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### FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORIVI 3	or An Authorized	Committee	Offic	ce Use Only
NAME OF COMMITTEE (in full)  TYPE	OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
Lonegan for Congress				I
ADDRESS (number and street)	alifax Ct			
▼				
Check if different than previously reported. (ACC)	lton		NJ 0805	53
2. FEC IDENTIFICATION NUMBER	CIT	Y <b>▲</b>	STATE A	ZIP CODE ▲
C C00555284	3. IS TH	~	AMENDED (A)	STATE ▼ DISTRICT  NJ  03  1
4. TYPE OF REPORT (Choose O	ne) (b) 12-Da	y <b>PRE</b> -Election Report for the		
(a) Quarterly Reports:	(5) 12-06	п		
April 15 Quarterly Report (	(O1)	Primary (12P)	General (12G)	Runoff (12R)
		Convention (12C)	Special (12S)	
July 15 Quarterly Report (	Q2)	M M / D D	/ Y Y Y Y	in the
October 15 Quarterly Repo	ort (Q3) Elect	ion on		State of
January 31 Year-End Repo	ort (YE) (c) 30-Da	y <b>POST</b> -Election Report for the	ne:	
_	(4) 66 26			
		General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Elect	ion on	/ Y Y Y Y	in the State of
5. Covering Period 04 /	01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	through 06	M / D D / Y 30	Y Y Y 2017
I certify that I have examined this Repo Cu Type or Print Name of Treasurer	ort and to the best of	my knowledge and belief it is	true, correct and cor	mplete.
Curtis, Eliza	beth, , ,	[Electronically Filed]	Date 07	05 / Y Y Y Y Y Y Y Y 2017
NOTE: Submission of false, erroneous, or	r incomplete information	n may subject the person signin	g this Report to the pe	enalties of 52 U.S.C. §30109
Office				
Use Only				FEC FORM 3 (Revised 05/2016)

#### **SUMMARY PAGE**

of Receipts and Disbursements

PAGE 2 / 13

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name Lonegan for Congress

2017 2017 06 30 01 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 741348.94 (other than loans) (from Line 11(e)) .... (b) Total Contribution Refunds 0.00 12375.00 (from Line 20(d)) ..... (c) Net Contributions (other than loans) 0.00 728973.94 (subtract Line 6(b) from Line 6(a)) ...... 7. Net Operating Expenditures (a) Total Operating Expenditures 0.00 1241932.28 (from Line 17) ..... (b) Total Offsets to Operating 722.29 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 1241209.99 0.00 (subtract Line 7(b) from Line 7(a)) ...... Cash on Hand at Close of 0.00 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 342452.23 Schedule C and/or Schedule D).....

#### 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)

(Dividends, Interest, etc.).....

(Carry Total to Line 24, page 4).....

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15)

PAGE 3 / 13

1263671.82

Write or Type Committee Name

Lonegan for Congress	Lonegan	for	Congress
----------------------	---------	-----	----------

04 2017 06 01 30 2017 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 0.00 275000.48 (i) Itemized (use Schedule A)...... 448933.46 0.00 (ii) Unitemized..... (iii) TOTAL of contributions 0.00 723933.94 from individuals ..... 0.00 65.00 Political Party Committees..... Other Political Committees 0.00 14750.00 (such as PACs)..... 0.00 2600.00 The Candidate..... (d) TOTAL CONTRIBUTIONS (other than loans) 0.00 741348.94 (add Lines 11(a)(iii), (b), (c), and (d)).. 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES ..... 13. LOANS: (a) Made or Guaranteed by the 0.00 496500.00 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 0.00 496500.00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 722.29 (Refunds, Rebates, etc.) ..... 15. OTHER RECEIPTS 0.00 25100.59

