

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Pat Lang for Congress

ADDRESS (number and street)

8 N Court Street, Suite 305

PO Box 2256

Check if different than previously reported. (ACC)

Athens

OH

45701

2. FEC IDENTIFICATION NUMBER ▼

C C00507889

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

OH

15

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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

Type or Print Name of Treasurer Mr Robert S Riddlebarger

Signature of Treasurer Mr Robert S Riddlebarger

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Pat Lang 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))....	23231.45	87823.99
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	23231.45	87823.99
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	28697.73	84143.72
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	28697.73	84143.72
8. Cash on Hand at Close of Reporting Period (from Line 27).....	3635.99	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	8950.00	

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

Pat Lang 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).....	13025.00	52822.54
(ii) Unitemized	8306.45	17401.45
(iii) TOTAL of contributions from individuals	21331.45	70223.99
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1900.00	17600.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	23231.45	87823.99
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.....	5700.00	8950.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	5700.00	8950.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	17.03	17.03
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	28948.48	96791.02

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	28697.73	84143.72
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	1644.76	6817.65
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	30342.49	90961.37

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	5030.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	28948.48
25. SUBTOTAL (add Line 23 and Line 24).....	33978.48
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	30342.49
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	3635.99

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

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

FOR LINE NUMBER: PAGE 5 OF 51
(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)
Pat Lang for Congress

A. Full Name (Last, First, Middle Initial)
Cynthia Baden

Mailing Address 14267 State Route 595

City Logan State OH Zip Code 43138-9163

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

Name of Employer International Field Studes, Inc. Occupation Accountant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 28 / 2012

Transaction ID : C8371308

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Cynthia Baden

Mailing Address 14267 State Route 595

City Logan State OH Zip Code 43138-9163

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

Name of Employer International Field Studes, Inc. Occupation Accountant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 28 / 2012

Transaction ID : C8426843

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Cynthia Baden

Mailing Address 14267 State Route 595

City Logan State OH Zip Code 43138-9163

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

Name of Employer International Field Studes, Inc. Occupation Accountant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 28 / 2012

Transaction ID : C8464170

Amount of Each Receipt this Period
100.00

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

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

300.00

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

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

FOR LINE NUMBER: PAGE 6 OF 51
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Pat Lang for Congress

A. Full Name (Last, First, Middle Initial)
William J. Bias

Mailing Address 195 Longview Heights Rd

City Athens State OH Zip Code 45701-3341

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

Name of Employer retired Occupation retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 31 2012

Transaction ID : C8429878

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Nickie Blackburn

Mailing Address 950 E Canal St

City Nelsonville State OH Zip Code 45764-1336

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

Name of Employer retired Occupation retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 21 2012

Transaction ID : C8459527

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Martha Cornelius

Mailing Address 4573 State Route 339

City Vincent State OH Zip Code 45784-5116

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

Name of Employer Warren Local Schools Occupation Teacher

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 30 2012

Transaction ID : C8372197

Amount of Each Receipt this Period
100.00

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

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

850.00

**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 51
	<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)
Pat Lang for Congress

A. Full Name (Last, First, Middle Initial)
John D. Corrigan PH.D.

Mailing Address 2853 Wickliffe Rd

City Columbus State OH Zip Code 43221-1732

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

Name of Employer The Ohio State University Occupation Faculty

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 21 / 2012

Transaction ID : C8459544

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Rob Dorans

Mailing Address 513 Adams St Apt 508

City Toledo State OH Zip Code 43604-1450

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

Name of Employer ACT Ohio Occupation Researcher

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 22 / 2012

Transaction ID : C8424269

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
Lenny R. Eliason

Mailing Address 11 Old Coach Rd

City Athens State OH Zip Code 45701-3349

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

Name of Employer Commissioner Occupation Athens County

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 11 / 2012

Transaction ID : C8239530

Amount of Each Receipt this Period
250.00

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

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

500.00

**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 51
	<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)
Pat Lang for Congress

