

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
Marlton NJ 08053
Check if different than previously reported. (ACC)
CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER C C00555284
3. IS THIS REPORT NEW (N) OR AMENDED (A)
STATE DISTRICT 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 MM/DD/YYYY in the State of
(c) 30-Day POST-Election Report for the:
General (30G) Runoff (30R) Special (30S)
Election on MM/DD/YYYY in the State of

5. Covering Period MM/DD/YYYY through MM/DD/YYYY
04 / 01 / 2023 through 06 / 30 / 2023

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 Curtis, Elizabeth, , ,

Signature of Treasurer Curtis, Elizabeth, , , [Electronically Filed] Date MM/DD/YYYY 07 / 01 / 2023

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

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)).... | 0.00 | 741348.94 |
| (b) Total Contribution Refunds (from Line 20(d)) | 0.00 | 12375.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 0.00 | 728973.94 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 0.00 | 1241932.28 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 722.29 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 0.00 | 1241209.99 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 0.00 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | 342452.23 | |

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Lonegan for Congress

Report Covering the Period: From: MM / DD / YYYY 04 / 01 / 2023 To: MM / DD / YYYY 06 / 30 / 2023

| I. RECEIPTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------------|------------------------------------|
| 11. CONTRIBUTIONS (other than loans) FROM: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 0.00 | 275000.48 |
| (ii) Unitemized | 0.00 | 448933.46 |
| (iii) TOTAL of contributions from individuals | 0.00 | 723933.94 |
| (b) Political Party Committees..... | 0.00 | 65.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 14750.00 |
| (d) The Candidate | 0.00 | 2600.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 0.00 | 741348.94 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate..... | 0.00 | 496500.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 0.00 | 496500.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) | 0.00 | 722.29 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.) | 0.00 | 25100.59 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... | 0.00 | 1263671.82 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 0.00 | 1241932.28 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) Of All Other Loans | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 12375.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 0.00 | 12375.00 |
| 21. OTHER DISBURSEMENTS | 0.00 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 0.00 | 1254307.28 |

III. CASH SUMMARY

| | |
|---|------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 0.00 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 0.00 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 0.00 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 0.00 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 0.00 |

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4502**
Lonegan for Congress

| | | | |
|--|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) Lonegan, Steven, , , | | <input type="checkbox"/> Memo Item | Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 212 Larch Ave | | | |
| City Bogota | State NJ | ZIP Code 07603 | <input type="checkbox"/> Personal Funds of the Candidate |

| | | |
|--------------------------------------|------------------------------------|---|
| Original Amount of Loan 100000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 50000.00 |
|--------------------------------------|------------------------------------|---|

| | | | | |
|--------------|---------------------------------------|--------------------------------------|--|---|
| TERMS | Date Incurred M 05 / D 09 / Y 2014 | Date Due M M / D D / Y 12/31/2014 | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|--------------------------------------|--|---|

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

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : SC/10.4502

(Current loan amount of 50000.00 from a balance of 100000.00 has been forgiven per candidate letter dated 11/24/2014)

Form/Schedule:

Transaction ID:

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4499**
 Lonegan for Congress

| | | | |
|--|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) Lonegan, Steven, , , | | <input type="checkbox"/> Memo Item | Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 212 Larch Ave | | | |
| City Bogota | State NJ | ZIP Code 07603 | <input type="checkbox"/> Personal Funds of the Candidate |

| | | |
|--------------------------------------|------------------------------------|--|
| Original Amount of Loan 100000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 100000.00 |
|--------------------------------------|------------------------------------|--|

| | | | | |
|--------------|---------------------------------------|--------------------------------------|--|---|
| TERMS | Date Incurred M 05 / D 16 / Y 2014 | Date Due M M / D D / Y 12/31/2014 | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|--------------------------------------|--|---|

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

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

| | |
|---|---------------|
| SUBTOTALS This Period This Page (optional).....▶ | [] 100000.00 |
| TOTALS This Period (last page in this line only).....▶ | [] |

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4501**
Lonegan for Congress

| | | | |
|--|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) Lonegan, Steven, , , | | <input type="checkbox"/> Memo Item | Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 212 Larch Ave | | | |
| City Bogota | State NJ | ZIP Code 07603 | <input type="checkbox"/> Personal Funds of the Candidate |

| | | |
|--------------------------------------|------------------------------------|--|
| Original Amount of Loan 100000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 100000.00 |
|--------------------------------------|------------------------------------|--|

| | | | | |
|--------------|---------------------------------------|--------------------------------------|--|---|
| TERMS | Date Incurred M 05 / D 23 / Y 2014 | Date Due M M / D D / Y 12/31/2014 | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|--------------------------------------|--|---|