0.00

**DETAILED SUMMARY PAGE** 

of Disbursements

FEC Form 3 (Revised 05/2016)

ursements

PAGE 4 / 13

	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 SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPO	rting 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 (fro	om Line 22)	0.00
27.	CASH ON HAND AT CLOSE OF REPORTIN (subtract Line 26 from Line 25)	IG PERIOD	0.00

### SCHEDULE C (FEC Form 3) LOANS

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

PAGE 5
FOR LINE NUMBER: (check only one)

13a

13

					Detailed Garrinia	y r age		13	3b
	OF COMMITTEE (In Full) gan for Congress				Tra	ansaction	ID : SC/10.4502		
	AN COURCE Full Name (Lost	Circt Min	امالم ایمندنما/						
LOAN SOURCE Full Name (Last, First, Middle Initial)  Lonegan, Steven, , ,					Item   Ele	ection: 2014 Primary General			
Mailing Address 212 Larch Ave							Other (specify) ▼		
	City State ZIP Code			e		Personal Funds of the	Candio	date	
Bog	ota		NJ	07603					
Original Amount of Loan  Cumulative Payment To D				0.00	Balance	Outstanding at Close of 500	This Pe	riod	
-	7		7	. 5			,		_
TER	RMS Date Incurred			ate Due	Interes (If none	t Rate , enter 0)	Secure	ed:	
	<sup>M</sup> 05 <sup>M</sup> / <sup>D</sup> 09 <sup>D</sup> / Y Ž014	Y	M M / D D	/ Y12/3	š1/2Ŏ14 <sup>Ÿ</sup>	0.00	% (apr)	es x	No
List	: All Endorsers or Guarantors	(if any) t	o Loan Source						
1.	Full Name (Last, First, Middle	Initial)			Name of Employer				
	Mailing Address				Occupation				
					Amount				
	City State ZIP Code				Guaranteed Outstanding:				
2. F	Full Name (Last, First, Middle Ir	nitial)			Name of Employer				
N	Mailing Address				Occupation				
					Amount			_	
(	Dity	State	ZIP Code		Guaranteed Outstanding:	7	7		
3. F	Full Name (Last, First, Middle Ir	nitial)			Name of Employer				
N	Mailing Address				Occupation				
					Amount			7	
(	City	State	ZIP Code		Guaranteed Outstanding:	- 7		Ш.	
4. F	Full Name (Last, First, Middle Ir	nitial)			Name of Employer				
N	Mailing Address				Occupation				
					Amount			_	
(	Dity	State	ZIP Code		Guaranteed Outstanding:	7	9	Ш	
SUBTO	OTALS This Period This Page (	optional).					500	00.00	7
	S This Period (last page in this					-	5000	00.00	╡
							7 7	W 1	
I Carry	outstanding balance only to LI	NE 3, Sch	nedule D, for this	s line. If no	o Schedule D, carr	y forward	to appropriate line of \$	Summa	rv.

#### : 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

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

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

PAGE 7
FOR LINE NUMBER: (check only one)

13a 13b

13

			Detailed Surfimary	/ Page		13b
NAME OF COMMITTEE (In Full)			Tra	nsaction ID : SC/10.449	9	
Lonegan for Congress						
LOAN SOURCE Full Name (Last, First, Mic	ldle Initial)		☐ Memo	Item Election: 2014		
Lonegan, Steven, , ,	Lonegan, Steven, , ,					
Mailing Address 212 Larch Ave				General Other (specify	<i>'</i> ) <b>▼</b>	
City	State	ZIP Code		-		
Bogota	NJ	07603		Personal Fu	nds of the Ca	ndidate
Original Amount of Loan Cumulative Payment To I			ate	Balance Outstanding at	Close of This	s Period
100000.00	3		0.00	2	100000.0	0
TERMS Date Incurred	D	Date Due	Interest (If none,		Secured:	
M05M / D16D / Y Z014 Y	M M / D D	/ Y12/3	š1/2Ŏ14 <sup>Y</sup>	0.00 <b>%</b> (apr)	Yes	<b>x</b> No
List All Endorsers or Guarantors (if any) to	o Loan Source					
1. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address			Occupation			
City State	City State ZIP Code			7		
2. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address			Occupation			
			Amount			
City	ZIP Code		Guaranteed Outstanding:	7 7	- 1	
3. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address			Occupation			
			Amount			
City	ZIP Code		Guaranteed Outstanding:	7 7		
4. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address		- 1	Occupation			
			Amount			
City State	ZIP Code		Guaranteed Outstanding:	7		
CURTOTAL C This Deviced This Dawn (and )		•				
SUBTOTALS This Period This Page (optional)					100000.00	0
TOTALS This Period (last page in this line only	y)		······•		,	
Carry outstanding balance only to LINE 3, Sch	nedule D, for this	s line. If no	Schedule D, carry	forward to appropriate	line of Sum	mary.

