



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Lance for Congress**

Report Covering the Period: From:  /  /  To:  /  /

	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))....	139499.53	971768.14
(b) Total Contribution Refunds (from Line 20(d)) .....	2825.00	5500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	136674.53	966268.14
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	90776.63	674191.68
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	2500.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	90776.63	671691.68
8. Cash on Hand at Close of Reporting Period (from Line 27).....	399378.86	
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).....	81235.32	

**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 12/2003)

Write or Type Committee Name

**Lance for Congress**

Report Covering the Period: From:  /  /  To:  /  /

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).....	26802.00	356319.14
(ii) Unitemized.....	5125.00	56626.47
(iii) TOTAL of contributions from individuals ▶	31927.00	412945.61
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	107572.53	558822.53
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	139499.53	971768.14
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	2500.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	139499.53	974268.14

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	90776.63	674191.68
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 .....	825.00	2000.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2000.00	3500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	2825.00	5500.00
21. OTHER DISBURSEMENTS .....	33765.74	110492.74
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	127367.37	790184.42

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	387246.70
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	139499.53
25. SUBTOTAL (add Line 23 and Line 24).....	526746.23
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	127367.37
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	399378.86

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 74
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lance for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Patrick Allen**

Mailing Address 12 Blackburn Rd

City State Zip Code  
Summit NJ 07901-2446

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Morgan Stanley Recruiting Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
650.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2014

**Transaction ID : 40915.C9264**

Amount of Each Receipt this Period  
150.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Kurt Alstede**

Mailing Address PO Box 278

City State Zip Code  
Chester NJ 07930-0278

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Alstede Farms General Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2075.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 16 / 2014

**Transaction ID : 41009.C9326**

Amount of Each Receipt this Period  
265.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Norman Beatty**

Mailing Address PO Box 5

City State Zip Code  
Hope NJ 07844

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
First Hope Bank Banking

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 16 / 2014

**Transaction ID : 41009.C9292**

Amount of Each Receipt this Period  
100.00

Receipt

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

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

515.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 74
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lance for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Norman Beatty**

Mailing Address **PO Box 5**

City **Hope** State **NJ** Zip Code **07844**

FEC ID number of contributing federal political committee. **C**

Name of Employer **First Hope Bank** Occupation **Banking**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : 41009.C9354**

Amount of Each Receipt this Period  
**300.00**

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Robert Bostock**

Mailing Address **39 Springwood Drive**

City **Trenton** State **NJ** Zip Code **08648-1047**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Lawrenceville** Occupation **Councilman**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1062.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : 41009.C9391**

Amount of Each Receipt this Period  
**62.00**

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Charles Boyle**

Mailing Address **14 Whitewood Drive**

City **Summit** State **NJ** Zip Code **07901-4139**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Grinsper Consulting** Occupation **Senior Consulnt**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**280.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 21 / 2014**

**Transaction ID : 40829.C9240**

Amount of Each Receipt this Period  
**50.00**

Receipt

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

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

**412.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 74
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lance for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Phyllis Brew**

Mailing Address 18 Canaan Place

City Allendale State NJ Zip Code 07401

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  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : 41009.C9399**

Amount of Each Receipt this Period  
 Receipt 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Henri Buzy**

Mailing Address 41 Fuller Ct.

City Bridgewater State NJ Zip Code 08807

FEC ID number of contributing federal political committee. **C**

Name of Employer Teradata Corp Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : 41009.C9388**

Amount of Each Receipt this Period  
 Receipt 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Paul Carniol**

Mailing Address 2 Princess Road

City Westfield State NJ Zip Code 07091

FEC ID number of contributing federal political committee. **C**

Name of Employer Medical Society of NJ Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : 41009.C9396**

Amount of Each Receipt this Period  
 Receipt 500.00

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

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

1000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 74
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Lance for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Michael Chappell**

Mailing Address 5400 Macomb St NW

City Washington State DC Zip Code 20016-5307

FEC ID number of contributing federal political committee. **C**

Name of Employer Fierce, Iakowitz & Blalock Occupation Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 12 / 2014

**Transaction ID : 40823.C9221**

Amount of Each Receipt this Period  
1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Kamin Consulting**

Mailing Address 13 Downstream Dr

City Flanders State NJ Zip Code 07836-9568

FEC ID number of contributing federal political committee. **C**

Name of Employer MBI Gluck Shaw Occupation Govt. Affairs

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2835.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : 41009.C9310**

Amount of Each Receipt this Period  
200.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Richard Kamin**

Mailing Address 13 Downstream Dr

City Flanders State NJ Zip Code 07836-9568

FEC ID number of contributing federal political committee. **C**

Name of Employer Kamin Consulting Group Occupation Sole Proprietor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2835.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : 41009.C9319**

Amount of Each Receipt this Period  
200.00

Memo  
**[MEMO ITEM]**  
 Partnership->Kamin Consulting PARTNERSHIP

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

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

1200.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 74
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lance for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Richard Creter**

Mailing Address 24 Timberwick Drive

City State Zip Code  
Flemington NJ 08822-5515

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Creter Vault Corp. Business Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 26 / 2014

**Transaction ID : 41009.C9295**

Amount of Each Receipt this Period  
800.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Suzanne Currie**

Mailing Address 97 Maple St

City State Zip Code  
Summit NJ 07901-2517

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Baker Corrie Investment

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 05 / 2014

**Transaction ID : 40915.C9259**

Amount of Each Receipt this Period  
250.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Alex Delpizzo**

Mailing Address 837 N. Lincoln Street

City State Zip Code  
Arlington VA 22201

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Winning Strategies Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 19 / 2014

**Transaction ID : 40829.C9232**

Amount of Each Receipt this Period  
1000.00

Receipt

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

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

2050.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 74
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lance for Congress**

Full Name (Last, First, Middle Initial) <b>John Dethoff</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2014
Mailing Address 1512 N 15th Street		<b>Transaction ID : 40915.C9280</b>
City Reading	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Receipt 1000.00
Name of Employer COM	Occupation Orthopedic Surgeon	Receipt 3000.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>John Dethoff</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 1512 N 15th Street		<b>Transaction ID : 41009.C9403</b>
City Reading	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Receipt 1000.00
Name of Employer COM	Occupation Orthopedic Surgeon	Receipt 4000.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>Ellen Dickson</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2014
Mailing Address 33 Ridge Road		<b>Transaction ID : 40915.C9268</b>
City Summit	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Receipt 2000.00
Name of Employer Township Of Summit	Occupation City Council	Receipt 4150.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 74
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lance for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**David Dietze**

Mailing Address 382 Springfield Ave #208

City State Zip Code  
Summit NJ 07901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Point view Financial Services President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
125.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 09 / 2014

**Transaction ID : 40915.C9283**

Amount of Each Receipt this Period  
125.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Nancy Difazio**

Mailing Address 30 Titus Road

City State Zip Code  
Skillman NJ 08558-1652

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
800.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2014

**Transaction ID : 41009.C9393**

Amount of Each Receipt this Period  
300.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Gregory Drummond**

Mailing Address 3 Montview Rd.

City State Zip Code  
Summit NJ 07901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Title Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
375.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 05 / 2014

**Transaction ID : 40915.C9258**

Amount of Each Receipt this Period  
250.00

Receipt

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

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

675.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 74
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Lance for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Joann Feeney**

Mailing Address 199 Oak Ridge Ave

City State Zip Code  
Summit NJ 07901-3216

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Summit YMCA Personal Trainer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2014

**Transaction ID : 40915.C9271**

Amount of Each Receipt this Period  
250.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Michael Fitzgerald**

Mailing Address 8 Laurelwood Drive

City State Zip Code  
Bernardsville NJ 07924-2115

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
200.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 04 / 2014

**Transaction ID : 40823.C9219**

Amount of Each Receipt this Period  
200.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Michael Fitzgerald**

Mailing Address 8 Laurelwood Drive

City State Zip Code  
Bernardsville NJ 07924-2115

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2014

**Transaction ID : 41009.C9359**

Amount of Each Receipt this Period  
250.00

Receipt

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

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

700.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 74
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lance for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Matthew Galvin**

Mailing Address 14 Boulder Brook Ct.

