmermans

Mailing Address 1703 Main St

City State Zip Code
Lynden WA 98264-9115

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
565

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 04 / 2014

Transaction ID : SA11Ai-CN77188

Amount of Each Receipt this Period
50

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

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

135.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 80
	<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 Betty G Tway

Mailing Address 9601 Southbrook Dr Apt S315

City Jacksonville	State FL	Zip Code 32256-0811
----------------------	-------------	------------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **235**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2014

Transaction ID : SA11Ai-CN76953

Amount of Each Receipt this Period

75.00	10
-------	----

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

Mailing Address 9601 Southbrook Dr Apt S315

City Jacksonville	State FL	Zip Code 32256-0811
----------------------	-------------	------------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2014

Transaction ID : SA11Ai-CN77241

Amount of Each Receipt this Period

75.00	15
-------	----

C. Full Name (Last, First, Middle Initial)
MR Clark Vanderhoof

Mailing Address 6787 S 2300 E

City Cottonwood Heights	State UT	Zip Code 84121-3121
----------------------------	-------------	------------------------

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 M	/	D D D	/	Y Y Y Y Y Y
10		21		2014

Transaction ID : SA11Ai-CN76754

Amount of Each Receipt this Period

75.00	50
-------	----

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

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

75.00
75.00

**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 80
	<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 **610**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 19 / 2014

Transaction ID : SA11Ai-CN77068

Amount of Each Receipt this Period
40

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

Mailing Address **PO Box 151685**

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

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **660**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 23 / 2014

Transaction ID : SA11Ai-CN77431

Amount of Each Receipt this Period
50

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

Mailing Address **131 Fuhrman Ave**

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

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **553**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 20 / 2014

Transaction ID : SA11Ai-CN76708

Amount of Each Receipt this Period
50

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

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

140.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 80
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Longan For Congress

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

Mailing Address 6917 Bal Lake Dr

City State Zip Code
Fort Worth TX 76116-8017

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

Name of Employer Occupation
None Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
313

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 24 / 2014

Transaction ID : SA11Ai-CN76917

Amount of Each Receipt this Period
30

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

Mailing Address 6917 Bal Lake Dr

City State Zip Code
Fort Worth TX 76116-8017

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

Name of Employer Occupation
None Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
366

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

Transaction ID : SA11Ai-CN77110

Amount of Each Receipt this Period
53

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

Mailing Address 411 Forest St

City State Zip Code
Lewisburg TN 37091-3738

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

Name of Employer Occupation
Best Efforts Best Efforts

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
450

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

Transaction ID : SA11Ai-CN77111

Amount of Each Receipt this Period
200

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

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

283.00

**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 80
	<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 Walsh

Mailing Address 125 Saw Mill Rd

City North Haledon State NJ Zip Code 07508-2712

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **360**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 21 / 2014

Transaction ID : SA11Ai-CN76757

Amount of Each Receipt this Period
35

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

Mailing Address 125 Saw Mill Rd

City North Haledon State NJ Zip Code 07508-2712

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **390**

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

Transaction ID : SA11Ai-CN77140

Amount of Each Receipt this Period
30

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

Mailing Address 8 Fairview Ave

City Montvale State NJ Zip Code 07645-2511

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **350**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 21 / 2014

Transaction ID : SA11Ai-CN76799

Amount of Each Receipt this Period
50

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

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

115.00

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

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

FOR LINE NUMBER: PAGE 54 OF 80
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Longan For Congress

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

Mailing Address 8 Fairview Ave

City Montvale State NJ Zip Code 07645-2511

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **400**

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

Transaction ID : SA11Ai-CN77396

Amount of Each Receipt this Period
50

B. Full Name (Last, First, Middle Initial)
MS Mabel A West

Mailing Address 292 Smith St Ap T119

City Clio State MI Zip Code 48420

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **221**

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 21 / 2014

Transaction ID : SA11Ai-CN76800

Amount of Each Receipt this Period
53

C. Full Name (Last, First, Middle Initial)
MR Earl Whetstone

Mailing Address 9624 Crosby Dr

City Pleasanton State CA Zip Code 94588-4614

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 08 / 2014

Transaction ID : SA11Ai-CN77324

Amount of Each Receipt this Period
150

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

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

253.00

**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 80
	<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 Mary Ann B Wright

