Image#	20230	701958	2427863
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07/01/2023 12 : 07

PAGE 1 / 13

FEC FORM 3		T OF RE SBURSE	MENTS			Office Use Only
1. NAME OF COMMITTEE (in			kample: If typing ver the lines.	g, type	12FE4M5	
ADDRESS (number ar	the street) fferent usly CCC) 5 Halifax Ct Mariton Mariton CATION NUMBER ▼		 			U8053 ZIP CODE ▲ STATE ▼ DISTRICT UNJ U 03
 (a) Quarterly R April 15 July 15 Octobe January 	PORT (Choose One) eports: 5 Quarterly Report (Q1) 9 Quarterly Report (Q2) 9 15 Quarterly Report (Q3) 9 31 Year-End Report (YE) ation Report (TER)	Election on	E-Election Repo Primary (12P) Convention (1 T-Election Rep General (30G)	2C)	General (1. Special (12 Y Y Y Y Runoff (30	2S) in the State of
5. Covering Period	04 / D1 D1	/ Y Y Y Y 2023	through	м м 06	/ D D / 30	Y Y Y Y 2023
I certify that I have e	examined this Report and t Curtis, Elizal of Treasurer		nowledge and k	oelief it is tru	ue, correct and	l complete.
Signature of Treasure	Curtis, Elizabeth, , , er		[Electronically F	iled] D	ate	/ D D / Y Y Y Y 01 2023
	false, erroneous, or incompl	ete information may	subject the pers	on signing t	his Report to th	e penalties of 52 U.S.C. §30109
Office Use Only						FEC FORM 3 (Revised 05/2016)

	202307019582427864		_
	FEC Form 3 (Revised 05/2016)	SUMMARY PAGE of Receipts and Disbursements	PAGE 2 / 13
	or Type Committee Name egan for Congress		
Repor	t Covering the Period: From:	M / D D / Y Y Y Y 4 01 / 2023 To:	M 06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Ne	t 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. Ne	t 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
	sh on Hand at Close of porting Period (from Line 27)	0.00	
the	bts and Obligations Owed TO Committee (Itemize all on hedule C and/or Schedule D)	0.00	
	bts and Obligations Owed BY Committee (Itemize all on		

For further information contact:

Schedule C and/or Schedule D).....

342452.23

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

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

Image#	2023070	119582	427865
mayem	2023070	J 1 3 J U Z	421000

FEC Form 3 (Revised 05/2016) Write or Type Committee Name	DETAILED SUMMARY PAGE of Receipts	PAGE 3 / 13
Lonegan for Congress		
Report Covering the Period: From:	04 / D D / Y Y Y Y 04 01 / 2023 To:	M M / D D / Y Y Y Y 06 30 2023
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM	Л:	
 (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(c) Other Political Committees	0.00	, , 65.00
(such as PACs)	0.00	14750.00
(d) The Candidate(e) TOTAL CONTRIBUTIONS (other than loans)	0.00	2600.00
(add Lines 11(a)(iii), (b), (c), and (d))	0.00	741348.94
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
 LOANS: (a) Made or Guaranteed by the 		
Candidate	0.00	496500.00
(b) All Other Loans (c) TOTAL LOANS	0.00	0.00
(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

FEC Form 3 (Revised 05/2016) COLUMN A COLUMN B **II. DISBURSEMENTS Total This Period Election Cycle-to-Date** 0.00 1241932.28 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER 0.00 0.00 AUTHORIZED COMMITTEES 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed 0.00 0.00 by the Candidate..... 0.00 0.00 (b) Of All Other Loans (c) TOTAL LOAN REPAYMENTS 0.00 0.00 (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: Individuals/Persons Other (a) 0.00 12375.00 Than Political Committees 0.00 0.00 (b) Political Party Committees..... Other Political Committees (c) 0.00 (such as PACs) (d) TOTAL CONTRIBUTION REFUNDS 0.00 (add Lines 20(a), (b), and (c))..... 0.00 21. OTHER DISBURSEMENTS 22. TOTAL DISBURSEMENTS 0.00

(add Lines 17, 18, 19(c), 20(d), and 21)

III. CASH SUMMARY

23.	CASH ON HAND AT BEGINNING OF REPORTING PERIOD		7		7	_	0.00
24	TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)		7		7	-	0.00
25.	SUBTOTAL (add Line 23 and Line 24)		7		7	-	0.00
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)		7		7	_	0.00
27.	CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)		7		7	-	0.00