City Belle Mead State NJ Zip Code 08052

FEC ID number of contributing federal political committee. **C**

Name of Employer RDC Golf Group Occupation Exec VP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 19 / 2014

**Transaction ID : 40829.C9234**

Amount of Each Receipt this Period  
2600.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Walter Gardiner**

Mailing Address 724Scotch Plains Ave

City Westfield State NJ Zip Code 07090-3403

FEC ID number of contributing federal political committee. **C**

Name of Employer Farm Credit Occupation Administrator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 10 / 2014

**Transaction ID : 40823.C9230**

Amount of Each Receipt this Period  
100.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Walter Gardiner**

Mailing Address 724Scotch Plains Ave

City Westfield State NJ Zip Code 07090-3403

FEC ID number of contributing federal political committee. **C**

Name of Employer Farm Credit Occupation Administrator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 16 / 2014

**Transaction ID : 41009.C9289**

Amount of Each Receipt this Period  
100.00

Receipt

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

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

2800.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 74
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Lance for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Apostolos Gerasoulis**

Mailing Address 131 Clive Street

City Edison State NJ Zip Code 08820

FEC ID number of contributing federal political committee. **C**

Name of Employer Rutgers University Occupation Professor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : 41009.C9372**

Amount of Each Receipt this Period  
 Receipt 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Richard Girards**

Mailing Address 70 St. Josephs Drive

City Stirling State NJ Zip Code 07980

FEC ID number of contributing federal political committee. **C**

Name of Employer Celgene Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
550.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 02 / 2014

**Transaction ID : 40901.C9247**

Amount of Each Receipt this Period  
 Receipt 100.00

**C.** Full Name (Last, First, Middle Initial)  
**Richard Girards**

Mailing Address 70 St. Josephs Drive

City Stirling State NJ Zip Code 07980

FEC ID number of contributing federal political committee. **C**

Name of Employer Celgene Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
650.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 08 / 2014

**Transaction ID : 40823.C9220**

Amount of Each Receipt this Period  
 Receipt 100.00

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

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

450.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 74
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lance for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Richard Girards**

Mailing Address 70 St. Josephs Drive

City Stirling State NJ Zip Code 07980

FEC ID number of contributing federal political committee. **C**

Name of Employer Celgene Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **775.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 26 / 2014

**Transaction ID : 40901.C9246**

Amount of Each Receipt this Period  
 Receipt **125.00**

**B.** Full Name (Last, First, Middle Initial)  
**Richard Girards**

Mailing Address 70 St. Josephs Drive

City Stirling State NJ Zip Code 07980

FEC ID number of contributing federal political committee. **C**

Name of Employer Celgene Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **875.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 09 / 2014

**Transaction ID : 40915.C9282**

Amount of Each Receipt this Period  
 Receipt **100.00**

**C.** Full Name (Last, First, Middle Initial)  
**Ronald Gravino**

Mailing Address PO Box 225

City Colonia State NJ Zip Code 07067-0225

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 25 / 2014

**Transaction ID : 41009.C9410**

Amount of Each Receipt this Period  
 In-Kind **2500.00**

Compliance

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

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

**2725.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 74
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lance for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Guy Gregg**

Mailing Address 143 Drakestown Rd

City Hackettstown State NJ Zip Code 07840-5651

FEC ID number of contributing federal political committee. **C**

Name of Employer MBI Gluck Shaw Occupation Government Relations

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : 41009.C9309**

Amount of Each Receipt this Period  
150.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Morgan Koch**

Mailing Address 107 Sturbridge Ct

City Reading State PA Zip Code 19610-2662

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : 41009.C9405**

Amount of Each Receipt this Period  
200.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Phyllis Konen**

Mailing Address 1052 Rector Rd

City Bridgewater State NJ Zip Code 08807-1360

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  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : 41009.C9394**

Amount of Each Receipt this Period  
200.00

Receipt

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

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

550.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 74
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lance for Congress**

Full Name (Last, First, Middle Initial) <b>Shau Lam</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2014
Mailing Address 81 Hobart Avenue		<b>Transaction ID : 41009.C9376</b>
City Summit	State NJ	Zip Code 07901
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Receipt 1000.00
Name of Employer DCH Management	Occupation Chairman	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3200.00	

Full Name (Last, First, Middle Initial) <b>John Lechleiter</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2014
Mailing Address Residence 2302		<b>Transaction ID : 41009.C9341</b>
City Indianapolis	State IL	Zip Code 46204
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Receipt 1000.00
Name of Employer Eli Lily and Co	Occupation Executive	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>Peter Lijoi</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 26 / 2014
Mailing Address 124 Canoe Brook Pkwy		<b>Transaction ID : 41009.C9298</b>
City Summit	State NJ	Zip Code 07901-1436
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Receipt 125.00
Name of Employer Wood Partners	Occupation Attorney	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2125.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 74
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Lance for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Charles Lizza**

Mailing Address 72 Prospect Street

City State Zip Code  
Summit NJ 07901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Saul Ewing LLP Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2014

**Transaction ID : 41012.C9411**

Amount of Each Receipt this Period  
1000.00

Memo  
**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**Frank Macioce**

Mailing Address 22 Essex Road

City State Zip Code  
Summit NJ 07901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 05 / 2014

**Transaction ID : 40915.C9261**

Amount of Each Receipt this Period  
250.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Jeffrey Mackinnon**

Mailing Address 3753 Oliver Street

City State Zip Code  
Washington DC 20015

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Mackinnon, Ryan Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 30 / 2014

**Transaction ID : 40823.C9209**

Amount of Each Receipt this Period  
500.00

Receipt

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

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

750.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 74
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lance for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Patrick McDonough**

Mailing Address 93 Pine Grove Avenue

City State Zip Code  
Summit NJ 07901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 05 / 2014

**Transaction ID : 40915.C9260**

Amount of Each Receipt this Period  
250.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**J Nicholas Mckee**

Mailing Address 32 Baderu Road

City State Zip Code  
Summit NJ 07901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Marsh & McLennan Co. Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2014

**Transaction ID : 40915.C9274**

Amount of Each Receipt this Period  
250.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**John Mcmanus**

Mailing Address 2082 Grace Manor Court

City State Zip Code  
Mc Lean VA 22101-4900

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MG The McManus Group President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 30 / 2014

**Transaction ID : 40823.C9223**

Amount of Each Receipt this Period  
500.00

Receipt

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

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

1000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 74
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lance for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Randal Miller**

Mailing Address 74 Commerce Dr

City Reading State PA Zip Code 19610-3313

FEC ID number of contributing federal political committee. **C**

Name of Employer Berkshire Capital Mgt. Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : 41009.C9402**

Amount of Each Receipt this Period  
 Receipt 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Robert Moriarty**

Mailing Address 162 Hillcrest Avenue

City Summit State NJ Zip Code 07901

FEC ID number of contributing federal political committee. **C**

Name of Employer Twin Oaks Partners Occupation Investor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 21 / 2014

**Transaction ID : 40829.C9239**

Amount of Each Receipt this Period  
 Receipt 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Maureen Ogden**

Mailing Address 59 Lakeview Avenue

City Short Hills State NJ Zip Code 07078-2240

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  
1100.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : 41009.C9351**

Amount of Each Receipt this Period  
 Receipt 250.00

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

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

750.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 74
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Lance for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Donald Pelligrino**

Mailing Address 7 McNab Court

City State Zip Code  
Bridgewater NJ 08807-2386

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Bridgeway Senior Care Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 08 / 2014

**Transaction ID : 40915.C9279**

Amount of Each Receipt this Period  
 Receipt 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Kenneth Peskin**

Mailing Address 31 Woodmere Drive

City State Zip Code  
Summit NJ 07901-2223

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Operating Enhancements Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : 41009.C9366**

Amount of Each Receipt this Period  
 Receipt 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Hugo Pfaltz**

Mailing Address 118 Prospect Street

City State Zip Code  
Summit NJ 07901-2472

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pfaltz & Weller Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 19 / 2014

**Transaction ID : 40829.C9237**

Amount of Each Receipt this Period  
 Receipt 250.00

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

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

1000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 74
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lance for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Thomas Powers**

Mailing Address 166 Asbury Westortal Rd.