A. Full Name (Last, First, Middle Initial)
Lenny R. Eliason

Mailing Address 11 Old Coach Rd

City Athens State OH Zip Code 45701-3349

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

Name of Employer Commissioner Occupation Athens County

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 21 / 2012

Transaction ID : C8424286

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Annika Farmer

Mailing Address 3814 Emerald Falls Dr

City Houston State TX Zip Code 77059-3732

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

Name of Employer Self Occupation homemaker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 11 / 2012

Transaction ID : C8239544

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Annika Farmer

Mailing Address 3814 Emerald Falls Dr

City Houston State TX Zip Code 77059-3732

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

Name of Employer Self Occupation homemaker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 04 / 2012

Transaction ID : C8415143

Amount of Each Receipt this Period
500.00

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

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

1550.00

**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 51
	<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)
Pat Lang for Congress

A. Full Name (Last, First, Middle Initial)
Howard S. Foust

Mailing Address 4655 Middle Pike

City West Jefferson State OH Zip Code 43162-9634

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

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 21 / 2012

Transaction ID : C8459534

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
David Gillilan

Mailing Address 27041 Gillian Hubbard Rd

City Coolville State OH Zip Code 45723-9702

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

Name of Employer Self Occupation Self

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 27 / 2012

Transaction ID : C8428592

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Lisa Hargus

Mailing Address 102 Brentwood Heights

City Parkersburg State WV Zip Code 26104

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

Name of Employer First Settlement Physical Therapy Occupation Physical Therapy

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 20 / 2012

Transaction ID : C8428266

Amount of Each Receipt this Period
1000.00

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

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

1600.00

**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 51
	<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)
Pat Lang for Congress

A. Full Name (Last, First, Middle Initial)
Kathleen Hecht

Mailing Address 94 2nd St

City Athens State OH Zip Code 45701-1536

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

Name of Employer City of Athens Occupation Auditor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 05 / 2012

Transaction ID : C8432877

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Isaacson Irv

Mailing Address 490 Enfield Rd

City Columbus State OH Zip Code 43209-2254

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

Name of Employer N/A Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 19 / 2012

Transaction ID : C8248280

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
George Kalbous

Mailing Address 1370 Wyandotte Rd

City Columbus State OH Zip Code 43212-3249

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

Name of Employer N/A Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 14 / 2012

Transaction ID : C8247602

Amount of Each Receipt this Period
200.00

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

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

600.00

**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 11 OF 51
	<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)
Pat Lang for Congress

A. Full Name (Last, First, Middle Initial)
John M. Kirwin

Mailing Address 1426 Fairview Ave

City Columbus State OH Zip Code 43212-2836

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

Name of Employer RETIRED Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 25 / 2012

Transaction ID : C8250086

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Jason Koma

Mailing Address 3697 Mullane Ct

City Dublin State OH Zip Code 43016-4174

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

Name of Employer Oh. St. Med. Assn Occupation Marketing

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1600.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 07 / 2012

Transaction ID : C8432553

Amount of Each Receipt this Period
700.00

C. Full Name (Last, First, Middle Initial)
Robert Lang

Mailing Address 65049 CandlegladeCt

City N Las Vegas State NV Zip Code 89084

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

Name of Employer unemployed Occupation physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 04 / 2012

Transaction ID : C8432884

Amount of Each Receipt this Period
500.00

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

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

1450.00

**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 51
	<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)
Pat Lang for Congress

A. Full Name (Last, First, Middle Initial)
Frank A Lavelle

Mailing Address **PO Box 661**

City **Athens** State **OH** Zip Code **45701-0661**

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

Name of Employer self Occupation **attorney**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 21 / 2012

Transaction ID : C8459542

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
F Michael Lorz

Mailing Address **1331 South High Street**

City **Columbus** State **OH** Zip Code **43207**

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

Name of Employer **LORZ COMMUNICATIONS** Occupation **PUBLIC RELATIONS**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1425.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 23 / 2012

Transaction ID : C8424393

Amount of Each Receipt this Period
1425.00

* In-Kind: 2nd Office Space Donation

C. Full Name (Last, First, Middle Initial)
Vicky Mattson

Mailing Address **32 Sunnyside Dr**

City **Athens** State **OH** Zip Code **45701-1918**

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

Name of Employer none Occupation **homemaker**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 28 / 2012