### SCHEDULE C (FEC Form 3) LOANS

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

PAGE 8 OF
FOR LINE NUMBER:
(check only one)

**X** 13a 13b

13

NAME OF COMMITTEE (In Full)  Lonegan for Congress		Transaction ID : SC/10.4501
LOAN SOURCE Full Name (Last, First, M Lonegan, Steven, , ,	liddle Initial)	Memo Item Election: 2014    X   Primary   General
Mailing Address 212 Larch Ave	Other (specify) ▼	
City	State	ZIP Code  07603  Personal Funds of the Candidate
Bogota Original Amount of Loan	Cumulative Pa	
100000.00		0.00 100000.00
TERMS Date Incurred	Γ	ate Due Interest Rate Secured: (If none, enter 0)
M05 <sup>M</sup> / D23 <sup>D</sup> / Y 2014 Y	M M / D D	/ <sup>Y</sup> 12/31/2Ŏ14 <sup>Y</sup> 0.00
List All Endorsers or Guarantors (if any)	to Loan Source	
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
		Amount Guaranteed
City	ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed
	ZIF Code	Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed
Glate	ZIF Code	Outstanding:
SUBTOTALS This Period This Page (optional)	)	100000.00
TOTALS This Period (last page in this line or	nly)	
Carry outstanding balance only to LINE 3 S	chedule D. for thi	line. If no Schedule D, carry forward to appropriate line of Summary.

Exc

(Use separate schedule(s) for each

PAGE FOR LINE NUMBER: (check only one)

	9
X	10

13

OF

xcluding Loans			numbered line)	<b>x</b> 10	
NAME OF COMMITTEE (In Full)					
Lonegan for Congres	S				
A. Full Name (Last, First, Middle Initial) of D	ebtor or Cre	editor		ebt (Purpose):	
Base Connect, Inc.	Fundraisin	g			
Mailing Address 1155 15th St NW					
Suite 410					
City Washington	State DC	Zip Code 20005			
Outstanding Balance Beginning This Period		20003	Transactio	on ID : SD10.4539	
	ĺ		Transasti	on 15 . 65 to. 4000	
5725.37					
Amount Incurred This Period		Payment This Period	Outstandi	ng Balance at Close of This Period	
0.00	ـــــا ا	0.0	00	5725.37	
B. Full Name (Last, First, Middle Initial) of De	ebtor or Cre	ditor	Noting of D	laht (Duwasa)	
Base Connect, Inc.			Fundraising	ebt (Purpose): g	
Mailing Address 1155 15th St NW					
Mailing Address 1155 15th St NW Suite 410					
City	State	Zip Code			
Washington	DC	20005			
Outstanding Balance Beginning This Period	Transacti	on ID : SD10.4524			
30605.27					
Amount Incurred This Period		Payment This Period	Outstandi	ng Balance at Close of This Period	
0.00		0.0	00	30605.27	
7		7 7		7	
C. Full Name (Last, First, Middle Initial) of D		editor		ebt (Purpose):	
Consolidated Mailing Services	3		Fundraisin	g	
Mailing Address 504 Shaw Rd					
Suite 206 City	State	Zip Code			
Sterling	VA	20166			
Outstanding Balance Beginning This Period	t		Transact	ion ID : SD10.4541	
225.62					
Amount Incurred This Period		Payment This Period	Outstandi	ng Balance at Close of This Period	
0.00	1 [	0.0	00	225.62	
7 7		, , , , ,		7	
1) SUBTOTALS This Period This Page (optional	al)		•	36556.26	
2) TOTALS This Period (last page this line nur	nber onlv)			***************************************	
				7 - 7 - 7 - 7	
3) TOTAL OUTSTANDING LOANS from Sched	Jule C (last j	page only)······	▶		