City Asbury State NJ Zip Code 08802

FEC ID number of contributing federal political committee. **C**

Name of Employer Midwest Mech. Contractors of N Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : 41009.C9377**

Amount of Each Receipt this Period  
 Receipt 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Ira Rosenberg**

Mailing Address 5 Jagger Ct

City West Orange State NJ Zip Code 07052-2168

FEC ID number of contributing federal political committee. **C**

Name of Employer Sills Cummis Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 08 / 2014

**Transaction ID : 40915.C9273**

Amount of Each Receipt this Period  
 Receipt 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Saul Ewing LLP**

Mailing Address 1 Riverfront Plaza

City Newark State NJ Zip Code 07102

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 08 / 2014

**Transaction ID : 40915.C9265**

Amount of Each Receipt this Period  
 Receipt 1000.00

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

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

1500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 74
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Lance for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**John Thero**

Mailing Address 1430 Route 206

City Bedminster State NJ Zip Code 07921

FEC ID number of contributing federal political committee. **C**

Name of Employer Amarin Occupation Business Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 19 / 2014

**Transaction ID : 40829.C9233**

Amount of Each Receipt this Period  
1200.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Andrew Wasserman**

Mailing Address 471 Channing Ave

City Westfield State NJ Zip Code 07090-4308

FEC ID number of contributing federal political committee. **C**

Name of Employer Willis Group Holdings Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : 41009.C9300**

Amount of Each Receipt this Period  
250.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Donna Wasserman**

Mailing Address 471 Channing Avenue

City Westfield State NJ Zip Code 07090

FEC ID number of contributing federal political committee. **C**

Name of Employer Washtenaw Comm. College Occupation Professor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : 41009.C9299**

Amount of Each Receipt this Period  
250.00

Receipt

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

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

1700.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 74
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Lance for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Steven Weidman**

Mailing Address 220 Logan Ave

City Reading State PA Zip Code 19610-2654

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : 41009.C9401**

Amount of Each Receipt this Period  
 Receipt 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Thomas Williams**

Mailing Address 2 Oakridge Dr

City Mohnton State PA Zip Code 19540-9305

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : 41009.C9404**

Amount of Each Receipt this Period  
 Receipt 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Scott Wolfe**

Mailing Address 116 Grande Blvd

City Reading State PA Zip Code 19608-9681

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Reading Hospital Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : 41009.C9406**

Amount of Each Receipt this Period  
 Receipt 200.00

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

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

700.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 25 OF 74  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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)  
**Lance for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Myra Wolgamuth**

Mailing Address 163 Black River Rd

City State Zip Code  
Long Valley NJ 07853-3066

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
850.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 16 2014

**Transaction ID : 41009.C9290**

Amount of Each Receipt this Period  
 Receipt 200.00

**B.** 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

**C.** 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).....

200.00

26802.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 74
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lance for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Abbvie PAC**

Mailing Address 1 N. Waukegan Road

City State Zip Code  
Abbott Park IL 60064

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : 41009.C9320**

Amount of Each Receipt this Period  
 Receipt 1500.00

**B.** Full Name (Last, First, Middle Initial)  
**Action Comm. For Rural Electrification**

Mailing Address 4301 Wilson Blvd

City State Zip Code  
Arlington VA 22203-1867

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : 41009.C9338**

Amount of Each Receipt this Period  
 Receipt 1500.00

**C.** Full Name (Last, First, Middle Initial)  
**Affinity Federal Credit Union**

Mailing Address 2 Crossroads Dr

City State Zip Code  
Bedminster NJ 07921-1562

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : 41009.C9398**

Amount of Each Receipt this Period  
 Receipt 1000.00

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

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

4000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 74
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lance for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**AICPA PAC**

Mailing Address 220 Leigh Farm Road

City Durham State NC Zip Code 27707-8110

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : 41009.C9343**

Amount of Each Receipt this Period  
 Receipt 500.00

**B.** Full Name (Last, First, Middle Initial)  
**AKSM Urology PAC**

Mailing Address 100 W 3rd Ave Ste 350

City Columbus State OH Zip Code 43201-7205

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
8000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 16 / 2014

**Transaction ID : 41009.C9323**

Amount of Each Receipt this Period  
 Receipt 5000.00

**C.** Full Name (Last, First, Middle Initial)  
**American Air Liquide Holdings Inc. PAC**

Mailing Address 2700 Post Oak Blvd Ste 1800

City Houston State TX Zip Code 77056-5797

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 18 / 2014

**Transaction ID : 40823.C9228**

Amount of Each Receipt this Period  
 Receipt 1000.00

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

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

6500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 74
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lance for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**American Health Care Association PAC**

Mailing Address 1201 L Street, NW

City Washington State DC Zip Code 20005-4024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2014

**Transaction ID : 41009.C9331**

Amount of Each Receipt this Period  
 Receipt 2500.00

**B.** Full Name (Last, First, Middle Initial)  
**American Hospital Association PAC**

Mailing Address 325 7th Street, NW

City Washington State DC Zip Code 20004-2802

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 01 / 2014

**Transaction ID : 40823.C9218**

Amount of Each Receipt this Period  
 Receipt 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**American Occupational Therapy Assoc. PAC**

Mailing Address 4720 Montgomery Lane

City Bethesda State MD Zip Code 20814

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 30 / 2014

**Transaction ID : 40823.C9206**

Amount of Each Receipt this Period  
 Receipt 1000.00

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

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

6000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 74
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lance for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**American Optometric Committee PAC**

Mailing Address 1505 Prince Street, Ste. 300

City Alexandria State VA Zip Code 22314-2874

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : 41009.C9392**

Amount of Each Receipt this Period  
 Receipt 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**American Physical Therapy Assoc PAC**

Mailing Address 1111 N Fairfax St

City Alexandria State VA Zip Code 22314-1484

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 28 / 2014

**Transaction ID : 40823.C9202**

Amount of Each Receipt this Period  
 Receipt 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**Americans For The Arts PAC**

Mailing Address 100 Vermont Ave., NW, Suite 600

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : 41009.C9345**

Amount of Each Receipt this Period  
 Receipt 1000.00

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

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

4500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 74
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lance for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**AMGEN PAC**

Mailing Address 1 Amgen Center Drive

City Newbury Park State CA Zip Code 91320-1730

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 01 / 2014

**Transaction ID : 40823.C9216**

Amount of Each Receipt this Period  
2500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**AMGEN PAC**

Mailing Address 1 Amgen Center Drive

City Newbury Park State CA Zip Code 91320-1730

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2014

**Transaction ID : 41009.C9334**

Amount of Each Receipt this Period  
2500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Arent Fox LLP PAC**

Mailing Address 1717 K Street NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 09 / 2014

**Transaction ID : 40915.C9281**

Amount of Each Receipt this Period  
1000.00

Receipt

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

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

6000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 74
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lance for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ASHA PAC**

Mailing Address 2200 Research Blvd.

City: Rockville    State: MD    Zip Code: 20850

FEC ID number of contributing federal political committee: **C**

Name of Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Receipt For: 2014  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date: \_\_\_\_\_

Date of Receipt: 09 / 23 / 2014

**Transaction ID : 41009.C9335**

Amount of Each Receipt this Period: 1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Association For Advanced Life PAC**

Mailing Address 2901 Telestar Court, Fl. 4

City: Falls Church    State: VA    Zip Code: 22042-1260

FEC ID number of contributing federal political committee: **C**

Name of Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Receipt For: 2014  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date: \_\_\_\_\_

Date of Receipt: 08 / 20 / 2014

**Transaction ID : 40829.C9238**

Amount of Each Receipt this Period: 1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**AT&T Inc Federal PAC**

Mailing Address 175 E. Houston Street  
Room 7-A-50

City: San Antonio    State: TX    Zip Code: 78205

FEC ID number of contributing federal political committee: **C**

Name of Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Receipt For: 2014  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date: \_\_\_\_\_

Date of Receipt: 09 / 30 / 2014

**Transaction ID : 41009.C9352**

Amount of Each Receipt this Period: 2500.00

Receipt

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

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

4500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 74
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lance for Congress**