DETAILED SUMMARY PAGE

of Disbursements

7		7	0.00
			12375.00
		,	

0.00

1254307.28

HEDULE C (FEC Form 3)			Use separate schedule	PAGE 5 OF 13
.OANS			for each category of the Detailed Summary Pag	ie (check only one) X 13a
ME OF COMMITTEE (In Full) onegan for Congress			Transac	tion ID : SC/10.4502
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)		Memo Item	Election: 2014
Lonegan, Steven, , ,				X Primary General
Mailing Address 212 Larch Ave				Other (specify) v
City	State	ZIP Code)	
Bogota	NJ	07603		Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pag	yment To D	ate Bala	nce Outstanding at Close of This Period
100000.00	,		0.00	50000.00
TERMS Date Incurred	D	Date Due	Interest Rate (If none, enter	
M05 ^M / D09 ^D / Y Ž014 Y	M M / D D	/ ^Y 12/3	0.1/2014 ^v	
List All Endorsers or Guarantors (if any) to	o Loan Source			
1. Full Name (Last, First, Middle Initial)		1	Name of Employer	
Mailing Address			Occupation	
City State	ZIP Code	(Amount Guaranteed Outstanding:	ng 1 1 ng 1 n n n
2. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
			Amount Guaranteed	
City State	ZIP Code			y
3. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
			Amount	
City State	ZIP Code		Guaranteed Outstanding:	y
4. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City State	ZIP Code	(Amount Guaranteed Outstanding:	y 1 y 1 m
UBTOTALS This Period This Page (optional) OTALS This Period (last page in this line only			<u> </u>	50000.00

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 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

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:

hage# 20200101000242100					PAGE 7 OF 13	
SCHEDULE C (FEC Form 3) LOANS			Use separate schedule(s) for each category of the Detailed Summary Page			
AME OF COMMITTEE (Ir _onegan for Congr	,			Transa	ction ID : SC/10.4499	
LOAN SOURCE Full I Lonegan, Steven	•	ddle Initial)		Memo Item	Election: 2014 Primary General	
Mailing Address 212 Larch Ave					Other (specify)	
City Bogota		State NJ	ZIP Code 07603	e	Personal Funds of the Candidate	
Original Amount of Lo	an	Cumulative Pa	yment To D	Date Bal	ance Outstanding at Close of This Perio	
	100000.00			0.00	100000.00	
TERMS Date In	curred	[Date Due	Interest Rat (If none, ente		
^M 05 ^M / ^D 16 ^D /	^ү Ž014 ^ү	M M / D D	/ ^Y 12/3	31/2Ŏ14 [×] 0	.00 (apr) Yes X No	
List All Endorsers or	Guarantors (if any) t	o Loan Source				
1. Full Name (Last, Fi	rst, Middle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		
2. Full Name (Last, Fire	st, Middle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		
3. Full Name (Last, Fire	st, Middle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		
4. Full Name (Last, Fire	st, Middle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y 1 y 1 x 1	
SUBTOTALS This Period					100000.00	
Carry outstanding balance	e only to LINE 3, Sci	nedule D, for thi	s line. If no	o Schedule D, carry for	ward to appropriate line of Summary.	

					PAGE 8 OF 13	
CHEDULE C (FEC Form 3) OANS			Use separate schedule for each category of t Detailed Summary Pag	e(s) FOR LINE NUMBER: he (check only one) X 13a		
AME OF COMMITTEE (In Ful onegan for Congress	•			Transac	ction ID : SC/10.4501	
LOAN SOURCE Full Nam Lonegan, Steven, ,	•	dle Initial)		🗌 Memo Item	Election: 2014 Primary General	
Mailing Address 212 Larch Ave					Other (specify)	
City Bogota		State NJ	ZIP Code 07603	e	Personal Funds of the Candidat	
Original Amount of Loan	100000.00	Cumulative Pa	yment To D	Date Bala	ance Outstanding at Close of This Perio	
TERMS Date Incurre M05 ^M / P23 ^D / Y			Date Due	Interest Rate (If none, enter 31/2014 ^Y 0.	n 0)	
List All Endorsers or Gua 1. Full Name (Last, First,		Loan Source		Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y	
2. Full Name (Last, First, N	Aiddle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		
3. Full Name (Last, First, N	Aiddle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	g g	
4. Full Name (Last, First, N	Aiddle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y	
UBTOTALS This Period This	s Page (optional)			······	100000.00	