Transaction ID : C8464318

Amount of Each Receipt this Period
50.00

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

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

1575.00

**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 51
	<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)
Pat Lang for Congress

A. Full Name (Last, First, Middle Initial)
Emily McGinnis

Mailing Address 4548 Walburn Rd

City Columbus State OH Zip Code 43232-6142

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

Name of Employer retired Occupation retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 28 / 2012

Transaction ID : C8464473

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Susan Mitchell

Mailing Address 191 E State St

City Athens State OH Zip Code 45701-1766

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

Name of Employer Self Occupation manager

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 03 / 2012

Transaction ID : C8228293

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Susan Mitchell

Mailing Address 191 E State St

City Athens State OH Zip Code 45701-1766

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

Name of Employer Self Occupation manager

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 25 / 2012

Transaction ID : C8461131

Amount of Each Receipt this Period
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: (check only one)	PAGE 14 OF 51
	<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)
Pat Lang for Congress

A. Full Name (Last, First, Middle Initial)
Tom Muchmore

Mailing Address 6570 Brock St

City State Zip Code
Dublin OH 43017-1609

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

Name of Employer Occupation
Affiliated Resource Group Computer Programmer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 21 / 2012

Transaction ID : C8459532

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Leonard A. Myers

Mailing Address 14460 Elick Rd

City State Zip Code
Logan OH 43138-9001

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

Name of Employer Occupation
FARMER - Information Requested

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : C8384329

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
Todd Neff

Mailing Address 19 Currier St

City State Zip Code
Athens OH 45701

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

Name of Employer Occupation
Self Jewelry Sales

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 16 / 2012

Transaction ID : C8421802

Amount of Each Receipt this Period
500.00

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

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

1150.00

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

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

FOR LINE NUMBER: PAGE 15 OF 51
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Pat Lang for Congress

A. Full Name (Last, First, Middle Initial)
Nick Riehle

Mailing Address 1401 S State St
Unit 415

City Chicago State IL Zip Code 60605-3624

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

Name of Employer Self Occupation Freelance Graphics Operator

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 05 / 2012

Transaction ID : C8432861

Amount of Each Receipt this Period
1000.00

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

Mailing Address 6959 N Lima Rd

City Poland State OH Zip Code 44514-3744

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

Name of Employer Roetzel & Andress Occupation attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
950.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 16 / 2012

Transaction ID : C8384639

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Pat Smith

Mailing Address PO Box 805

City Athens State OH Zip Code 45701-0805

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

Name of Employer Financial accounting and advisory serv Occupation CPA

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 27 / 2012

Transaction ID : C8426372

Amount of Each Receipt this Period
250.00

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

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

1450.00

**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 51
	<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)
Pat Lang for Congress

Full Name (Last, First, Middle Initial) Jennifer A Speiser Koma		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 14 / 2012
Mailing Address 3697 Mullane Ct		Transaction ID : C8247601
City Dublin	State OH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Boy Scouts of America (Columbus OH)	Occupation Director of Marketing	Election Cycle-to-Date 950.00
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) Jennifer A Speiser Koma		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 04 / 2012
Mailing Address 3697 Mullane Ct		Transaction ID : C8415141
City Dublin	State OH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Boy Scouts of America (Columbus OH)	Occupation Director of Marketing	Election Cycle-to-Date 950.00
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) Jennifer A Speiser Koma		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 30 / 2012
Mailing Address 3697 Mullane Ct		Transaction ID : C8428607
City Dublin	State OH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Boy Scouts of America (Columbus OH)	Occupation Director of Marketing	Election Cycle-to-Date 950.00
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	400.00
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 17 OF 51
	<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)
Pat Lang for Congress

A. Full Name (Last, First, Middle Initial)
Jennifer A Speiser Koma

Mailing Address 3697 Mullane Ct

City State Zip Code
Dublin OH 43016-4174

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

Name of Employer Occupation
Boy Scouts of America (Columbus OH) Director of Marketing

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
950.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 25 / 2012