**A. Biomarin Pharmaceutical PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2350 Kepner Blvd., Suite 250  
 City San Rafael State CA Zip Code 94901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 02 / 2014  
**Transaction ID : 40915.C9250**  
 Amount of Each Receipt this Period  
 1000.00  
 Receipt

**B. Bucco For Assembly**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 220  
 City Succasunna State NJ Zip Code 07876-0220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 275.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 41009.C9312**  
 Amount of Each Receipt this Period  
 100.00  
 Receipt

**C. Bucco For Senate**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 220  
 City Succasunna State NJ Zip Code 07876-0220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 150.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 41009.C9305**  
 Amount of Each Receipt this Period  
 100.00  
 Receipt

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

1200.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 74
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lance for Congress**

**A. Build PAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1201 15th Street, NW  
City Washington State DC Zip Code 20005-2842  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2014  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date  
**3000.00**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 26 / 2014  
**Transaction ID : 41009.C9302**  
Amount of Each Receipt this Period  
**1000.00**  
Receipt

**B. Burger King Franchisee PAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1701 Barrett Lakes Blvd., NW, STE  
City Keenesaw State GA Zip Code 30144  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2014  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date  
**500.00**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 16 / 2014  
**Transaction ID : 41009.C9324**  
Amount of Each Receipt this Period  
**500.00**  
Receipt

**C. Chevron Employees PAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 6016  
City San Ramon State CA Zip Code 94583  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2014  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date  
**1000.00**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2014  
**Transaction ID : 41009.C9347**  
Amount of Each Receipt this Period  
**1000.00**  
Receipt

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

**2500.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 74
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lance for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Comcast Corporation PAC**

Mailing Address 1701 John F Kennedy Blvd

City Philadelphia State PA Zip Code 19103-2838

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
8000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 30 / 2014

**Transaction ID : 40823.C9215**

Amount of Each Receipt this Period  
 Receipt 3000.00

**B.** Full Name (Last, First, Middle Initial)  
**Covington & Burling LLP PAC**

Mailing Address 1201 Pennsylvania Avenue, NW

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 16 / 2014

**Transaction ID : 40823.C9199**

Amount of Each Receipt this Period  
 Receipt 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**COXPAC, Inc.**

Mailing Address 975 F Street NW, Suite 300

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 30 / 2014

**Transaction ID : 40823.C9208**

Amount of Each Receipt this Period  
 Receipt 1000.00

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

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

5000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 74
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lance for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**CTIA PAC**

Mailing Address 1400 16th St NW, Ste

City Washington State DC Zip Code 20036-2217

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 30 / 2014

**Transaction ID : 40823.C9211**

Amount of Each Receipt this Period  
 Receipt 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Drive Committee PAC**

Mailing Address 24 Louisiana Avenue, NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : 41009.C9397**

Amount of Each Receipt this Period  
 Receipt 5000.00

**C.** Full Name (Last, First, Middle Initial)  
**DSI PAC**

Mailing Address 2 Hilton Ct

City Parsippany State NJ Zip Code 07054-4410

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 16 / 2014

**Transaction ID : 41009.C9287**

Amount of Each Receipt this Period  
 Receipt 4000.00

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

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

10000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 74
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lance for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Eli Lilly Federal PAC**

Mailing Address Lilly Corporate Center

City Indianapolis State IN Zip Code 46285-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 16 / 2014

**Transaction ID : 41009.C9322**

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Exxon Mobil Corporation PAC**

Mailing Address 5959 Las Colinas Blvd

City Irving State TX Zip Code 75039-4202

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 30 / 2014

**Transaction ID : 40823.C9214**

Amount of Each Receipt this Period  
2500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Eye Of The Tiger PAC**

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : 41009.C9353**

Amount of Each Receipt this Period  
2000.00

Receipt

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

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

9500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 74
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lance for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Google Netpac**

Mailing Address 1101 New York Ave NW

City Washington State DC Zip Code 20005-4269

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : 41009.C9340**

Amount of Each Receipt this Period  
 Receipt 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**HEARPAC**

Mailing Address 1444 I STREET, NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 06 / 2014

**Transaction ID : 40823.C9213**

Amount of Each Receipt this Period  
 Receipt 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**HEARPAC**

Mailing Address 1444 I STREET, NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : 41009.C9342**

Amount of Each Receipt this Period  
 Receipt 1000.00

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

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

3000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 74
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lance for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**IEC Pride PAC**

Mailing Address 4401 Ford Ave

City Alexandria State VA Zip Code 22302-1473

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : 41009.C9356**

Amount of Each Receipt this Period  
 Receipt 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**IFRA North American PAC**

Mailing Address 1655 Ft. Meyer Dr., Suite 875

City Arlington State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2014

**Transaction ID : 41009.C9330**

Amount of Each Receipt this Period  
 Receipt 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**IKARIA PAC**

Mailing Address 444 N Capitol Street, NW Ste. 83

City Washington State DC Zip Code 20001-1569

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 16 / 2014

**Transaction ID : 41009.C9325**

Amount of Each Receipt this Period  
 Receipt 1000.00

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

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

3000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 74
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**Lance for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Linde North America Inc. PAC**

Mailing Address 575 Mountain Avenue

City State Zip Code  
Murray Hill NJ 07974-2097

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : 40823.C9229**

Amount of Each Receipt this Period

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Madden For Council**

Mailing Address 24 Park Ave

City State Zip Code  
Summit NJ 07901-3984

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : 40901.C9245**

Amount of Each Receipt this Period

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**McTernan For Council**

Mailing Address 24 Park Avenue

City State Zip Code  
Summit NJ 07901

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : 40915.C9269**

Amount of Each Receipt this Period

Receipt

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

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

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 74
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**Lance for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MEDNAX Inc., PAC**

Mailing Address 1301 Concord Terrace

City Sunrise State FL Zip Code 33323

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 28 / 2014

**Transaction ID : 40823.C9203**

Amount of Each Receipt this Period  
 Receipt 5000.00

Election Cycle-to-Date  
 5000.00

**B.** Full Name (Last, First, Middle Initial)  
**National Air Traffic Controllers PAC**

Mailing Address 1325 Massachusetts Avenue, NW

City Washington State DC Zip Code 20005-4171

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2014

**Transaction ID : 41009.C9333**

Amount of Each Receipt this Period  
 Receipt 1000.00

Election Cycle-to-Date  
 4000.00

**C.** Full Name (Last, First, Middle Initial)  
**National Assoc. Of Letter Carriers PAC**

Mailing Address 100 Indiana Ave., NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : 41009.C9339**

Amount of Each Receipt this Period  
 Receipt 1500.00

Election Cycle-to-Date  
 1500.00

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

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

7500.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 74
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**Lance for Congress**

**A. NMHC PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1850 M Street, NW  
 Suite 540  
 City Washington State DC Zip Code 20036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 24 / 2014  
**Transaction ID : 41009.C9294**  
 Amount of Each Receipt this Period  
 1000.00  
 Receipt

**B. Novartis PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 701 Pennsylvania Ave NW Ste 725  
 City Washington State DC Zip Code 20004-2608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 4500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : 41009.C9346**  
 Amount of Each Receipt this Period  
 2500.00  
 Receipt

**C. NRG Energy PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 211 Carnegie Center  
 City Princeton State NJ Zip Code 08540-6213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2014  
**Transaction ID : 41009.C9332**  
 Amount of Each Receipt this Period  
 1000.00  
 Receipt

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

4500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 74
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lance for Congress**

**A. Oral And Maxillofacial Surgery PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9700 Bryn Mawr Avenue  
 City Des Plaines State IL Zip Code 60018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 08 / 2014  
**Transaction ID : 40915.C9277**  
 Amount of Each Receipt this Period  
 Receipt 2000.00

**B. Oral And Maxillofacial Surgery PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9700 Bryn Mawr Avenue  
 City Des Plaines State IL Zip Code 60018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 08 / 2014  
**Transaction ID : 40915.C9278**  
 Amount of Each Receipt this Period  
 Receipt 1000.00

**C. Oroho For Senate**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 115 Demarest Road, Ste. 2B  
 City Sparta State NJ Zip Code 07871  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 41009.C9304**  
 Amount of Each Receipt this Period  
 Receipt 100.00