SCHEDULE D (FEC Form 3)			(Use separate	PAGE 9 OF 13
DEBTS AND OBLIGATIONS Excluding Loans	schedule(s) for each numbered line)	FOR LINE NUMBER: (check only one) 9 X 10		
NAME OF COMMITTEE (In Full)				
Lonegan for Congres	S			
A. Full Name (Last, First, Middle Initial) of De Base Connect, Inc.	btor or Cred	litor	Nature of D Fundraisin	ebt (Purpose): g
Mailing Address 1155 15th St NW Suite 410				
City Washington	State DC	Zip Code 20005		
Outstanding Balance Beginning This Period			Transactio	on ID : SD10.4539
5725.37				
Amount Incurred This Period		Payment This Period	Outstandi	ng Balance at Close of This Period
0.00		0.0	00	5725.37
B. Full Name (Last, First, Middle Initial) of De	otor or Credi	tor	Nature of D	ebt (Purpose):
Base Connect, Inc.			Fundraisin	
Mailing Address 1155 15th St NW Suite 410				
City Washington	State DC	Zip Code 20005		
Outstanding Balance Beginning This Period		20000	Transactiv	on ID : SD10.4524
30605.27			Transactiv	5110.0010.4324
Amount Incurred This Period		Payment This Period	Outstandi	ng Balance at Close of This Period
0.00		0.0	00	30605.27
C. Full Name (Last, First, Middle Initial) of De Consolidated Mailing Services		ditor	Nature of D Fundraisin	ebt (Purpose): g
Mailing Address 504 Shaw Rd Suite 206				
City	State	Zip Code		
Sterling	VA	20166		
Outstanding Balance Beginning This Period			Transact	ion ID : SD10.4541
225.62				
Amount Incurred This Period		Payment This Period		ng Balance at Close of This Period 225.62
		0.0	0	, , , ,
1) SUBTOTALS This Period This Page (optiona)		··· •	36556.26
2) TOTALS This Period (last page this line num	ber only) ·····			
3) TOTAL OUTSTANDING LOANS from Sched	ule C (last pa	age only)		
4) ADD 2) and 3) and carry forward to appropr	iate line of S	Summary Page (last page or	nly) 🕨	7 7 7

FEC Schedule D (Form 3) (Revised 05/2016)

SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS Excluding Loans			(Use separate schedule(s) for each numbered line)	PAGE10OF13FOR LINE NUMBER: (check only one)9X10
A. Full Name (Last, First, Middle Initial) of De Consolidated Mailing Services	btor or Cred	litor	Nature of D Fundraisin	ebt (Purpose): g
Mailing Address 504 Shaw Rd Suite 206				
City Sterling	State VA	Zip Code 20166		
Outstanding Balance Beginning This Period 5769.48		Pourmont This Deried		on ID : SD10.4552
Amount Incurred This Period 0.00		Payment This Period	00	ng Balance at Close of This Period 5769.48
		- 19 - 1 - 19 - 1 - 14		7 7
B. Full Name (Last, First, Middle Initial) of De Consolidated Mailing Services		tor	Nature of D Fundraisin	ebt (Purpose): g
Mailing Address 504 Shaw Rd Suite 206				
City Sterling	State VA	Zip Code 20166		
Outstanding Balance Beginning This Period 5532.90			Transacti	on ID : SD10.4555
Amount Incurred This Period		Payment This Period	Outstandi	ng Balance at Close of This Period
0.00			00	5532.90
C. Full Name (Last, First, Middle Initial) of De Consolidated Mailing Services		litor	Nature of D Fundraisin	ebt (Purpose): g
Mailing Address 504 Shaw Rd Suite 206				
City	State VA	Zip Code		
Sterling Outstanding Balance Beginning This Period		20166	Transact	ion ID : SD10.4583
9421.05			Transact	
Amount Incurred This Period		Payment This Period	Outstandi	ng Balance at Close of This Period
0.00		7 7 0.	00	9421.05
1) SUBTOTALS This Period This Page (optional)		···· •	20723.43
2) TOTALS This Period (last page this line num	ber only) ·····		···· •	7 7 7
3) TOTAL OUTSTANDING LOANS from Sched				
4) ADD 2) and 3) and carry forward to appropriate the second seco	iate line of S	Summary Page (last page o		- g

SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS Excluding Loans			(Use separate schedule(s) for each numbered line)	PAGE11OF13FOR LINE NUMBER: (check only one)9✓9✓10
Lonegan for Congres	S			
A. Full Name (Last, First, Middle Initial) of De Consolidated Mailing Services	btor or Crec	ditor	Nature of D Fundraisin	ebt (Purpose): g
Mailing Address 504 Shaw Rd Suite 206	_			
City Sterling	State VA	Zip Code 20166		
Outstanding Balance Beginning This Period			Transacti	on ID : SD10.4811
14548.45		Pourmont This Poriod	Outstandi	ng Rolance at Close of This Revied
Amount Incurred This Period 0.00	· · · ·	Payment This Period	00	ng Balance at Close of This Period 14548.45
		7 7 7		7 7 7
B. Full Name (Last, First, Middle Initial) of Del	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Integram			ebt (Purpose): g
Mailing Address 22695 Commerce Center Ct				
City Dulles	State VA	Zip Code 20166		
Outstanding Balance Beginning This Period 7661.09			Transaction	on ID : SD10.4548
Amount Incurred This Period		Payment This Period	Outstandi	ng Balance at Close of This Period
0.00			00	7661.09
C. Full Name (Last, First, Middle Initial) of De Legacy Lists Inc - Brokerage	ebtor or Crea	ditor	Nature of D Fundraisin	ebt (Purpose): g
Mailing Address 1155 - 15th Street NW Suite 410				
City Washington	State DC	Zip Code 20005		
Outstanding Balance Beginning This Period			Transact	ion ID : SD10.4514
1199.54				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00		0.	00	1199.54
1) SUBTOTALS This Period This Page (optional)		···· ►	23409.08
2) TOTALS This Period (last page this line num	ber only) ·····			
3) TOTAL OUTSTANDING LOANS from Schedu	ule C (last p	age only)	····· •	
4) ADD 2) and 3) and carry forward to appropr	iate line of S	Summary Page (last page o		g g

FEC	Schedule	D	(Form	3)	(Revised	05/2016)

SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS Excluding Loans NAME OF COMMITTEE (In Full)			(Use separate schedule(s) for each numbered line)	PAGE12OF13FOR LINE NUMBER: (check only one)9X10
Lonegan for Congress	S			
A. Full Name (Last, First, Middle Initial) of De Legacy Lists Inc - Brokerage		r	Nature of D Fundraising	ebt (Purpose): g
Mailing Address 1155 - 15th Street NW Suite 410				
City Washington	State DC	Zip Code 20005		
Outstanding Balance Beginning This Period	I	1	Transactio	on ID : SD10.4538
5793.47				
Amount Incurred This Period	F	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	,	0.0	00	5793.47
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Legacy Lists Inc - Brokerage			Nature of D Fundraising	ebt (Purpose): J
Mailing Address 1155 - 15th Street NW Suite 410				
City Washington	State DC	Zip Code 20005		
Outstanding Balance Beginning This Period 1813.69			Transactio	on ID : SD10.4547
Amount Incurred This Period	F	Payment This Period	Outstandii	ng Balance at Close of This Period
0.00		0.0	00	1813.69
C. Full Name (Last, First, Middle Initial) of De Legacy Lists Inc Mgmt	btor or Credito	r	Nature of D Fundraisin	ebt (Purpose): g
Mailing Address 1155- 15th St NW				
City Washington	State DC	Zip Code 20005		
Outstanding Balance Beginning This Period	-		Transact	ion ID : SD10.4535
1884.93				
Amount Incurred This Period	F	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	,	0.0	00	1884.93
1) SUBTOTALS This Period This Page (optional)		···· •	9492.09
2) TOTALS This Period (last page this line number only)			···· •	
3) TOTAL OUTSTANDING LOANS from Schedu	ule C (last page	only)	···· •	3
4) ADD 2) and 3) and carry forward to appropri	iate line of Sum	mary Page (last page o		

FEC Schedule D (Form 3) (Revised 05/2016)

SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS Excluding Loans			(Use separate schedule(s) for each numbered line)	PAGE 13 OF 13 FOR LINE NUMBER: (check only one) 9 X 10
Lonegan for Congres	\$			
A. Full Name (Last, First, Middle Initial) of De Legacy Lists Inc Mgmt		tor	Nature of D Fundraisin	ebt (Purpose): g
Mailing Address 1155- 15th St NW				
City Washington	State DC	Zip Code 20005		
Outstanding Balance Beginning This Period	I		Transacti	on ID : SD10.4540
2271.37 Amount Incurred This Period 0.00		Payment This Period	Outstandi	ng Balance at Close of This Period 2271.37
B. Full Name (Last, First, Middle Initial) of De	btor or Credite	or	Nature of D	ebt (Purpose):
Mailing Address				
City	State	Zip Code		
Outstanding Balance Beginning This Period Amount Incurred This Period		Payment This Period	Outstandi	ng Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of De	ebtor or Credi	itor	Nature of D	ebt (Purpose):
Mailing Address				
City	State	Zip Code		
Outstanding Balance Beginning This Period				
Amount Incurred This Period		Payment This Period		ng Balance at Close of This Period
1) SUBTOTALS This Period This Page (optional	I)		··· •	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 appropr	iate line of Su	ummary Page (last page o	nly) 🕨	342452.23

FEC Schedule D (Form 3) (Revised 05/2016)