Mailing Address 7 S Haxton Pl

City State Zip Code
Salt Lake City UT 84102-1410

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
11 / 10 / 2014

Transaction ID : SA11Ai-CN77061

Amount of Each Receipt this Period
200

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

Mailing Address 1343 W Baltimore Pike Apt E418

City State Zip Code
Media PA 19063-5585

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
10 / 22 / 2014

Transaction ID : SA11Ai-CN76859

Amount of Each Receipt this Period
100

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

Mailing Address 2631 W Casas Cir

City State Zip Code
Tucson AZ 85742-9772

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
430

Date of Receipt
 M M / D D / Y Y Y Y
10 / 21 / 2014

Transaction ID : SA11Ai-CN76801

Amount of Each Receipt this Period
100

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

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

400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 80
	<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 Eldora W Zimmerman

Mailing Address 12217 Holverson Rd

City Durand State IL Zip Code 61024-9513

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **205**

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

Transaction ID : SA11Ai-CN77112

Amount of Each Receipt this Period
 45

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).....

45.00

15351.00

**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 57 OF 80			
	<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 10 / 01 / 2014
Mailing Address 11325 Random Hills Rd		Amount of Each Disbursement this Period 60.36
City Fairfax	State VA	Zip Code 22030
Purpose of Disbursement Fundraising	Category/ Type 001	
Candidate Name	Transaction ID : SB17-EX3548	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	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 10 / 06 / 2014
Mailing Address 11325 Random Hills Rd		Amount of Each Disbursement this Period 25.50
City Fairfax	State VA	Zip Code 22030
Purpose of Disbursement Fundraising	Category/ Type 001	
Candidate Name	Transaction ID : SB17-EX3549	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	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 10 / 10 / 2014
Mailing Address 11325 Random Hills Rd		Amount of Each Disbursement this Period 14.70
City Fairfax	State VA	Zip Code 22030
Purpose of Disbursement Fundraising	Category/ Type 001	
Candidate Name	Transaction ID : SB17-EX3550	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Fundraising
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	100.56
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 58 OF 80	
	<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 11 / 03 / 2014	
Mailing Address 11325 Random Hills Rd			Amount of Each Disbursement this Period 60.10	
City Fairfax	State VA	Zip Code 22030	Transaction ID : SB17-EX3551	
Purpose of Disbursement Fundraising		Category/ Type 001	Fundraising	
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)			
State: District:				

Full Name (Last, First, Middle Initial) B. First Virginia Community Bank			Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014	
Mailing Address 11325 Random Hills Rd			Amount of Each Disbursement this Period 25.75	
City Fairfax	State VA	Zip Code 22030	Transaction ID : SB17-EX3552	
Purpose of Disbursement Fundraising		Category/ Type 001	Fundraising	
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)			
State: District:				

Full Name (Last, First, Middle Initial) c. First Virginia Community Bank			Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2014	
Mailing Address 11325 Random Hills Rd			Amount of Each Disbursement this Period 45.97	
City Fairfax	State VA	Zip Code 22030	Transaction ID : SB17-EX3553	
Purpose of Disbursement Fundraising		Category/ Type 001	Fundraising	
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)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	131.82
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 59 OF 80			
	<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 12 / 01 / 2014
Mailing Address 11325 Random Hills Rd			Amount of Each Disbursement this Period 14.07
City Fairfax	State VA	Zip Code 22030	Transaction ID : SB17-EX3554
Purpose of Disbursement Fundraising		001 Category/ Type	
Candidate Name		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Fundraising
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) B. First Virginia Community Bank			Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2014
Mailing Address 11325 Random Hills Rd			Amount of Each Disbursement this Period 25.25
City Fairfax	State VA	Zip Code 22030	Transaction ID : SB17-EX3555
Purpose of Disbursement Fundraising		001 Category/ Type	
Candidate Name		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Fundraising
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) c. First Virginia Community Bank			Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2014
Mailing Address 11325 Random Hills Rd			Amount of Each Disbursement this Period 13.69
City Fairfax	State VA	Zip Code 22030	Transaction ID : SB17-EX3556
Purpose of Disbursement Fundraising		001 Category/ Type	
Candidate Name		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Fundraising
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