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

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

NAME OF COMMITTEE (In Full)
Lonegan for Congress

| | | | |
|---|-------------|-------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Base Connect, Inc. | | | Nature of Debt (Purpose): Fundraising |
| Mailing Address 1155 15th St NW Suite 410 | | | |
| City Washington | State DC | Zip Code 20005 | |

| | | |
|--|-----------------------------|--|
| Outstanding Balance Beginning This Period 5725.37 | Transaction ID : SD10.4539 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 5725.37 |

| | | | |
|---|-------------|-------------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Base Connect, Inc. | | | Nature of Debt (Purpose): Fundraising |
| Mailing Address 1155 15th St NW Suite 410 | | | |
| City Washington | State DC | Zip Code 20005 | |

| | | |
|---|-----------------------------|---|
| Outstanding Balance Beginning This Period 30605.27 | Transaction ID : SD10.4524 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 30605.27 |

| | | | |
|--|-------------|-------------------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Consolidated Mailing Services | | | Nature of Debt (Purpose): Fundraising |
| Mailing Address 504 Shaw Rd Suite 206 | | | |
| City Sterling | State VA | Zip Code 20166 | |

| | | |
|---|-----------------------------|---|
| Outstanding Balance Beginning This Period 225.62 | Transaction ID : SD10.4541 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 225.62 |

| | | |
|--|---|----------|
| 1) SUBTOTALS This Period This Page (optional) | ▶ | 36556.26 |
| 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): Fundraising |
| Mailing Address 504 Shaw Rd Suite 206 | | | |
| City Sterling | State VA | Zip Code 20166 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="5769.48"/> | Transaction ID : SD10.4552 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="5769.48"/> |

| | | | |
|--|-------------|-------------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Consolidated Mailing Services | | | Nature of Debt (Purpose): Fundraising |
| Mailing Address 504 Shaw Rd Suite 206 | | | |
| City Sterling | State VA | Zip Code 20166 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="5532.90"/> | Transaction ID : SD10.4555 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="5532.90"/> |

| | | | |
|--|-------------|-------------------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Consolidated Mailing Services | | | Nature of Debt (Purpose): Fundraising |
| Mailing Address 504 Shaw Rd Suite 206 | | | |
| City Sterling | State VA | Zip Code 20166 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="9421.05"/> | Transaction ID : SD10.4583 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="9421.05"/> |

| | |
|--|---------------------------------------|
| 1) SUBTOTALS This Period This Page (optional) | <input type="text" value="20723.43"/> |
| 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): Fundraising |
| Mailing Address 504 Shaw Rd Suite 206 | | | |
| City Sterling | State VA | Zip Code 20166 | |

| | | | |
|---|-----------------------------|---|--|
| Outstanding Balance Beginning This Period 14548.45 | | Transaction ID : SD10.4811 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 14548.45 | |

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

| | | | |
|--|-----------------------------|--|--|
| Outstanding Balance Beginning This Period 7661.09 | | Transaction ID : SD10.4548 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 7661.09 | |

| | | | |
|---|-------------|-------------------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Legacy Lists Inc - Brokerage | | | Nature of Debt (Purpose): Fundraising |
| Mailing Address 1155 - 15th Street NW Suite 410 | | | |
| City Washington | State DC | Zip Code 20005 | |

| | | | |
|--|-----------------------------|--|--|
| Outstanding Balance Beginning This Period 1199.54 | | Transaction ID : SD10.4514 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 1199.54 | |

| | | |
|--|---|----------|
| 1) SUBTOTALS This Period This Page (optional) | ▶ | 23409.08 |
| 2) TOTALS This Period (last page this line number only) | ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

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): Fundraising |
| Mailing Address 1155 - 15th Street NW Suite 410 | | | |
| City Washington | State DC | Zip Code 20005 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="5793.47"/> | Transaction ID : SD10.4538 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="5793.47"/> |

| | | | |
|---|-------------|-------------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Legacy Lists Inc - Brokerage | | | Nature of Debt (Purpose): Fundraising |
| Mailing Address 1155 - 15th Street NW Suite 410 | | | |
| City Washington | State DC | Zip Code 20005 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="1813.69"/> | Transaction ID : SD10.4547 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="1813.69"/> |

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

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="1884.93"/> | Transaction ID : SD10.4535 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="1884.93"/> |

| | |
|--|--------------------------------------|
| 1) SUBTOTALS This Period This Page (optional) | <input type="text" value="9492.09"/> |
| 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 Legacy Lists Inc. - Mgmt | | | Nature of Debt (Purpose): Fundraising |
| Mailing Address 1155- 15th St NW | | | |
| City Washington | State DC | Zip Code 20005 | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Transaction ID : SD10.4540 | |
| 2271.37 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | 0.00 | 2271.37 | |

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

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | | |
| | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| | | | |

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

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | | |
| | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| | | | |

| | |
|--|-----------|
| 1) SUBTOTALS This Period This Page (optional) | 2271.37 |
| 2) TOTALS This Period (last page this line number only) | 92452.23 |
| 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) | 342452.23 |