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 10 OF
FOR LINE NUMBER:
(check only one)

	9
X	10

13

NAME OF COMMITTEE (In Full)

I onegan for Congress

Lonegan for Congres	S			
A. Full Name (Last, First, Middle Initial) of De		or	Nature of Debt (Purpose):	
Consolidated Mailing Services			Fundraising	
Mailing Address 504 Shaw Rd	-			
Suite 206				
City	State	Zip Code		
Sterling	VA	20166		
Outstanding Balance Beginning This Period			Transaction ID : SD10.4552	
5769.48				
Amount Incurred This Period		Outstanding Balance at Close of This Period		
		Payment This Period 0.00		
0.00		0.00	5769.48	
B. Full Name (Last, First, Middle Initial) of Del	otor or Credito	or	Nature of Debt (Purpose):	
Consolidated Mailing Services			Fundraising	
Mailing Address 504 Shaw Rd Suite 206				
City	State	Zip Code		
Sterling	VA	20166		
Outstanding Balance Beginning This Period			Transaction ID : SD10.4555	
5532.90				
7 7 7		Dayment This Deried	Outstanding Palance at Class of This Pariod	
Amount Incurred This Period Payment This Period			Outstanding Balance at Close of This Period	
0.00			5532.90	
C. Full Name (Last, First, Middle Initial) of De	ebtor or Credit	ror	I	
Consolidated Mailing Services			Nature of Debt (Purpose): Fundraising	
Correctionated Maining Corvious				
Mailing Address 504 Shaw Rd				
Suite 206 City	State	Zip Code	-	
Sterling	VA	20166		
Outstanding Balance Beginning This Period	•	·	Transaction ID : SD10.4583	
0424.05				
9421.05				
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period	
0.00		0.00	9421.05	
, ,		,	, ,	
1) SUBTOTALS This Period This Page (optional	)	·····	20723.43	
· · · · · · · · · · · · · · · · · · ·			, , , , , ,	
2) TOTALS This Period (last page this line num	ber only) ······	·····		
3) TOTAL OUTSTANDING LOANS from Schedu	ula C. (last nac	ne only)		
o, TOTAL COTSTANDING LOANS HOLD SCHOOL	uio o (iast pag	go omy/		
ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

**Excluding Loans** 

1)

2)

3)

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(Use separate schedule(s) for each numbered line) PAGE 11 OF
FOR LINE NUMBER:
(check only one)

	9
X	10

13

NAME OF COMMITTEE (In Full)

