PAGE 1 / 13

REPORT OF RECEIPTS **AND DISBURSEMENTS**

FORIVI 3	or An Authorized	I Committee	Offic	ce Use Only
NAME OF TYPE COMMITTEE (in full)	OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
Lonegan for Congress				I
ADDRESS (number and street)	fax Ct			
▼ OI 1 17 17 17 17 17 17 17 17 17 17 17 17 1				
Check if different than previously reported. (ACC)	on		NJ 0805	53
2. FEC IDENTIFICATION NUMBER		Υ ▲	STATE ▲	ZIP CODE ▲
C C00555284	3. IS T REP	~	AMENDED (A)	STATE ▼ DISTRICT NJ 03 1
4. TYPE OF REPORT (Choose On	e) (b) 12-Da	ay PRE -Election Report for the		
(a) Quarterly Reports:	(0) 12 D			
April 15 Quarterly Report (0	21)	Primary (12P)	General (12G)	Runoff (12R)
		Convention (12C)	Special (12S)	
July 15 Quarterly Report (Q	2)	M M / D D	/ Y Y Y Y	in the
October 15 Quarterly Report	t (Q3) Elec	tion on		State of
January 31 Year-End Repor	t (YE) (c) 30-Da	ay POST -Election Report for the	ne:	
		General (30G)	Runoff (30R)	Special (30S)
		General (30G)	Rulioli (SUR)	Special (303)
Termination Report (TER)	Elec	tion on	/ Y Y Y Y	in the State of
5. Covering Period 01	01 / 2019	through 03	M / D D / Y	Y Y Y Z019
I certify that I have examined this Repo Curt Type or Print Name of Treasurer	rt and to the best o	f my knowledge and belief it is	true, correct and cor	mplete.
Curtis, Elizab Signature of Treasurer	eth, , ,	[Electronically Filed]	Date 04	01 / Y Y Y Y Y Y Y Y Z Y Z Y Z Y Z Y Z Y Z
NOTE: Submission of false, erroneous, or	incomplete informatio	on 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

FEC Form 3 (Revised 05/2016)

of Receipts and Disbursements

PAGE 2 / 13

Write or Type Committee Name Lonegan for Congress

2019 2019 03 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 0.00 1241209.99 (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)

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Write or Type Committee Name

Lonegan	for	Congress
LUITGUAII	101	COLIGICSS

Report Covering the Period: From: 01 01 2019 To: 03 31 2019

	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
1.	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
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	741348.94
2.	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
3.	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
4.	OFFSETS TO OPERATING		
	EXPENDITURES (Refunds, Rebates, etc.)	0.00	722.29
5.	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	25100.59
6.	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

FEC Form 3 (Revised 05/2016)

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	0.00	0.00
	by the Candidate	0.00	0.00
	(b) Of All Other Loans	0.00	0.00
	(c) TOTAL LOAN REPAYMENTS	0.00	0.00
	(add Lines 19(a) and (b))	0.00	0.00
20.	REFUNDS OF CONTRIBUTIONS TO:		
	(a) Individuals/Persons Other	0.00	12375.00
	Than Political Committees		12373.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	0.00	000
	(such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	12375.00
	(aud Lines 20(a), (b), and (c))	7	
21.	OTHER DISBURSEMENTS	0.00	0.00
<u></u> 22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	0.00	1254307.28
	III. CASH SU	MMARY	
23.	CASH ON HAND AT BEGINNING OF REPORT	TING PERIOD	0.00
24	TOTAL RECEIPTS THIS PERIOD (from Line 10	6, page 3)	0.00
25.	SUBTOTAL (add Line 23 and Line 24)		0.00
26.	TOTAL DISBURSEMENTS THIS PERIOD (from	n Line 22)	0.00
27.	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)		0.00

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

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

PAGE 5 OF FOR LINE NUMBER: (check only one)