SUBTOTAL of Disbursements This Page (optional).....	53.01
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 80			
	<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. Capitol Caging Corp		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 504 SHAW ROAD SUITE 217		Amount of Each Disbursement this Period 436.03
City STERLING State VA Zip Code 20166	Purpose of Disbursement Fundraising	Transaction ID : SB17-EX3557
Candidate Name	001 Category/Type	Fundraising
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Capitol Caging Corp		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 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	Transaction ID : SB17-EX3558
Candidate Name	001 Category/Type	Fundraising
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Capitol Caging Corp		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 504 SHAW ROAD SUITE 217		Amount of Each Disbursement this Period 1064.63
City STERLING State VA Zip Code 20166	Purpose of Disbursement Fundraising	Transaction ID : SB17-EX3559
Candidate Name	001 Category/Type	Fundraising
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2000.63
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 61 OF 80			
	<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 12 / 18 / 2014
Mailing Address 504 SHAW ROAD SUITE 217		Amount of Each Disbursement this Period 949.32
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	Transaction ID : SB17-EX3564 Fundraising
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Capitol Caging Corp		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2014
Mailing Address 504 SHAW ROAD SUITE 217		Amount of Each Disbursement this Period 748.00
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	Transaction ID : SB17-EX3565 Fundraising
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Capitol Caging Corp		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2014
Mailing Address 504 SHAW ROAD SUITE 217		Amount of Each Disbursement this Period 41.56
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	Transaction ID : SB17-EX3566 Fundraising
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1738.88
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 62 OF 80			
	<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 12 / 18 / 2014
Mailing Address 504 SHAW ROAD SUITE 217		Amount of Each Disbursement this Period 406.89
City STERLING State VA Zip Code 20166	Transaction ID : SB17-EX3567	
Purpose of Disbursement Fundraising	001	Fundraising
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Century Data Mailing Systems		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount of Each Disbursement this Period 9121.30
City WASHINGTON State DC Zip Code 20005	Transaction ID : SB17-EX3562	
Purpose of Disbursement Fundraising	001	Fundraising
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Simpkins Escrow LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 29243 St Just Dr		Amount of Each Disbursement this Period 130.27
City UNIONVILLE State VA Zip Code 22567	Transaction ID : SB17-EX3560	
Purpose of Disbursement Fundraising	001	Fundraising
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	9658.46
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 63 OF 80	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Lonegan For Congress

Full Name (Last, First, Middle Initial) A. Simpkins Escrow LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2014
Mailing Address 29243 St Just Dr		Amount of Each Disbursement this Period 207.95
City UNIONVILLE	State VA	
Zip Code 22567	Purpose of Disbursement Fundraising	Transaction ID : SB17-EX3561
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)	Fundraising
State: District:		

Full Name (Last, First, Middle Initial) B. Elizabeth Curtis		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2014
Mailing Address 5 Halifax Ct		Amount of Each Disbursement this Period 850.00
City Marlton	State NJ	
Zip Code 08053	Purpose of Disbursement Compliance Consulting	Transaction ID : SB17-EX3547
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)	Compliance Consulting
State: District:		

Full Name (Last, First, Middle Initial) C. Intuit		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 2632 Marine Way		Amount of Each Disbursement this Period 28.00
City Mountain View	State CA	
Zip Code 94043	Purpose of Disbursement Payroll Service Fee	Transaction ID : SB17-EX3542
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)	Payroll Service Fee
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1085.95
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 64 OF 80			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Lonegan For Congress

Full Name (Last, First, Middle Initial) A. Intuit		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014
Mailing Address 2632 Marine Way		Amount of Each Disbursement this Period 28.00
City Mountain View	State CA	
Purpose of Disbursement Payroll Service Fee	Zip Code 94043	Payroll Service Fee
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)	
State: District:		

Full Name (Last, First, Middle Initial) B. Intuit		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2014
Mailing Address 2632 Marine Way		Amount of Each Disbursement this Period 28.00
City Mountain View	State CA	
Purpose of Disbursement Payroll Service Fee	Zip Code 94043	Payroll Service Fee
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)	
State: District:		

Full Name (Last, First, Middle Initial) c. HostGator.com LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 5005 Mitchelldale Ste 100		Amount of Each Disbursement this Period 49.95
City Houston	State TX	
Purpose of Disbursement Web Hosting	Zip Code 77092	Web Hosting
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)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	105.95
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 65 OF 80			
	<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. HostGator.com LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2014
Mailing Address 5005 Mitchelldale Ste 100		Amount of Each Disbursement this Period 49.95
City Houston State TX Zip Code 77092	Purpose of Disbursement Web Hosting Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17-EX3544
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	
Web Hosting		