Lonegan for Congress

onegan for Congres	S		
A. Full Name (Last, First, Middle Initial) of De 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	I		Transaction ID : SD10.4811
14548.45			
Amount Incurred This Period Payment This Period			Outstanding Balance at Close of This Period
0.00		0.00	14548.45
B. Full Name (Last, First, Middle Initial) of De Integram	btor or Cred	litor	Nature of Debt (Purpose): Fundraising
Mailing Address 22695 Commerce Center Ct			
City Dulles	State VA	Zip Code 20166	
Outstanding Balance Beginning This Period	Transaction ID : SD10.4548		
7661.09			
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
0.00		0.00	7661.09
C. Full Name (Last, First, Middle Initial) of De Legacy Lists Inc - Brokerage	ebtor or Cre	ditor	Nature of Debt (Purpose): Fundraising
Mailing Address 1155 - 15th Street NW Suite 410			
City	State DC	Zip Code	
Washington		20005	ID 0010 1511
Outstanding Balance Beginning This Period			Transaction ID : SD10.4514
Amount Incurred This Period		Payment This Period	Outstanding Palance at Class of This Paviod
0.00		0.00	Outstanding Balance at Close of This Period 1199.54
SUBTOTALS This Period This Page (optional	ıl)	)	23409.08
TOTALS This Period (last page this line num	nber only) ····	)	
TOTAL OUTSTANDING LOANS from Sched	ule C (last p	page only)	, , , , , , , , , , , , , , , , , , , ,
ADD 2) and 3) and carry forward to appropri	riate line of	Summary Page (last page only)	, , ,

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 12 OF
FOR LINE NUMBER:
(check only one)

9 **X** 10

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NAME OF COMMITTEE (In Full)

Lonegan for Congress

Lonegan for Congres	S					
A. Full Name (Last, First, Middle Initial) of D 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	i		Transaction ID : SD10.4538			
5793.47						
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period			
0.00		0.00	5793.47			
B. Full Name (Last, First, Middle Initial) of De Legacy Lists Inc - Brokerage  Mailing Address 1155 - 15th Street NW	Nature of Debt (Purpose): Fundraising					
Suite 410 City	State	Zip Code				
Washington	DC	20005				
Amount Incurred This Period  0.00	Outstanding Balance at Close of This Period 1813.69					
C. Full Name (Last, First, Middle Initial) of D Legacy Lists Inc Mgmt	Nature of Debt (Purpose): Fundraising					
Mailing Address 1155-15th St NW						
City	State	Zip Code				
Washington	DC	20005				
Outstanding Balance Beginning This Period 1884.93	i		Transaction ID: SD10.4535			
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period			
0.00		0.00	1884.93			
1) SUBTOTALS This Period This Page (optional)						
2) TOTALS This Period (last page this line number only)						
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)						
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)						

**Excluding Loans** 

Lonegan	for	Congress
<u> </u>		J

Excluding Loans			numbered line)	<b>x</b> 10
NAME OF COMMITTEE (In Full)				
Lonegan for Congres	S			
A. Full Name (Last, First, Middle Initial) of D		Nature of Debt (Purpose):		
Legacy Lists Inc Mgmt	Fundraisin	g		
Mailing Address 1155-15th St NW				
City	State	Zip Code		
Washington	DC	20005		
Outstanding Balance Beginning This Period	d		Transacti	on ID : SD10.4540
2271.37				
Amount Incurred This Period		Payment This Period	Outstandi	ng Balance at Close of This Period
0.00		0.0	-	2271.37
B. Full Name (Last, First, Middle Initial) of De	btor or Cred	ditor	Notine of D	laht (Duwaaa)
2. Full Name (Last, Flist, Wilder Hillar) of Debtor of Oreditor				ebt (Purpose):
Mailing Address				
City	State	Zip Code		
Outstanding Balance Beginning This Period	d			
Amount Incurred This Period		Payment This Period	Outstandi	ng Balance at Close of This Period
		7		7
C. Full Name (Last, First, Middle Initial) of D	ebtor or Cre	editor	Nature of D	lebt (Purpose):
Mailing Address				
City	State	Zip Code		
Outstanding Balance Beginning This Period	d d			
Amount Incurred This Period		Payment This Period	Outstandi	ng Balance at Close of This Period
				9
9 9 9		7		7 9 9
1) SUBTOTALS This Period This Page (optional	al)		··· •	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 approp	riate line of	Summary Page (last page or	nly) ►	342452.23

PAGE

FOR LINE NUMBER:

(check only one)

(Use separate schedule(s)

for each

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