13a

		135
NAME OF COMMITTEE (In Full) Lonegan for Congress		Transaction ID : SC/10.4502
LOAN SOURCE Full Name (Last, First, Mi	ddle Initial\	Election: 2044
Lonegan, Steven, , ,	udie iiiitiai)	☐ Memo Item
Mailing Address 212 Larch Ave		Other (specify) \blacktriangledown
City	State	ZIP Code Personal Funds of the Candidate
Bogota	NJ	07603 Polymer Outstanding at Class of This Revised
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period 0.00 50000.00
7 7	,	9 9 9
	M M / D D	(If none, enter 0)
M05 ^M / P09 ^D / Y 2014 Y	IVI IVI / D D	√ 12/31/2014
List All Endorsers or Guarantors (if any)	to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		50000.00
TOTALS This Period (last page in this line onl	y)	······································
Carry outstanding balance only to LINE 3, Sc	hedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 'A - G7 9 @ 5 B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC F H Z G7 < 98 I @ 'C F' + H9 A - N5 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 OF FOR LINE NUMBER: (check only one)

X 13a 13b

		100
NAME OF COMMITTEE (In Full) Lonegan for Congress		Transaction ID : SC/10.4499
LOAN SOURCE Full Name (Last, First, N	Middle Initial)	Memo Item Election: 2014
Lonegan, Steven, , ,	madie initialy	Memo Item Clection: 2014
Mailing Address 212 Larch Ave		Other (specify)
City	State	ZIP Code Personal Funds of the Candidate
Bogota	NJ	07603
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
100000.00		0.00 100000.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M05M / D16D / Y Ž01Ă Y	M M / D D	/ ^Y 12/31/2014
List All Endorsers or Guarantors (if any)	to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	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
	T	Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	,	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optiona)	
COLUMN TOTAL TIME TOTAL TIME TOTAL TOTAL TOTAL TIME TOT	7	100000.00
TOTALS This Period (last page in this line of	nly)	······································
Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER: (check only one)

PAGE

X 13a 13b

13

OF

Transaction ID: SC/10.4501 NAME OF COMMITTEE (In Full) Lonegan for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary Lonegan, Steven, , , General Mailing Address Other (specify) \blacktriangledown 212 Lărch Ave City State ZIP Code Personal Funds of the Candidate NJ 07603 Bogota Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 100000.00 0.00 100000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D23^D M 05M ž014 Y12/31/2014 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code 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.

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 9 OF
FOR LINE NUMBER:
(check only one)

	9
X	10

13

NAME OF COMMITTEE (In Full)

_onegan for Congres	SS		
A. Full Name (Last, First, Middle Initial) of E Base Connect, Inc.		ditor	Nature of Debt (Purpose): Fundraising
Mailing Address 1155 15th St NW Suite 410			-
City Washington	State DC	Zip Code 20005	
Outstanding Balance Beginning This Perio	d	·	Transaction ID : SD10.4539
5725.37			
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
0.00		0.00	5725.37
B. Full Name (Last, First, Middle Initial) of D Base Connect, Inc.	ebtor or Crec	ditor	Nature of Debt (Purpose): Fundraising
Mailing Address 1155 15th St NW Suite 410			
City Washington	State DC	Zip Code 20005	
Outstanding Balance Beginning This Perio			Transaction ID : SD10.4524
30605.27			Transaction ID: 3D10.4524
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
0.00		0.00	30605.27
C. Full Name (Last, First, Middle Initial) of I		ditor	Nature of Debt (Purpose): Fundraising
Mailing Address 504 Shaw Rd Suite 206			
City Sterling	State VA	Zip Code 20166	
Outstanding Balance Beginning This Perio	d		Transaction ID : SD10.4541
225.62			
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
0.00		0.00	225.62
) SUBTOTALS This Period This Page (option	al)		36556.26
) TOTALS This Period (last page this line nu	mber only) ····		
TOTAL OUTSTANDING LOANS from Sche	dule C (last p	page only)	
ADD 2) and 3) and carry forward to approp	oriate line of	Summary Page (last page only)	