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

3100.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 74
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lance for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Petroleum Marketers Assoc. Of Amer.**

Mailing Address 1901 Fort Myer Drive, Ste. 500

City	State	Zip Code
Arlington	VA	22209-1609

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : 41009.C9355**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Political Educational Fund Of The BCTD**

Mailing Address 815 16th St NW Ste 600

City	State	Zip Code
Washington	DC	20006-4101

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : 41009.C9355**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Prudential Financial Inc. PAC**

Mailing Address 751 Broad Street

City	State	Zip Code
Newark	NJ	07102-3714

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2014

**Transaction ID : 41009.C9329**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Receipt

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

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

\_\_\_\_\_ 4500.00

\_\_\_\_\_

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 74
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lance for Congress**

**A. Public Service Enterprise Group PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 80 Park Plaza

City Newark State NJ Zip Code 07102-4109

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 19 / 2014

**Transaction ID : 41009.C9328**

Amount of Each Receipt this Period  
 Receipt 1822.53

Receipt 8822.53

**B. Realtors PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 430 N Michigan Avenue

City Chicago State IL Zip Code 60611-4011

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 08 / 2014

**Transaction ID : 40915.C9276**

Amount of Each Receipt this Period  
 Receipt 3000.00

Receipt 7000.00

**C. Realtors PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 430 N Michigan Avenue

City Chicago State IL Zip Code 60611-4011

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 24 / 2014

**Transaction ID : 41009.C9293**

Amount of Each Receipt this Period  
 Receipt 1000.00

Receipt 8000.00

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

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

5822.53

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 74
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lance for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Republican Main Street PAC**

Mailing Address 1220 L Street, NW Ste. 100-263

City Washington State DC Zip Code 20005-4018

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 30 / 2014

**Transaction ID : 40823.C9210**

Amount of Each Receipt this Period  
 Receipt 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Republican Main Street PAC**

Mailing Address 1220 L Street, NW Ste. 100-263

City Washington State DC Zip Code 20005-4018

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
11000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2014

**Transaction ID : 41009.C9337**

Amount of Each Receipt this Period  
 Receipt 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Sanofi-Aventis US Inc. Employees PAC**

Mailing Address 801 Pennsylvania Avenue NW  
Suite 725

City Washington State DC Zip Code 20004-3616

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
8500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : 41009.C9344**

Amount of Each Receipt this Period  
 Receipt 5000.00

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

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

7000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 74
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lance for Congress**

**A. Sprint Nextel PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12502 Sunrise Valley Drive  
 City Reston State VA Zip Code 20196  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 08 / 2014  
**Transaction ID : 40915.C9285**  
 Amount of Each Receipt this Period  
 Receipt 1000.00

**B. The Chubb Corporation PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15 Mountainview Road  
 City Warren State NJ Zip Code 07059-6711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 9000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 02 / 2014  
**Transaction ID : 40915.C9251**  
 Amount of Each Receipt this Period  
 Receipt 1000.00

**C. Time Warner Cable PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 901 F St NW Ste 800  
 City Washington State DC Zip Code 20004-1477  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 30 / 2014  
**Transaction ID : 40823.C9207**  
 Amount of Each Receipt this Period  
 Receipt 1000.00

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

3000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 47 OF 74  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Lance for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**WALPAC**

Mailing Address 701 8th St NW Ste 200

City Washington State DC Zip Code 20001-3917

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2014

**Transaction ID : 40823.C9217**

Amount of Each Receipt this Period  
 Receipt 1000.00

**B.** 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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** 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 / 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).....

1000.00

107572.53

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 74			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Lance for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ronald Gravino Consulting</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address PO Box 225			Amount of Each Disbursement this Period 3682.48
City Colonia	State NJ	Zip Code 07067-0225	Transaction ID : 40823.E1943
Purpose of Disbursement Compliance/Payroll		Category/ Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	COMPLIANCE/PAYROLL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. Ronald Gravino Consulting</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address PO Box 225			Amount of Each Disbursement this Period 2522.02
City Colonia	State NJ	Zip Code 07067-0225	Transaction ID : 40901.E1971
Purpose of Disbursement Compliance		Category/ Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	COMPLIANCE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>C. Hummel Distributing Corp.</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2014
Mailing Address 850 Springfield Rd			Amount of Each Disbursement this Period 11065.75
City Union	State NJ	Zip Code 07083-8614	Transaction ID : 41012.E2022
Purpose of Disbursement Postage		Category/ Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	POSTAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	17270.25
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 74			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Lance for Congress**

Full Name (Last, First, Middle Initial) <b>A. Hummel Distributing Corp.</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 850 Springfield Rd			Amount of Each Disbursement this Period 11065.75
City Union	State NJ	Zip Code 07083-8614	
Purpose of Disbursement Postage		Category/ Type	<b>Transaction ID : 41009.E1997</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		POSTAGE
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Jamestown Associates</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2014
Mailing Address 5 Mapleton Road, Ste. 300			Amount of Each Disbursement this Period 3575.52
City Princeton	State NJ	Zip Code 08540-9646	
Purpose of Disbursement Media and Production		Category/ Type	<b>Transaction ID : 41009.E1994</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		MEDIA AND PRODUCTION
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Campaign Marketing Strategies Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 3240 Wilson Blvd Ste 202			Amount of Each Disbursement this Period 2000.00
City Arlington	State VA	Zip Code 22201-2009	
Purpose of Disbursement Phone Banks		Category/ Type	<b>Transaction ID : 40829.E1966</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		PHONE BANKS
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	16641.27
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 50 OF 74	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Lance for Congress**

Full Name (Last, First, Middle Initial) <b>A. Campaign Marketing Strategies Inc</b>		Date of Disbursement M M / D D / Y Y Y Y <b>07 / 02 / 2014</b>
Mailing Address 3240 Wilson Blvd Ste 202		Amount of Each Disbursement this Period <b>1000.00</b>
City Arlington	State VA	Zip Code 22201-2009
Purpose of Disbursement Phone Banks	Category/ Type	
Candidate Name	Transaction ID : <b>40823.E1945</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	PHONE BANKS
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Townsend Group</b>		Date of Disbursement M M / D D / Y Y Y Y <b>07 / 09 / 2014</b>
Mailing Address 1006 Pendleton St		Amount of Each Disbursement this Period <b>3847.68</b>
City Alexandria	State VA	Zip Code 22314-3202
Purpose of Disbursement Fundraising Management	Category/ Type	
Candidate Name	Transaction ID : <b>40823.E1948</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	FUNDRAISING MANAGEMENT
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Townsend Group</b>		Date of Disbursement M M / D D / Y Y Y Y <b>08 / 05 / 2014</b>
Mailing Address 1006 Pendleton St		Amount of Each Disbursement this Period <b>3373.51</b>
City Alexandria	State VA	Zip Code 22314-3202
Purpose of Disbursement Fundraising Management	Category/ Type	
Candidate Name	Transaction ID : <b>40823.E1964</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	FUNDRAISING MANAGEMENT
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>8221.19</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 74			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Lance for Congress**

Full Name (Last, First, Middle Initial) <b>A. Townsend Group</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 1006 Pendleton St		Amount of Each Disbursement this Period 6245.87
City Alexandria	State VA	
Zip Code 22314-3202	Purpose of Disbursement Fundraising Management	<b>Transaction ID : 40915.E1982</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	FUNDRAISING MANAGEMENT
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Seneca Insurance</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address 160 Water Street		Amount of Each Disbursement this Period 25.00
City New York	State NY	
Zip Code 10038-	Purpose of Disbursement Insurance	<b>Transaction ID : 40915.E1985</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	INSURANCE
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Tusk Productions LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2014
Mailing Address 38 Lakewood Dr.		Amount of Each Disbursement this Period 4000.00
City Denville	State NJ	
Zip Code 07834-	Purpose of Disbursement Fundraising	<b>Transaction ID : 40823.E1949</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	FUNDRAISING
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10270.87
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 52 OF 74	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Lance for Congress**

Full Name (Last, First, Middle Initial) <b>A. Tusk Productions LLC</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2014
Mailing Address 38 Lakewood Dr.		Amount of Each Disbursement this Period 4000.00 <b>Transaction ID : 40823.E1963</b>
City Denville State NJ Zip Code 07834- Purpose of Disbursement Fundraising Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	FUNDRAISING