Full Name (Last, First, Middle Initial) B. HostGator.com LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 24 / 2014
Mailing Address 5005 Mitchelldale Ste 100		Amount of Each Disbursement this Period 49.95
City Houston State TX Zip Code 77092	Purpose of Disbursement Web Hosting Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17-EX3545
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	
Web Hosting		

Full Name (Last, First, Middle Initial) C. Colortree Marketing Resources		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2014
Mailing Address PO Box 28960		Amount of Each Disbursement this Period 8486.57
City Henrico State VA Zip Code 23228	Purpose of Disbursement Fundraising Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17-EX3568
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	
Fundraising		

SUBTOTAL of Disbursements This Page (optional).....	8586.47
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 66 OF 80			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Lonegan For Congress

Full Name (Last, First, Middle Initial) A. Google Inc		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 1600 Amphitheatre Parkway		Amount of Each Disbursement this Period 10.00
City Mountain View State CA Zip Code 94043	Purpose of Disbursement Technical Support 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)	Transaction ID : SB17-EX3537
State: District:	Technical Support	

Full Name (Last, First, Middle Initial) B. Google Inc		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 1600 Amphitheatre Parkway		Amount of Each Disbursement this Period 10.00
City Mountain View State CA Zip Code 94043	Purpose of Disbursement Technical Support 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)	Transaction ID : SB17-EX3538
State: District:	Technical Support	

Full Name (Last, First, Middle Initial) c. Google Inc		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2014
Mailing Address 1600 Amphitheatre Parkway		Amount of Each Disbursement this Period 10.00
City Mountain View State CA Zip Code 94043	Purpose of Disbursement Technical Support 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)	Transaction ID : SB17-EX3539
State: District:	Technical Support	

SUBTOTAL of Disbursements This Page (optional).....	30.00
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 67 OF 80	
	<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

A. Direct Support Services

Full Name (Last, First, Middle Initial)
Mailing Address 1155 15th St Ste 410

City Washington State DC Zip Code 20005

Purpose of Disbursement Fundraising

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 13 / 2014

Amount of Each Disbursement this Period: 8793.94

Transaction ID : SB17-EX3563

Fundraising

Category/Type: 001

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... 8793.94

TOTAL This Period (last page this line number only)..... 32285.70

**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 68 OF 80	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Lonegan For Congress

Full Name (Last, First, Middle Initial) A. Mr. Sean M Fieler		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2014
Mailing Address 40 Haslet Ave		Amount of Each Disbursement this Period 2600.00
City Princeton	State NJ	Zip Code 08540
Purpose of Disbursement Contribution Ref to Individual	Category/ Type	
Candidate Name	Transaction ID : SB20a-CR56	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Refund of general contribution
State: District:		

Full Name (Last, First, Middle Initial) B. Roberta W Hillman		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address PO Box 332		Amount of Each Disbursement this Period 1600.00
City Chilmark	State MA	Zip Code 02535
Purpose of Disbursement Contribution Ref to Individual	Category/ Type	
Candidate Name	Transaction ID : SB20a-CR57	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	Zip Code
Purpose of Disbursement	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4200.00
TOTAL This Period (last page this line number only).....	4200.00

**SCHEDULE C (FEC Form 3)
LOANS**

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Lonegan For Congress

Transaction ID : SC10-LN10

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

Steven Lonegan

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
212 Larch Ave

City State ZIP Code
Bogota NJ 07603

1/2 of this loan forgiven per candidate letter dated 11/24/2014.

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000	.00	50000.00

TERMS

Date Incurred: M 05 / D 09 / 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).....	50000.00
TOTALS This Period (last page in this line only).....	[]

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Lonegan For Congress

Transaction ID : SC10-LN11

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

Steven Lonegan

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
212 Larch Ave

City State ZIP Code
Bogota NJ 07603

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
100000 .00 100000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 05 / D 16 / Y 2014 M 12 / D 31 / Y 2014 0.00 % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional)..... 100000.00

TOTALS This Period (last page in this line only).....