Transaction ID : C8461097

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Molly Tampke

Mailing Address 2400 Southridge Dr

City State Zip Code
Denton TX 76205-5440

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

Name of Employer Occupation
The SRD Group Professional Fundraiser

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2012

Transaction ID : C8384643

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Molly Tampke

Mailing Address 2400 Southridge Dr

City State Zip Code
Denton TX 76205-5440

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

Name of Employer Occupation
The SRD Group Professional Fundraiser

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 16 / 2012

Transaction ID : C8424288

Amount of Each Receipt this Period
50.00

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

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

200.00

**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 18 OF 51
	<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)
Pat Lang for Congress

Full Name (Last, First, Middle Initial) A. Molly Tampke		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 21 / 2012
Mailing Address 2400 Southridge Dr		Transaction ID : C8459555
City Denton	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer The SRD Group	Occupation Professional Fundraiser	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) B. David Warren		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 05 / 2012
Mailing Address 6001 E Clinton St		Transaction ID : C8432863
City Albany	State OH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer retired	Occupation retired	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

Full Name (Last, First, Middle Initial) C. Paul Edward Wiehl		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 31 / 2012
Mailing Address 3 Mary St		Transaction ID : C8384631
City Athens	State OH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer City of Athens	Occupation Mayor	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00	

SUBTOTAL of Receipts This Page (optional).....	700.00
TOTAL This Period (last page this line number only).....	13025.00

**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 51
	<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)
Pat Lang for Congress

A. Full Name (Last, First, Middle Initial)
Bakery & Confectionery Workers International Union Local 19 Political Organization

Mailing Address 9665 ROCKSIDE AVENUE

City CLEVELAND State OH Zip Code 44125

FEC ID number of contributing federal political committee. **C** C00249359

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 16 / 2012

Transaction ID : C8421797

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Blackburn for Prosecutor

Mailing Address 24 E 4th Street

City The Plains State OH Zip Code 45780

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 29 / 2012

Transaction ID : C8428598

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Morgan County Democrat Club

Mailing Address PO Box 423

City McConnellsville State OH Zip Code 43756

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 100.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 20 / 2012

Transaction ID : C8421805

Amount of Each Receipt this Period
 100.00

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

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

850.00

**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 51
	<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)
Pat Lang for Congress

A. Full Name (Last, First, Middle Initial)
Patrick J. Lang

Mailing Address 40 Old Coach Rd

City Athens State OH Zip Code 45701-3350

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

Name of Employer City of Athens Occupation Law Director

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **10023.18**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : C8384638

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Patrick J. Lang

Mailing Address 40 Old Coach Rd

City Athens State OH Zip Code 45701-3350

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

Name of Employer City of Athens Occupation Law Director

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **10023.18**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 01 / 2012

Transaction ID : C8384725

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Patrick J. Lang

Mailing Address 40 Old Coach Rd

City Athens State OH Zip Code 45701-3350

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

Name of Employer City of Athens Occupation Law Director

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **10023.18**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 31 / 2012

Transaction ID : C8428696

Amount of Each Receipt this Period
2100.00

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 22 OF 51
	<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)
Pat Lang for Congress

A. Full Name (Last, First, Middle Initial)
Patrick J. Lang

Mailing Address 40 Old Coach Rd

City Athens State OH Zip Code 45701-3350

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

Name of Employer City of Athens Occupation Law Director

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
10023.18

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2012

Transaction ID : C8464590

Amount of Each Receipt this Period
2600.00

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).....

2600.00

5700.00

**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 23 OF 51			
	<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)
Pat Lang for Congress

Full Name (Last, First, Middle Initial) A. 8 N Court St LLC			Date of Disbursement MM / DD / YYYY 07 / 11 / 2012
Mailing Address 8 N Court St			Amount of Each Disbursement this Period 2,000.00 Transaction ID : D359545
City Athens	State OH	Zip Code 45701-2450	
Purpose of Disbursement Office Space Rental		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) B. 8 N Court St LLC			Date of Disbursement MM / DD / YYYY 08 / 23 / 2012
Mailing Address 8 N Court St			Amount of Each Disbursement this Period 580.78 Transaction ID : D367091
City Athens	State OH	Zip Code 45701-2450	
Purpose of Disbursement Office Space Rental		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) C. 8 N Court St LLC			Date of Disbursement MM / DD / YYYY 09 / 21 / 2012
Mailing Address 8 N Court St			Amount of Each Disbursement this Period 593.02 Transaction ID : D373878
City Athens	State OH	Zip Code 45701-2450	
Purpose of Disbursement Office Space Rental		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	2681.35
TOTAL 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 24 OF 51			
	<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)
Pat Lang for Congress