Full Name (Last, First, Middle Initial) <b>B. Tusk Productions LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 03 / 2014
Mailing Address 38 Lakewood Dr.		Amount of Each Disbursement this Period 4098.00 <b>Transaction ID : 40915.E1981</b>
City Denville State NJ Zip Code 07834- Purpose of Disbursement Fundraising Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	FUNDRAISING

Full Name (Last, First, Middle Initial) <b>c. The Prosper Group</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2014
Mailing Address 435 East Main St. Ste. 250		Amount of Each Disbursement this Period 799.11 <b>Transaction ID : 40823.E1946</b>
City Greenwood State IN Zip Code 46163- Purpose of Disbursement Website Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	WEBSITE

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8897.11
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 53 OF 74	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Lance for Congress**

Full Name (Last, First, Middle Initial) <b>A. Verbatim Services</b>		Date of Disbursement M M / D D / Y Y Y Y <b>09 / 19 / 2014</b>
Mailing Address <b>PO BOX 784</b>		Amount of Each Disbursement this Period <b>1353.55</b>
City <b>West Caldwell</b>	State <b>NJ</b>	Zip Code <b>07007-</b>
Purpose of Disbursement <b>Printing</b>	Category/Type <b>PRINTING</b>	
Candidate Name	Transaction ID : <b>41012.E2023</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Transact</b>		Date of Disbursement M M / D D / Y Y Y Y <b>07 / 01 / 2014</b>
Mailing Address <b>190 Monroe Ave, Suite 500</b>		Amount of Each Disbursement this Period <b>4.50</b>
City <b>Grand Rapids</b>	State <b>MI</b>	Zip Code <b>49503-</b>
Purpose of Disbursement <b>Credit Card Fee</b>	Category/Type <b>CREDIT CARD FEE</b>	
Candidate Name	Transaction ID : <b>40823.E1952</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Transact</b>		Date of Disbursement M M / D D / Y Y Y Y <b>07 / 30 / 2014</b>
Mailing Address <b>190 Monroe Ave, Suite 500</b>		Amount of Each Disbursement this Period <b>21.38</b>
City <b>Grand Rapids</b>	State <b>MI</b>	Zip Code <b>49503-</b>
Purpose of Disbursement <b>Credit Card Fee</b>	Category/Type <b>CREDIT CARD FEE</b>	
Candidate Name	Transaction ID : <b>40823.E1954</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1379.43</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 74			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Lance for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement										
A. <b>Transact</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>08</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	08		08		2014
M M	/	D D	/	Y Y Y Y								
08		08		2014								
Mailing Address 190 Monroe Ave, Suite 500		Amount of Each Disbursement this Period										
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Grand Rapids</td> <td>MI</td> <td>49503-</td> </tr> </table>		City	State	Zip Code	Grand Rapids	MI	49503-	<table border="1"> <tr> <td>4.50</td> </tr> </table>	4.50			
City	State	Zip Code										
Grand Rapids	MI	49503-										
4.50												
Purpose of Disbursement Credit Card Fee		Transaction ID : 40823.E1962										
Candidate Name		Category/Type										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		CREDIT CARD FEE										
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)												
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
B. <b>Transact</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>19</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	08		19		2014
M M	/	D D	/	Y Y Y Y								
08		19		2014								
Mailing Address 190 Monroe Ave, Suite 500		Amount of Each Disbursement this Period										
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Grand Rapids</td> <td>MI</td> <td>49503-</td> </tr> </table>		City	State	Zip Code	Grand Rapids	MI	49503-	<table border="1"> <tr> <td>216.00</td> </tr> </table>	216.00			
City	State	Zip Code										
Grand Rapids	MI	49503-										
216.00												
Purpose of Disbursement Credit Card Fee		Transaction ID : 40829.E1968										
Candidate Name		Category/Type										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		CREDIT CARD FEE										
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)												
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
C. <b>Transact</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>28</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	08		28		2014
M M	/	D D	/	Y Y Y Y								
08		28		2014								
Mailing Address 190 Monroe Ave, Suite 500		Amount of Each Disbursement this Period										
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Grand Rapids</td> <td>MI</td> <td>49503-</td> </tr> </table>		City	State	Zip Code	Grand Rapids	MI	49503-	<table border="1"> <tr> <td>20.62</td> </tr> </table>	20.62			
City	State	Zip Code										
Grand Rapids	MI	49503-										
20.62												
Purpose of Disbursement Credit Card Fee		Transaction ID : 40901.E1973										
Candidate Name		Category/Type										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		CREDIT CARD FEE										
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)												
State: District:												

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	241.12
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 55 OF 74	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Lance for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. <b>Transact</b>		M M / D D / Y Y Y Y 09 / 24 / 2014
Mailing Address 190 Monroe Ave, Suite 500		Amount of Each Disbursement this Period
City	State	Zip Code
Grand Rapids	MI	49503-
Purpose of Disbursement	Category/ Type	14.16
Credit Card Fee		<b>Transaction ID : 40915.E1989</b>
Candidate Name		
Office Sought:	Disbursement For:	CREDIT CARD FEE
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. <b>Transact</b>		M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address 190 Monroe Ave, Suite 500		Amount of Each Disbursement this Period
City	State	Zip Code
Grand Rapids	MI	49503-
Purpose of Disbursement	Category/ Type	4.72
Credit Card Fee		<b>Transaction ID : 41009.E1996</b>
Candidate Name		
Office Sought:	Disbursement For:	CREDIT CARD FEE
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. <b>Transact</b>		M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 190 Monroe Ave, Suite 500		Amount of Each Disbursement this Period
City	State	Zip Code
Grand Rapids	MI	49503-
Purpose of Disbursement	Category/ Type	165.22
Credit Card Fee		<b>Transaction ID : 41009.E2000</b>
Candidate Name		
Office Sought:	Disbursement For:	CREDIT CARD FEE
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	184.10
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 56 OF 74	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Lance for Congress**

Full Name (Last, First, Middle Initial) <b>A. Transaxt</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 190 Monroe Ave, Suite 500		Amount of Each Disbursement this Period 9.00
City Grand Rapids	State MI	
Zip Code 49503-	Purpose of Disbursement Credit Card Fee	<b>Transaction ID : 41009.E1999</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>CREDIT CARD FEE</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Save Jersey Advertising LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014
Mailing Address 200 E Madison Avenue, Apt. 2		Amount of Each Disbursement this Period 350.00
City Collingswood	State NJ	
Zip Code 08108-	Purpose of Disbursement Advertising	<b>Transaction ID : 40823.E1956</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>ADVERTISING</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 3155.06
City Fort Lauderdale	State FL	
Zip Code 33336-0001	Purpose of Disbursement CREDIT CARD: SEE BELOW	<b>Transaction ID : 40823.E1942</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>CREDIT CARD: SEE BELOW</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3514.06
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 57 OF 74	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Lance for Congress**

Full Name (Last, First, Middle Initial) <b>A. Rayburn Cafe</b>		Date of Disbursement MM / DD / YYYY 07 / 02 / 2014
Mailing Address 18788 Indp. & Capital St., SW		Amount of Each Disbursement this Period 81.00
City Washington	State DC	
Zip Code 20515-		Transaction ID : 41012.E2003
Purpose of Disbursement Meeting Expense	Category/Type	
Candidate Name		[MEMO ITEM] MEMO: MEETING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Survey Monkey</b>		Date of Disbursement MM / DD / YYYY 07 / 02 / 2014
Mailing Address 101 Lytton Ave.		Amount of Each Disbursement this Period 300.00
City Palo Alto	State CA	
Zip Code 94301-		Transaction ID : 41012.E2004
Purpose of Disbursement Website	Category/Type	
Candidate Name		[MEMO ITEM] MEMO: WEBSITE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Buona Pizza</b>		Date of Disbursement MM / DD / YYYY 07 / 02 / 2014
Mailing Address 243 South Ave		Amount of Each Disbursement this Period 121.35
City Westfield	State NJ	
Zip Code 07090-		Transaction ID : 41012.E2006
Purpose of Disbursement Volunteer Costs	Category/Type	
Candidate Name		[MEMO ITEM] MEMO: VOLUNTEER COSTS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 74			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Lance for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>A. Staples</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>02</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	07		02		2014
M M	/	D D	/	Y Y Y Y									
07		02		2014									
Mailing Address 225 E Broad St		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Westfield</td> <td>NJ</td> <td>07090-</td> </tr> </table>		City	State	Zip Code	Westfield	NJ	07090-	<table border="1"> <tr> <td>329.95</td> </tr> </table>		329.95			
City	State	Zip Code											
Westfield	NJ	07090-											
329.95													
Purpose of Disbursement Office Expense		Transaction ID : 41012.E2014											
Candidate Name		[MEMO ITEM]											
Office Sought:		MEMO: OFFICE EXPENSE											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:												
State: District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)												