Excluding Loans

NA

		,	
Lonegan	for	Congress	S

AME OF COMMITTEE (In Full)			
Lonegan for Congres	S		
A. Full Name (Last, First, Middle Initial) of De Consolidated Mailing Services	ebtor or Cred	ditor	Nature of Debt (Purpose): Fundraising
Mailing Address 504 Shaw Rd Suite 206			_
City Sterling	State VA	Zip Code 20166	
Outstanding Balance Beginning This Period			Transaction ID : SD10.4552
5769.48			
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
0.00		0.00	5769.48
B. Full Name (Last, First, Middle Initial) of Del Consolidated Mailing Services		itor	Nature of Debt (Purpose): Fundraising
Mailing Address 504 Shaw Rd Suite 206			
City Sterling	State VA	Zip Code 20166	
Outstanding Balance Beginning This Period			Transaction ID : SD10.4555
5532.90 Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
0.00		0.00	5532.90
C. Full Name (Last, First, Middle Initial) of De Consolidated Mailing Services		ditor	Nature of Debt (Purpose): Fundraising
Mailing Address 504 Shaw Rd Suite 206			_
City Sterling	State VA	Zip Code 20166	
Outstanding Balance Beginning This Period 9421.05			Transaction ID: SD10.4583
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
0.00		0.00	9421.05
) SUBTOTALS This Period This Page (optiona	l))	20723.43
) TOTALS This Period (last page this line num	ber only) ·····)	
) TOTAL OUTSTANDING LOANS from Sched	ule C (last p	age only)·····	
) ADD 2) and 3) and carry forward to appropr	iate line of S	Summary Page (last page only)	

PAGE

FOR LINE NUMBER:

(check only one)

(Use separate schedule(s)

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numbered line)

10 OF

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NAI

BIS AND OBLIGATIONS			for each numbered line)	(check only one)	9 10
ME OF COMMITTEE (In Full)			·	L	10110
onegan for Congres	S				
A. Full Name (Last, First, Middle Initial) of D		ditor	Nature of	Debt (Purpose):	
Consolidated Mailing Services			Fundraisi		
Mailing Address 504 Shaw Rd Suite 206					
City	State	Zip Code			
Sterling	VA	20166			
Outstanding Balance Beginning This Period	i		Transact	ion ID : SD10.4811	
14548.45					
Amount Incurred This Period		Payment This Period	Outstand	ling Balance at Close o	f This Period
0.00	I	0.0	00	14	548.45
3.00		, , ,		7	010.10
B. Full Name (Last, First, Middle Initial) of De	btor or Cred	itor	Nature of	Debt (Purpose):	
Integram			Fundraisii		
Mailing Address 22695 Commerce Center Ct					
22695 Commerce Center Ct					
City	State	Zip Code			
Dulles	VA	20166			
Outstanding Balance Beginning This Period	i		Transact	ion ID : SD10.4548	
7661.09					
Amount Incurred This Period		Payment This Period	Outstand	ling Balance at Close o	f This Period
		0.0		· · · · · · ·	661.09
0.00		7	00	7	001.09
C. Full Name (Last, First, Middle Initial) of D	ebtor or Cre	ditor	Nature of	Debt (Purpose):	
Legacy Lists Inc - Brokerage			Fundraisi		
Mailing Address 1155 - 15th Street NW					
Suite 410					
City	State	Zip Code			
Washington	DC	20005			
Outstanding Balance Beginning This Period	i		Transac	tion ID : SD10.4514	
1199.54					
Amount Incurred This Period		Payment This Period	Outstand	ling Balance at Close o	f This Period
0.00				· · · · · · · ·	199.54
7		0.0	JO	7 7	100.04
SUBTOTALS This Period This Page (optional	ıl)		•	23	409.08
TOTALS This Period (last page this line num	nber only) ····			, , , ,	
TOTAL OUTSTANDING LOANS from Sched	ule C (last p	age only)	··· >	7	
ADD 2) and 3) and carry forward to approp	riate line of	Summary Page (last page or	nly) 🕨		

PAGE

FOR LINE NUMBER:

(Use separate schedule(s)