Full Name (Last, First, Middle Initial) A. ACT Blue		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2012
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 8.28
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Service Fee	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	

Full Name (Last, First, Middle Initial) B. ACT Blue		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2012
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 2.78
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Service Fee	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	

Full Name (Last, First, Middle Initial) c. ACT Blue		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2012
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 5.28
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Service Fee	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	16.34
TOTAL 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 25 OF 51			
	<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)
Pat Lang for Congress

Full Name (Last, First, Middle Initial) A. ACT Blue		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2012
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 0.40 Transaction ID : D374324
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Service Fee	Category/ Type 003
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ACT Blue		Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2012
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 1.98 Transaction ID : D367089
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Service Fee	Category/ Type 003
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. ACT Blue		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2012
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 9.88 Transaction ID : D365532
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Service Fee	Category/ Type 003
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	12.26
TOTAL 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 26 OF 51			
	<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)
Pat Lang for Congress

Full Name (Last, First, Middle Initial) A. ACT Blue		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2012
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 1.19 Transaction ID : D363457
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Service Fee	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. Christensen & Associates		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 209 Pennsylvania Ave SE		Amount of Each Disbursement this Period 2000.00 Transaction ID : D357505
City Washington	State DC	
Zip Code 20003-1107	Purpose of Disbursement Fundraising Consultant Fee	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) c. Christensen & Associates		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2012
Mailing Address 209 Pennsylvania Ave SE		Amount of Each Disbursement this Period 2000.00 Transaction ID : D367588
City Washington	State DC	
Zip Code 20003-1107	Purpose of Disbursement Fundraising Consultant Fee	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	4001.19
TOTAL 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 27 OF 51			
	<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)
Pat Lang for Congress

Full Name (Last, First, Middle Initial) A. Mary Covey		Date of Disbursement MM / DD / YYYY 07 / 11 / 2012
Mailing Address 17618 St. Inigoes Rd		Amount of Each Disbursement this Period 500.00 Transaction ID : D359547
City Saint Inigoes	State MD	
Zip Code 20684	Purpose of Disbursement Stipend for Intern	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. Mary Covey		Date of Disbursement MM / DD / YYYY 08 / 12 / 2012
Mailing Address 17618 St. Inigoes Rd		Amount of Each Disbursement this Period 500.00 Transaction ID : D366906
City Saint Inigoes	State MD	
Zip Code 20684	Purpose of Disbursement Stipend for Intern	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Donahue Advertising		Date of Disbursement MM / DD / YYYY 09 / 07 / 2012
Mailing Address 11205 Helber Road		Amount of Each Disbursement this Period 824.33 Transaction ID : D368015
City Logan	State OH	
Zip Code 43138	Purpose of Disbursement Yard Signs	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1824.33
TOTAL 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 28 OF 51			
	<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)
Pat Lang for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement											
A. EZ Screen Printing & Promotions		<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>09</td> <td></td> <td>10</td> <td></td> <td>2012</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	09		10		2012
M M	/	D D	/	Y Y Y Y									
09		10		2012									
Mailing Address 4540 Cornell Rd		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Cincinnati</td> <td>OH</td> <td>45241</td> </tr> </table>		City	State	Zip Code	Cincinnati	OH	45241	<table border="1"> <tr> <td>487.50</td> </tr> </table>		487.50			
City	State	Zip Code											
Cincinnati	OH	45241											
487.50													
Purpose of Disbursement T-Shirts		Transaction ID : D371332											
Candidate Name		Category/Type											
Office Sought:		Disbursement For: 2012											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
B. EZ Screen Printing & Promotions		<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>18</td> <td></td> <td>2012</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	07		18		2012
M M	/	D D	/	Y Y Y Y									
07		18		2012									
Mailing Address 4540 Cornell Rd		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Cincinnati</td> <td>OH</td> <td>45241</td> </tr> </table>		City	State	Zip Code	Cincinnati	OH	45241	<table border="1"> <tr> <td>299.53</td> </tr> </table>		299.53			
City	State	Zip Code											
Cincinnati	OH	45241											
299.53													
Purpose of Disbursement T-Shirts		Transaction ID : D357856											
Candidate Name		Category/Type											
Office Sought:		Disbursement For: 2012											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
C. Frontier Communications		<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>27</td> <td></td> <td>2012</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	08		27		2012
M M	/	D D	/	Y Y Y Y									
08		27		2012									
Mailing Address PO Box 20550		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Rochester</td> <td>NY</td> <td>14602-0550</td> </tr> </table>		City	State	Zip Code	Rochester	NY	14602-0550	<table border="1"> <tr> <td>331.15</td> </tr> </table>		331.15			
City	State	Zip Code											
Rochester	NY	14602-0550											
331.15													
Purpose of Disbursement Phone/Internet Bill		Transaction ID : D367090											
Candidate Name		Category/Type											
Office Sought:		Disbursement For: 2012											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:													