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Lonegan For Congress

Transaction ID : SC10-LN13

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

Steven Lonegan

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
212 Larch Ave

City State ZIP Code
Bogota NJ 07603

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
100000 .00 100000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 05 / D 23 / Y 2014 M 12 / D 31 / Y 2014 0.00 % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional)..... 100000.00
TOTALS This Period (last page in this line only)..... 250000.00

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

Lonegan For Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Base Connect Inc.

Mailing Address 1155 - 15TH ST NW
SUITE 410

City State Zip Code
WASHINGTON DC 20005

Nature of Debt (Purpose):
Invoice: Fundraising

Outstanding Balance Beginning This Period **Transaction ID : SD10-INV1871**
1442.93

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
.00 .00 1442.93

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

Mailing Address 22695 Commerce Center Court

City State Zip Code
Dulles VA 20166

Nature of Debt (Purpose):
Invoice: Fundraising

Outstanding Balance Beginning This Period **Transaction ID : SD10-INV1877**
516.47

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
.00 .00 516.47

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Legacy Lists Inc - Mgmt

Mailing Address 1155 - 15TH STREET NW

City State Zip Code
Washington DC 20005

Nature of Debt (Purpose):
Invoice: Fundraising

Outstanding Balance Beginning This Period **Transaction ID : SD10-INV1879**
1721.10

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
.00 .00 1721.10

1) SUBTOTALS This Period This Page (optional)	▶	3680.50
2) TOTALS This Period (last page this line number only)	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶		

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Lonegan For Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Legacy Lists Inc - Brokerage	Nature of Debt (Purpose): Invoice: Fundraising
Mailing Address 1155 - 15TH STREET NW SUITE 410	
City State Zip Code WASHINGTON DC 20005	

Outstanding Balance Beginning This Period 5403.74	Transaction ID : SD10-INV3251	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 5403.74

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Century Data Systems Corp	Nature of Debt (Purpose): Invoice: Fundraising
Mailing Address 1155 - 15TH STREET NW SUITE 410	
City State Zip Code WASHINGTON DC 20005	

Outstanding Balance Beginning This Period 2767.50	Transaction ID : SD10-INV3252	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 2767.50

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

Outstanding Balance Beginning This Period 10035.60	Transaction ID : SD10-INV3253	
Amount Incurred This Period .00	Payment This Period 8486.57	Outstanding Balance at Close of This Period 1549.03

1) SUBTOTALS This Period This Page (optional)	9720.27
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

Lonegan For Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Consolidated Mailing Services

Mailing Address 504 SHAW ROAD
 SUITE 206

City State Zip Code
 STERLING VA 20166

Nature of Debt (Purpose):
 Invoice: Fundraising

Outstanding Balance Beginning This Period **Transaction ID : SD10-INV3254**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

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

Mailing Address 1900 N CULPEPER STREET

City State Zip Code
 ARLINGTON VA 22207

Nature of Debt (Purpose):
 Invoice: Fundraising

Outstanding Balance Beginning This Period **Transaction ID : SD10-INV3255**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

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

Mailing Address 1155 - 15TH ST NW
 SUITE 410

City State Zip Code
 WASHINGTON DC 20005

Nature of Debt (Purpose):
 Invoice: Fundraising

Outstanding Balance Beginning This Period **Transaction ID : SD10-INV3060**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="37007.35"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

Lonegan For Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Capitol Caging Corp

Mailing Address 504 SHAW ROAD
 SUITE 217

City State Zip Code
 STERLING VA 20166

Nature of Debt (Purpose):
 Invoice: Fundraising

Outstanding Balance Beginning This Period **Transaction ID : SD10-INV3061**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

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

Mailing Address PO Box 28960

City State Zip Code
 Henrico VA 23228

Nature of Debt (Purpose):
 Invoice: Fundraising

Outstanding Balance Beginning This Period **Transaction ID : SD10-INV3063**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

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

Mailing Address 1900 N CULPEPER STREET

City State Zip Code
 ARLINGTON VA 22207

Nature of Debt (Purpose):
 Invoice: Fundraising

Outstanding Balance Beginning This Period **Transaction ID : SD10-INV3065**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="5020.80"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Lonegan For Congress

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

Outstanding Balance Beginning This Period 10194.93	Transaction ID : SD10-INV3066	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 10194.93

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

Outstanding Balance Beginning This Period 2440.56	Transaction ID : SD10-INV3068	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 2440.56

