

**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  
REPORTNEW  
(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

07 / 01 / 2015

through

M M / D D / Y Y Y Y

09 / 30 / 2015

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 Elizabeth Curtis

Signature of Treasurer

Elizabeth Curtis

[Electronically Filed]

Date

M M / D D / Y Y Y Y

10 / 13 / 2015

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

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Lonegan for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

	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))....	298.00	79228.45
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	4200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	298.00	75028.45
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	1036.73	84349.95
(b) Total Offsets to Operating Expenditures (from Line 14) .....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	1036.73	84349.95
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	43.04	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

PAGE 3 / 19

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Lonegan for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

**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).....

100.00

25136.00

(ii) Unitemized.....

198.00

54092.45

(iii) TOTAL of contributions from individuals ▶

298.00

79228.45

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

298.00

79228.45

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:**

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

0.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

298.00

79228.45

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 19

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1036.73	84349.95
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	4200.00
(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	4200.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	1036.73	88549.95

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	781.77
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	298.00
25. SUBTOTAL (add Line 23 and Line 24).....	1079.77
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1036.73
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	43.04

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 5 OF 19

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

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)  
**Lonegan for Congress**Full Name (Last, First, Middle Initial)  
**A. Ms De Ette Ette Barner**

Mailing Address 718 La Portada St

City	State	Zip Code
South Pasadena	CA	91030-3627

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

313.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		10		2015

Transaction ID : SA11AI.4820

Amount of Each Receipt this Period

100.00

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

Mailing Address PO Box 332

City	State	Zip Code
Chilmark	MA	02535-0332

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

Transaction ID : SA11AI.4755

Amount of Each Receipt this Period

2600.00

[MEMO ITEM]

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

Mailing Address PO Box 332

City	State	Zip Code
Chilmark	MA	02535-0332

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2015

Transaction ID : SA11AI.4817

Amount of Each Receipt this Period

-2600.00

Reattribute:

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

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

-2500.00

: 97 'A-G79 @G B9CI G'H9LH'F9 @G H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.4755

Roberta Hillman was reallocated the \$2,600, and this will reflect in the October 15 report as the contribution was not entered until 6/30/2015.

Form/Schedule: SA11AI

Transaction ID: SA11AI.4817

Roberta Hillman was refunded the \$2,600, and this will reflect in the October 15 report as the contribution was not entered until 6/30/2015.

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 19

(check only one)

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

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NAME OF COMMITTEE (In Full)

Lonegan for Congress

Full Name (Last, First, Middle Initial)

Mr. T. Hillman

Mailing Address 504 W. Bleeker St

City

Aspen

State

CO

Zip Code

81611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2015

Transaction ID : SA11Al.4818

Amount of Each Receipt this Period

2600.00

Reattribute:

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 M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

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 M	/	D 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).....

2600.00

100.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 19

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<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**Mailing Address 504 SHAW ROAD  
SUITE 217City State Zip Code  
STERLING VA 20166Purpose of Disbursement  
Fundraising

Candidate Name

Lonegan for Congress

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: NJ District: 03

Date of Disbursement

M M	D D	Y Y Y Y
09	18	2015

Amount of Each Disbursement this Period

33.69
-------

Transaction ID : SB17.4828

**B. Direct Support Systems Inc.**

Mailing Address 4095 River Forth Dr

City State Zip Code  
Fairfax VA 22030Purpose of Disbursement  
Fundraising

Candidate Name

Lonegan for Congress

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: NJ District: 03

Date of Disbursement

M M	D D	Y Y Y Y
09	18	2015

Amount of Each Disbursement this Period

175.50
--------

Transaction ID : SB17.4829

**C. First Virginia Community Bank**

Mailing Address 11325 Random Hills Rd

City State Zip Code  
Fairfax VA 22030Purpose of Disbursement  
Fundraising

Candidate Name

Lonegan for Congress

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: NJ District: 03

Date of Disbursement

M M	D D	Y Y Y Y
07	01	2015

Amount of Each Disbursement this Period

39.75
-------

Transaction ID : SB17.4822

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

248.94



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 19

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

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NAME OF COMMITTEE (In Full)

Lonegan for Congress

Full Name (Last, First, Middle Initial)