SUBTOTAL of Disbursements This Page (optional).....	1118.15
TOTAL 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 29 OF 51			
	<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)
Pat Lang for Congress

Full Name (Last, First, Middle Initial) A. Frontier Communications		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2012
Mailing Address PO Box 20550		Amount of Each Disbursement this Period 359.14 Transaction ID : D371333
City Rochester State NY Zip Code 14602-0550	Purpose of Disbursement Phone/Internet Bill	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Kroger		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2012
Mailing Address 919 E State St		Amount of Each Disbursement this Period 37.03 Transaction ID : D373956
City Athens State OH Zip Code 45701-2117	Purpose of Disbursement Food for Volunteers	
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Kroger		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2012
Mailing Address 919 E State St		Amount of Each Disbursement this Period 114.17 Transaction ID : D357855
City Athens State OH Zip Code 45701-2117	Purpose of Disbursement Food for Volunteers	
Candidate Name	Category/Type 006	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	510.34
TOTAL 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 30 OF 51			
	<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)
Pat Lang for Congress

Full Name (Last, First, Middle Initial) A. Patrick J. Lang		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2012
Mailing Address 40 Old Coach Rd		Amount of Each Disbursement this Period 526.42 Transaction ID : D371334
City Athens	State OH Zip Code 45701-3350	
Purpose of Disbursement Fuel Reimbursements for Candidate Travel	Category/Type 002	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Mr. F Michael Lorz		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2012
Mailing Address 1331 South High Street		Amount of Each Disbursement this Period 1425.00 Transaction ID : D367092
City Columbus	State OH Zip Code 43207	
Purpose of Disbursement 2nd Office Space Donation	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	* In-Kind Received
State: District:		

Full Name (Last, First, Middle Initial) C. Mr. F Michael Lorz		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2012
Mailing Address 1331 South High Street		Amount of Each Disbursement this Period 100.00 Transaction ID : D367093
City Columbus	State OH Zip Code 43207	
Purpose of Disbursement Utillies for Office	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2051.42
TOTAL 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 31 OF 51			
	<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)
Pat Lang for Congress

Full Name (Last, First, Middle Initial) A. Katherine Macys		Date of Disbursement MM / DD / YYYY 08 / 14 / 2012
Mailing Address 199 Longview Heights Rd		Amount of Each Disbursement this Period 500.00 Transaction ID : D366907
City Athens State OH Zip Code 45701	Purpose of Disbursement Stipend for Intern Category/Type 001	
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. Merchant Services		Date of Disbursement MM / DD / YYYY 08 / 03 / 2012
Mailing Address PO Box 407066		Amount of Each Disbursement this Period 106.35 Transaction ID : D365684
City Fort Lauderdale State FL Zip Code 33340	Purpose of Disbursement Service Charge Category/Type 003	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Merchant Services		Date of Disbursement MM / DD / YYYY 09 / 04 / 2012
Mailing Address PO Box 407066		Amount of Each Disbursement this Period 65.41 Transaction ID : D368811
City Fort Lauderdale State FL Zip Code 33340	Purpose of Disbursement Service Fee Category/Type 003	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	671.76
TOTAL 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 32 OF 51	
	<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)
Pat Lang for Congress