11 OF

Exc

SC	HEDULE D (FEC Form 3)			(Use	separate	PAGE 12 OF 13
DE	BTS AND OBLIGATIONS			1	edule(s)	FOR LINE NUMBER:
	luding Loans			1	r each ered line)	(check only one) 9
	ME OF COMMITTEE (In Full)			<u> </u>	,	
	onegan for Congress	S				
	A. Full Name (Last, First, Middle Initial) of De	ebtor or Cred	ditor			ebt (Purpose):
	Legacy Lists Inc - Brokerage				Fundraisin	g
Ì	Mailing Address 1155 - 15th Street NW Suite 410					
	City	State	Zip Code			
	Washington	DC	20005			
	Outstanding Balance Beginning This Period				Transaction	on ID : SD10.4538
	5793.47					
	Amount Incurred This Period		Payment This Period	_	Outstandi	ng Balance at Close of This Period
	0.00		0.0	00		5793.47
ŀ	B. Full Name (Last, First, Middle Initial) of Deb	otor or Cred	litor		Nations of 5	alat (Dumana)
	Legacy Lists Inc - Brokerage	otor or orea			Fundraising	ebt (Purpose): J
-	Mailing Address 1155 - 15th Street NW Suite 410					
Ī	City	State	Zip Code			
ļ	Washington	DC	20005			
	Outstanding Balance Beginning This Period				Transaction	on ID : SD10.4547
	1813 60					
	1813.69					
	1813.69 Amount Incurred This Period		Payment This Period		Outstandi	ng Balance at Close of This Period
	7 7 7		Payment This Period	00	Outstandii	ng Balance at Close of This Period 1813.69
	Amount Incurred This Period	ebtor or Cre	0.0			1813.69
	Amount Incurred This Period 0.00	ebtor or Cre	0.0			1813.69 ebt (Purpose):
	Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of De	ebtor or Cre	0.0		Nature of D	1813.69 ebt (Purpose):
	Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of De Legacy Lists Inc Mgmt	ebtor or Cred	0.0		Nature of D	1813.69 ebt (Purpose):
	Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of De Legacy Lists Inc Mgmt Mailing Address 1155- 15th St NW		0.0		Nature of D	1813.69 ebt (Purpose):
	Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of De Legacy Lists Inc Mgmt Mailing Address 1155- 15th St NW City	State DC	ditor Zip Code		Nature of D Fundraisin	1813.69 ebt (Purpose):
	Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of De Legacy Lists Inc Mgmt Mailing Address 1155- 15th St NW City Washington	State DC	ditor Zip Code		Nature of D Fundraisin	1813.69 ebt (Purpose): g
	Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of De Legacy Lists Inc Mgmt Mailing Address 1155- 15th St NW City Washington Outstanding Balance Beginning This Period	State DC	ditor Zip Code		Nature of D Fundraisin	1813.69 ebt (Purpose): g
	Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of De Legacy Lists Inc Mgmt Mailing Address 1155- 15th St NW City Washington Outstanding Balance Beginning This Period 1884.93	State DC	ditor Zip Code 20005		Nature of D Fundraisin	1813.69 ebt (Purpose): g
1)	Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of De Legacy Lists Inc Mgmt Mailing Address 1155- 15th St NW City Washington Outstanding Balance Beginning This Period 1884.93 Amount Incurred This Period	State DC	ditor Zip Code 20005 Payment This Period 0.0	000	Nature of D Fundraisin	tion ID: SD10.4535 The Balance at Close of This Period
1) 2)	Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of De Legacy Lists Inc Mgmt Mailing Address 1155- 15th St NW City Washington Outstanding Balance Beginning This Period 1884.93 Amount Incurred This Period 0.00	State DC	ditor Zip Code 20005 Payment This Period 0.0	000	Nature of D Fundraisin	ebt (Purpose): g ion ID : SD10.4535 ng Balance at Close of This Period 1884.93
	Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of De Legacy Lists Inc Mgmt Mailing Address 1155- 15th St NW City Washington Outstanding Balance Beginning This Period 1884.93 Amount Incurred This Period 0.00 SUBTOTALS This Period This Page (optional	State DC	ditor Zip Code 20005 Payment This Period 0.0	000	Nature of D Fundraisin	ebt (Purpose): g ion ID : SD10.4535 ng Balance at Close of This Period 1884.93

PAGE

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Excluding Loans

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

PAGE 13 OF FOR LINE NUMBER: (check only one)

	9
X	10

13

NAME OF COMMITTEE (In Full)

Lonegan for Congres	S		
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 2271.37	t		Transaction ID : SD10.4540
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	i 1		
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	t t	1	
Amount Incurred This Period	, 1 []	Payment This Period	Outstanding Balance at Close of This Period
SUBTOTALS This Period This Page (optional	al)		2271.37
TOTALS This Period (last page this line number only)			92452.23
TOTAL OUTSTANDING LOANS from Schedule C (last page only)			250000.00
ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)			342452.23