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>B. Buona Pizza</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>02</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	07		02		2014
M M	/	D D	/	Y Y Y Y									
07		02		2014									
Mailing Address 243 South Ave		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Westfield</td> <td>NJ</td> <td>07090-</td> </tr> </table>		City	State	Zip Code	Westfield	NJ	07090-	<table border="1"> <tr> <td>56.65</td> </tr> </table>		56.65			
City	State	Zip Code											
Westfield	NJ	07090-											
56.65													
Purpose of Disbursement Volunteer Expense		Transaction ID : 41012.E2015											
Candidate Name		[MEMO ITEM]											
Office Sought:		MEMO: VOLUNTEER EXPENSE											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:												
State: District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)												

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>C. UPS</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>02</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	07		02		2014
M M	/	D D	/	Y Y Y Y									
07		02		2014									
Mailing Address 208 Lenox Ave		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Westfield</td> <td>NJ</td> <td>07090-</td> </tr> </table>		City	State	Zip Code	Westfield	NJ	07090-	<table border="1"> <tr> <td>1470.00</td> </tr> </table>		1470.00			
City	State	Zip Code											
Westfield	NJ	07090-											
1470.00													
Purpose of Disbursement Postage		Transaction ID : 41012.E2016											
Candidate Name		[MEMO ITEM]											
Office Sought:		MEMO: POSTAGE											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:												
State: District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)												

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 74			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Lance for Congress**

Full Name (Last, First, Middle Initial) <b>A. Verizon</b>		Date of Disbursement MM / DD / YYYY 07 / 02 / 2014
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 74.90
City Dallas	State TX	
Zip Code 75266-0108	Purpose of Disbursement Telecommunications	Transaction ID : 41012.E2017
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: TELECOMMUNICATIONS
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2014
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 297.50
City Fort Lauderdale	State FL	
Zip Code 33336-0001	Purpose of Disbursement CREDIT CARD: SEE BELOW	Transaction ID : 40823.E1960
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CREDIT CARD: SEE BELOW
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Table DC</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2014
Mailing Address 903 N St., NW		Amount of Each Disbursement this Period 297.50
City Washington	State DC	
Zip Code 20001-	Purpose of Disbursement Meeting Expense	Transaction ID : 41012.E2021
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: MEETING EXPENSE
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	297.50
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 74			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Lance for Congress**

Full Name (Last, First, Middle Initial) <b>A. American Express</b>			Date of Disbursement <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>25</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	08		25		2014
M M	/	D D	/	Y Y Y Y									
08		25		2014									
Mailing Address PO Box 360001			Amount of Each Disbursement this Period <table border="1"> <tr> <td>587.56</td> </tr> </table>	587.56									
587.56													
City Fort Lauderdale	State FL	Zip Code 33336-0001	Transaction ID : 40901.E1972										
Purpose of Disbursement CREDIT CARD: SEE BELOW		Category/ Type											
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CREDIT CARD: SEE BELOW										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State:    District:												

Full Name (Last, First, Middle Initial) <b>B. Rayburn Cafe</b>			Date of Disbursement <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>31</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	07		31		2014
M M	/	D D	/	Y Y Y Y									
07		31		2014									
Mailing Address 45 Independence Ave.			Amount of Each Disbursement this Period <table border="1"> <tr> <td>120.00</td> </tr> </table>	120.00									
120.00													
City Washington	State DC	Zip Code 20515-	Transaction ID : 40901.E1974										
Purpose of Disbursement Meeting Expense		Category/ Type											
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: MEETING EXPENSE										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State:    District:												

Full Name (Last, First, Middle Initial) <b>c. Rayburn Cafe</b>			Date of Disbursement <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>25</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	07		25		2014
M M	/	D D	/	Y Y Y Y									
07		25		2014									
Mailing Address 45 Independence Ave.			Amount of Each Disbursement this Period <table border="1"> <tr> <td>102.00</td> </tr> </table>	102.00									
102.00													
City Washington	State DC	Zip Code 20515-	Transaction ID : 40901.E1975										
Purpose of Disbursement Meeting Expense		Category/ Type											
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: MEETING EXPENSE										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State:    District:												

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	587.56
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 74			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Lance for Congress**

Full Name (Last, First, Middle Initial) <b>A. Rayburn Cafe</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2014
Mailing Address 45 Independence Ave.		Amount of Each Disbursement this Period 52.00
City Washington	State DC Zip Code 20515-	
Purpose of Disbursement Meeting Expense	Category/Type	<b>Transaction ID : 40901.E1976</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		<b>[MEMO ITEM]</b> MEMO: MEETING EXPENSE

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		Date of Disbursement MM / DD / YYYY 09 / 29 / 2014
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 554.00
City Fort Lauderdale	State FL Zip Code 33336-0001	
Purpose of Disbursement CREDIT CARD: SEE BELOW	Category/Type	<b>Transaction ID : 41009.E2001</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		CREDIT CARD: SEE BELOW

Full Name (Last, First, Middle Initial) <b>c. Rayburn Cafe</b>		Date of Disbursement MM / DD / YYYY 08 / 25 / 2014
Mailing Address 18788 Indp. & Capital St., SW		Amount of Each Disbursement this Period 54.00
City Washington	State DC Zip Code 20515-	
Purpose of Disbursement Meeting Expense	Category/Type	<b>Transaction ID : 41012.E2018</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		<b>[MEMO ITEM]</b> MEMO: MEETING EXPENSE

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	554.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 74		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Lance for Congress**

Full Name (Last, First, Middle Initial) <b>A. Metro West Jewish News</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2014
Mailing Address 901 State Route 10		Amount of Each Disbursement this Period 500.00
City Whippany	State NJ Zip Code 07981-	
Purpose of Disbursement Ad	Candidate Name	Transaction ID : 41012.E2020
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] MEMO: AD

Full Name (Last, First, Middle Initial) <b>B. Clover Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address 4 Deerpath Rd		Amount of Each Disbursement this Period 14234.86
City Flemington	State NJ Zip Code 08822-	
Purpose of Disbursement Phone Banks	Candidate Name	Transaction ID : 40823.E1947
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	PHONE BANKS

Full Name (Last, First, Middle Initial) <b>C. Annette Corcoran</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 30 Hillside Avenue		Amount of Each Disbursement this Period 1375.00
City Sayreville	State NJ Zip Code 08872-1153	
Purpose of Disbursement Compliance	Candidate Name	Transaction ID : 40823.E1941
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	COMPLIANCE

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	15609.86
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 74			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Lance for Congress**

Full Name (Last, First, Middle Initial) <b>A. Annette Corcoran</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 30 Hillside Avenue		Amount of Each Disbursement this Period 1305.00 <b>Transaction ID : 40823.E1953</b>
City Sayreville State NJ Zip Code 08872-1153	Purpose of Disbursement Compliance Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	COMPLIANCE

Full Name (Last, First, Middle Initial) <b>B. Annette Corcoran</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 30 Hillside Avenue		Amount of Each Disbursement this Period 1375.00 <b>Transaction ID : 40915.E1978</b>
City Sayreville State NJ Zip Code 08872-1153	Purpose of Disbursement Compliance Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	COMPLIANCE

Full Name (Last, First, Middle Initial) <b>c. Ronald Gravino</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014
Mailing Address PO Box 225		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : 41009.C9410IK</b>
City Colonia State NJ Zip Code 07067-0225	Purpose of Disbursement Compliance Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	IN KIND: COMPLIANCE