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Century Data Systems Corp	Nature of Debt (Purpose): Invoice: Fundraising
Mailing Address 1155 - 15TH STREET NW SUITE 410	
City State Zip Code WASHINGTON DC 20005	

Outstanding Balance Beginning This Period 4333.74	Transaction ID : SD10-INV3217	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 4333.74

1) SUBTOTALS This Period This Page (optional)	16969.23
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Lonegan For Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Consolidated Mailing Services		Nature of Debt (Purpose): Invoice: Fundraising
Mailing Address 504 SHAW ROAD SUITE 206		
City State	Zip Code	
STERLING VA	20166	

Outstanding Balance Beginning This Period	Transaction ID : SD10-INV3256	
122.26		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
.00	.00	122.26

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Legacy Lists Inc - Brokerage		Nature of Debt (Purpose): Invoice: Fundraising
Mailing Address 1155 - 15TH STREET NW SUITE 410		
City State	Zip Code	
WASHINGTON DC	20005	

Outstanding Balance Beginning This Period	Transaction ID : SD10-INV3257	
5793.47		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
.00	.00	5793.47

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Base Connect Inc.		Nature of Debt (Purpose): Invoice: Fundraising
Mailing Address 1155 - 15TH ST NW SUITE 410		
City State	Zip Code	
WASHINGTON DC	20005	

Outstanding Balance Beginning This Period	Transaction ID : SD10-INV3212	
5725.37		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
.00	.00	5725.37

1) SUBTOTALS This Period This Page (optional)	11641.10
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Lonegan For Congress

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

Outstanding Balance Beginning This Period	Transaction ID : SD10-INV3213	
<input type="text" value="2271.37"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value=".00"/>	<input type="text" value=".00"/>	<input type="text" value="2271.37"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Consolidated Mailing Services		Nature of Debt (Purpose): Invoice: Fundraising
Mailing Address 504 SHAW ROAD SUITE 206		
City State	Zip Code	
STERLING VA	20166	

Outstanding Balance Beginning This Period	Transaction ID : SD10-INV3215	
<input type="text" value="5144.76"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value=".00"/>	<input type="text" value=".00"/>	<input type="text" value="5144.76"/>

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	Transaction ID : SD10-INV3216	
<input type="text" value="1564.63"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value=".00"/>	<input type="text" value="1564.63"/>	<input type="text" value=".00"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="7416.13"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Lonegan For Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Legacy Lists Inc - Brokerage		Nature of Debt (Purpose): Invoice: Fundraising
Mailing Address 1155 - 15TH STREET NW SUITE 410		
City State	Zip Code	
WASHINGTON DC	20005	

Outstanding Balance Beginning This Period	Transaction ID : SD10-INV3218	
<input type="text" value="2306.91"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value=".00"/>	<input type="text" value=".00"/>	<input type="text" value="2306.91"/>

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-INV3259	
<input type="text" value="7661.09"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value=".00"/>	<input type="text" value=".00"/>	<input type="text" value="7661.09"/>

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	Transaction ID : SD10-INV3249	
<input type="text" value="949.32"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value=".00"/>	<input type="text" value="949.32"/>	<input type="text" value=".00"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="9968.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Lonegan For Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Consolidated Mailing Services		Nature of Debt (Purpose): Invoice: Fundraising
Mailing Address 504 SHAW ROAD SUITE 206		
City State	Zip Code	
STERLING VA	20166	

Outstanding Balance Beginning This Period	Transaction ID : SD10-INV3250	
12466.15		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
.00	.00	12466.15

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Century Data Systems Corp		Nature of Debt (Purpose): Invoice: Fundraising
Mailing Address 1155 - 15TH STREET NW SUITE 410		
City State	Zip Code	
WASHINGTON DC	20005	

Outstanding Balance Beginning This Period	Transaction ID : SD10-INV3290	
.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
90.00	.00	90.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Consolidated Mailing Services		Nature of Debt (Purpose): Invoice: Fundraising
Mailing Address 504 SHAW ROAD SUITE 206		
City	State	Zip Code
STERLING VA		20166

Outstanding Balance Beginning This Period	Transaction ID : SD10-INV3290	
.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
5532.90	.00	5532.90

1) SUBTOTALS This Period This Page (optional)	18089.05
2) TOTALS This Period (last page this line number only)	119512.43
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	250000.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	369512.43