**A. First Virginia Community Bank**

Mailing Address 11325 Random Hills Rd

City	State	Zip Code
Fairfax	VA	22030

Purpose of Disbursement  
Fundraising

Candidate Name

Lonegan for Congress

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: NJ District: 03

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07	/	07	/	2015

Amount of Each Disbursement this Period

31.00
-------

Transaction ID : SB17.4823

**B. First Virginia Community Bank**

Mailing Address 11325 Random Hills Rd

City	State	Zip Code
Fairfax	VA	22030

Purpose of Disbursement  
Fundraising

Candidate Name

Lonegan for Congress

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: NJ District: 03

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07	/	10	/	2015

Amount of Each Disbursement this Period

48.22
-------

Transaction ID : SB17.4824

**c. First Virginia Community Bank**

Mailing Address 11325 Random Hills Rd

City	State	Zip Code
Fairfax	VA	22030

Purpose of Disbursement  
Fundraising

Candidate Name

Lonegan for Congress

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: NJ District: 03

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08	/	03	/	2015

Amount of Each Disbursement this Period

10.94
-------

Transaction ID : SB17.4825

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

90.16

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 19

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

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NAME OF COMMITTEE (In Full)

Lonegan for Congress

Full Name (Last, First, Middle Initial)

**A. First Virginia Community Bank**

Mailing Address 11325 Random Hills Rd

City	State	Zip Code
Fairfax	VA	22030

Purpose of Disbursement  
Fundraising

Candidate Name

Lonegan for Congress

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: NJ District: 03

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		01		2015

Amount of Each Disbursement this Period

9.71
------

Transaction ID : SB17.4826

**B. Legacy Lists Inc - Brokerage**Mailing Address 1155 - 15th Street NW  
Suite 410

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement  
Fundraising

Candidate Name

Lonegan for Congress

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: NJ District: 03

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		18		2015

Amount of Each Disbursement this Period

493.22
--------

Transaction ID : SB17.4827

**c. Simpkins Escrow LLC**

Mailing Address 29243 St Just Dr

City	State	Zip Code
UNIONVILLE	VA	22567

Purpose of Disbursement  
Fundraising

Candidate Name

Lonegan for Congress

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: NJ District: 03

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		18		2015

Amount of Each Disbursement this Period

194.70
--------

Transaction ID : SB17.4830

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

697.63

1036.73

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

PAGE 11 OF 19

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4502

Lonegan for Congress

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

Steven Lonegan

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

212 Larch Ave

City

State

ZIP Code

Bogota

NJ

07603

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 M / D D / Y Y Y Y  
05 / 09 / 2014

Date Due

M M / D D / Y Y Y Y  
12/31/2014

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.

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `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**

PAGE 13 OF 19

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4499

Lonegan for Congress

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

Steven Lonegan

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

212 Larch Ave

City

State

ZIP Code

Bogota

NJ

07603

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 / D / Y  
05 / 16 / 2014

Date Due

M / D / Y  
12 / 31 / 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)..... ►

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**

PAGE 14 OF 19

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4501

Lonegan for Congress

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

Steven Lonegan

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

212 Larch Ave

City

State

ZIP Code

Bogota

NJ

07603

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 M / D D / Y Y Y Y  
05 / 23 / 2014

Date Due

M M / D D / Y Y Y Y  
12/31/2014

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)..... ►

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)

PAGE 15 OF 19

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.**

Nature of Debt (Purpose):

Fundraising

Mailing Address 1155 15th St NW  
Suite 410City State Zip Code  
Washington DC 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 410City State Zip Code  
Washington DC 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 206City State Zip Code  
Sterling VA 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**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 16 OF 19

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**

Nature of Debt (Purpose):

Fundraising

Mailing Address 504 Shaw Rd  
Suite 206

City State

Zip Code

Sterling

VA

20166

Outstanding Balance Beginning This Period

5769.48

Transaction ID : SD10.4552

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

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 State

Zip Code

Sterling

VA

20166

Outstanding Balance Beginning This Period

5532.90

Transaction ID : SD10.4555

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

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 State

Zip Code

Sterling

VA

20166

Outstanding Balance Beginning This Period

9421.05

Transaction ID : SD10.4583

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9421.05

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

20723.43

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)  
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numbered line)

PAGE 17 OF 19

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**

Nature of Debt (Purpose):

Fundraising

Mailing Address 504 Shaw Rd  
Suite 206City State Zip Code  
Sterling VA 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 State Zip Code  
Dulles VA 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 410City State Zip Code  
Washington DC 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**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 18 OF 19

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 - Brokerage**

Nature of Debt (Purpose):

Fundraising

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

Outstanding Balance Beginning This Period

5793.47

Transaction ID : SD10.4538

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

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 410City State Zip Code  
Washington DC 20005

Outstanding Balance Beginning This Period

2306.91

Transaction ID : SD10.4547

Amount Incurred This Period

0.00

Payment This Period

493.22

Outstanding Balance at Close of This Period

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 State Zip Code  
Washington DC 20005

Outstanding Balance Beginning This Period

1884.93

Transaction ID : SD10.4535

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

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 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)  
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numbered line)

PAGE 19 OF 19

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 State

Zip Code

Washington

DC

20005

Outstanding Balance Beginning This Period

2271.37

**Transaction ID : SD10.4540**

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

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