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5180.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 74			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Lance for Congress**

Full Name (Last, First, Middle Initial) <b>A. Union County Republican Committee</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 115 E Grove Street			Amount of Each Disbursement this Period 500.00 <b>Transaction ID : 40823.E1944</b>
City Westfield	State NJ	Zip Code 07090-1633	
Purpose of Disbursement Rent		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		RENT	
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. Union County Republican Committee</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 115 E Grove Street			Amount of Each Disbursement this Period 500.00 <b>Transaction ID : 40823.E1957</b>
City Westfield	State NJ	Zip Code 07090-1633	
Purpose of Disbursement Rent		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		RENT	
State:	District:		

Full Name (Last, First, Middle Initial) <b>C. Union County Republican Committee</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2014
Mailing Address 115 E Grove Street			Amount of Each Disbursement this Period 500.00 <b>Transaction ID : 40901.E1970</b>
City Westfield	State NJ	Zip Code 07090-1633	
Purpose of Disbursement Rent		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		RENT	
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 74			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Lance for Congress**

Full Name (Last, First, Middle Initial) <b>A. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 39.96
City Dallas	State TX	
Zip Code 75266-0108	Purpose of Disbursement Telecommunications	<b>Transaction ID : 40823.E1959</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	TELECOMMUNICATIONS
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2014
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 40.40
City Dallas	State TX	
Zip Code 75266-0108	Purpose of Disbursement Telecommunications	<b>Transaction ID : 40829.E1969</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	TELECOMMUNICATIONS
State: District:		

Full Name (Last, First, Middle Initial) <b>C. William McClintock Assoc.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address 1583 E 2nd Street		Amount of Each Disbursement this Period 197.95
City Scotch Plains	State NJ	
Zip Code 07076-1627	Purpose of Disbursement Printing	<b>Transaction ID : 41009.E1993</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	PRINTING
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	278.31
<b>TOTAL</b> This Period (last page this line number only).....	90626.63

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 66 OF 74	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Lance for Congress**

Full Name (Last, First, Middle Initial) <b>A. Richard Creter</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 24 Timberwick Drive		Amount of Each Disbursement this Period 800.00 <b>Transaction ID : 40915.E1979</b>
City Flemington	State NJ	
Zip Code 08822-5515	Purpose of Disbursement Refund of Contribution Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	800.00
<b>TOTAL</b> This Period (last page this line number only).....	800.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 67 OF 74	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Lance for Congress**

Full Name (Last, First, Middle Initial) <b>A. Scalise For Congress</b>		Date of Disbursement M M / D D / Y Y Y Y <b>09 / 23 / 2014</b>
Mailing Address <b>2900 Clearview Pkw Suite 206</b>		Amount of Each Disbursement this Period <b>2000.00</b>
City <b>Metairie</b> State <b>LA</b> Zip Code <b>70006-</b>	Purpose of Disbursement <b>Refund of Contribution Refund</b>	
Candidate Name		Category/Type <b>010</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : 41009.E1995</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>2000.00</b>

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 74			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Lance for Congress**

Full Name (Last, First, Middle Initial) <b>A. Eric Cantor For Congress</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address PO BOX 17813		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : 40915.E1980</b>
City Richmond	State VA Zip Code 23226-	
Purpose of Disbursement CONTRIBUTION	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Hillsboro GOP</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2014
Mailing Address PO Box 7362		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : 40823.E1951</b>
City Hillsborough	State NJ Zip Code 08844-	
Purpose of Disbursement CONTRIBUTION	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Ciattarelli For Assembly</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 66 East Main Street		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : 40823.E1961</b>
City Branchburg	State NJ Zip Code 08876-	
Purpose of Disbursement CONTRIBUTION	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 74			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Lance for Congress**

Full Name (Last, First, Middle Initial) <b>A. Election Fund Of David Scapicchio</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2014
Mailing Address 551 Route 10		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : 40823.E1965</b>
City Whippany	State NJ Zip Code 07981-	
Purpose of Disbursement CONTRIBUTION	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Anthony Wilkinson For Congress</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address 293 Main St		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : 40915.E1986</b>
City Metuchen	State NJ Zip Code 08840-	
Purpose of Disbursement CONTRIBUTION	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Contribution
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Bucco For Assembly</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2014
Mailing Address PO Box 220		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : 41009.E2002</b>
City Succasunna	State NJ Zip Code 07876-0220	
Purpose of Disbursement CONTRIBUTION	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 74			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Lance for Congress**

Full Name (Last, First, Middle Initial) <b>A. Committee To Elect Simon For Assembly</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2014
Mailing Address PO Box 878		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : 40915.E1984</b>
City Flemington	State NJ	
Zip Code 08822-5535	Purpose of Disbursement CONTRIBUTION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Committee To Elect Simon For Assembly</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2014
Mailing Address PO Box 878		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : 40829.E1967</b>
City Flemington	State NJ	
Zip Code 08822-5535	Purpose of Disbursement CONTRIBUTION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. NRCC</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014
Mailing Address 320 1st Street, SE		Amount of Each Disbursement this Period 25000.00 <b>Transaction ID : 40823.E1955</b>
City Washington	State DC	
Zip Code 20003-1838	Purpose of Disbursement CONTRIBUTION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	25500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 74			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Lance for Congress**

Full Name (Last, First, Middle Initial) <b>A. Scotch Plains Republican Municipal Comm.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2014
Mailing Address 1451 Martine Ave.		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : 40823.E1950</b>
City Scotch Plains	State NJ	
Zip Code 07076-2437	Purpose of Disbursement CONTRIBUTION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Union County Republican Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address 115 E Grove Street		Amount of Each Disbursement this Period 3500.00 <b>Transaction ID : 40915.E1988</b>
City Westfield	State NJ	
Zip Code 07090-1633	Purpose of Disbursement CONTRIBUTION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Contribution

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3750.00
<b>TOTAL</b> This Period (last page this line number only).....	33750.00

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

NAME OF COMMITTEE (In Full) **Lance for Congress** Transaction ID : **LS80406.C378**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Leonard Lance</b>	Election: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Primary</b>
Mailing Address 264 Stanton Mnt. Rd./Personal Fund	

City	State	ZIP Code
Lebanon	NJ	08833-

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	50000.00	50000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
02 / 11 / 2008	12 / 31 / 2012	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	50000.00
<b>TOTALS</b> This Period (last page in this line only).....	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.**



**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**Lance for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Jamestown Associates</b>	Nature of Debt (Purpose): Direct Mail Services
Mailing Address 5 Mapleton Road, Ste. 300	
City State Zip Code Princeton NJ 08540-9646	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : LS41009.E1991</b>	
Amount Incurred This Period 31235.32	Payment This Period 0.00	Outstanding Balance at Close of This Period 31235.32

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Campaign Marketing Strategies Inc</b>	Nature of Debt (Purpose): Phone Banks
Mailing Address 3240 Wilson Blvd Ste 202	
City State Zip Code Arlington VA 22201-2009	

Outstanding Balance Beginning This Period 2000.00	<b>Transaction ID : LS40829.E1966</b>	
Amount Incurred This Period 0.00	Payment This Period 2000.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Townsend Group</b>	Nature of Debt (Purpose): Fundraising Management
Mailing Address 1006 Pendleton St	
City State Zip Code Alexandria VA 22314-3202	

Outstanding Balance Beginning This Period 3847.68	<b>Transaction ID : LS40823.E1948</b>	
Amount Incurred This Period 0.00	Payment This Period 3847.68	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	31235.32
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> 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)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**Lance for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Clover Communications**

Nature of Debt (Purpose):  
Phone Banks

Mailing Address 4 Deerpath Rd

City State Zip Code  
Flemington NJ 08822-

Outstanding Balance Beginning This Period

14234.86

Transaction ID : LS40823.E1947

Amount Incurred This Period

0.00

Payment This Period

14234.86

Outstanding Balance at Close of This Period

0.00

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) ..... ▶

0.00

2) **TOTALS** This Period (last page this line number only) ..... ▶

31235.32

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

50000.00

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

81235.32