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FEC
FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

LONEGAN FOR SENATE INC

ADDRESS (number and street) 38 EAST RIDGEWOOD AVE

(Check if address is changed)

STE 181

RIDGEWOOD

NJ

07450

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

scott@fecreports.com

(Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.loneganforsenate.com

(Check if address is changed)

2. DATE

MM / DD / YYYY
01 / 27 / 2014

3. FEC IDENTIFICATION NUMBER

C C00546044

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer SCOTT B MACKENZIE

Signature of Treasurer

SCOTT B MACKENZIE

Date

MM / DD / YYYY
01 / 27 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

14020020392

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate STEVEN M LONEGAN

Candidate Party Affiliation REP Office Sought: House Senate President State NJ District 00

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<input type="checkbox"/> C _____
2.	_____	FEC ID number	<input type="checkbox"/> C _____
3.	_____	FEC ID number	<input type="checkbox"/> C _____
4.	_____	FEC ID number	<input type="checkbox"/> C _____

14020020393

Write or Type Committee Name

LONEGAN FOR SENATE INC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name SCOTT B MACKENZIE

Mailing Address 2776 S ARLINGTON MILL DRIVE #806

ARLINGTON VA 22206

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 703 868 1776

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer SCOTT B MACKENZIE

Mailing Address 2776 S ARLINGTON MILL DRIVE #806

ARLINGTON VA 22206

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 703 868 1776

14020020394

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for Telephone number]

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

COLUMBIA BANK

Mailing Address

60 SOUTH BROAD STREET

[Empty grid for Mailing Address line 2]

RIDGEWOOD NJ 07450

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

FIRST VIRGINIA COMMUNITY BANK

Mailing Address

11325 RANDOM HILLS RD

[Empty grid for Mailing Address line 2]

FAIRFAX VA 22030

CITY

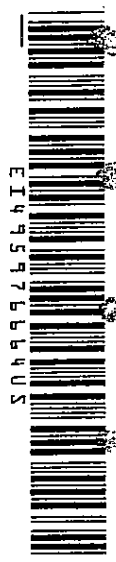
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ZIP CODE

14020020395

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 Insurance Fee: \$
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JACY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT
HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7115
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

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Date of Receipt

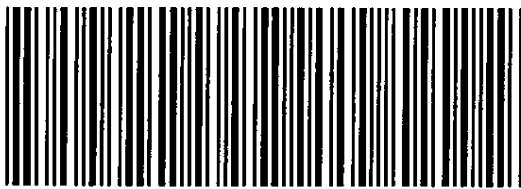
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14020020397



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