Full Name (Last, First, Middle Initial) A. Minuteman Press		Date of Disbursement MM / DD / YYYY 09 / 10 / 2012
Mailing Address 17 W Washington St		Amount of Each Disbursement this Period 1067.30 Transaction ID : D371330
City Athens State OH Zip Code 45701-2433	Purpose of Disbursement Printing Services Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Minuteman Press		Date of Disbursement MM / DD / YYYY 07 / 17 / 2012
Mailing Address 17 W Washington St		Amount of Each Disbursement this Period 680.96 Transaction ID : D362119
City Athens State OH Zip Code 45701-2433	Purpose of Disbursement Office Supplies Candidate Name Category/Type 006	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. My Pay Solutions		Date of Disbursement MM / DD / YYYY 07 / 02 / 2012
Mailing Address Tomson Reuters 7322 Newman Blvd		Amount of Each Disbursement this Period 856.93 Transaction ID : D357485
City Dexter State MI Zip Code 48130	Purpose of Disbursement Payroll Services Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2605.19
TOTAL 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 33 OF 51			
	<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)
Pat Lang for Congress

Full Name (Last, First, Middle Initial) A. My Pay Solutions		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address Tomson Reuters 7322 Newman Blvd		Amount of Each Disbursement this Period 49.48 Transaction ID : D357487
City Dexter	State MI Zip Code 48130	
Purpose of Disbursement Payroll Services	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. My Pay Solutions		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012
Mailing Address Tomson Reuters 7322 Newman Blvd		Amount of Each Disbursement this Period 856.93 Transaction ID : D365534
City Dexter	State MI Zip Code 48130	
Purpose of Disbursement Payroll Services	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. My Pay Solutions		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012
Mailing Address Tomson Reuters 7322 Newman Blvd		Amount of Each Disbursement this Period 49.48 Transaction ID : D365535
City Dexter	State MI Zip Code 48130	
Purpose of Disbursement Payroll Services	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	955.89
TOTAL 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 34 OF 51			
	<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)
Pat Lang for Congress

Full Name (Last, First, Middle Initial) A. My Pay Solutions		Date of Disbursement MM / DD / YYYY 08 / 31 / 2012
Mailing Address Tomson Reuters 7322 Newman Blvd		Amount of Each Disbursement this Period 831.20 Transaction ID : D367586
City Dexter	State MI Zip Code 48130	
Purpose of Disbursement Payroll Services	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. My Pay Solutions		Date of Disbursement MM / DD / YYYY 08 / 31 / 2012
Mailing Address Tomson Reuters 7322 Newman Blvd		Amount of Each Disbursement this Period 49.48 Transaction ID : D367587
City Dexter	State MI Zip Code 48130	
Purpose of Disbursement Payroll Services	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Mystic Mills Design		Date of Disbursement MM / DD / YYYY 08 / 07 / 2012
Mailing Address PO Box 5891		Amount of Each Disbursement this Period 900.00 Transaction ID : D365664
City Athens	State OH Zip Code 45701-5891	
Purpose of Disbursement Website Fee	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1780.68
TOTAL 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 35 OF 51			
	<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)
Pat Lang for Congress

Full Name (Last, First, Middle Initial) A. Lyra Neff			Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2012	
Mailing Address 19 Currier St			Amount of Each Disbursement this Period 250.00	
City Athens	State OH	Zip Code 45701	Transaction ID : D359550	
Purpose of Disbursement Stipend for Intern		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. Lyra Neff			Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2012	
Mailing Address 19 Currier St			Amount of Each Disbursement this Period 500.00	
City Athens	State OH	Zip Code 45701	Transaction ID : D366908	
Purpose of Disbursement Stipend for Intern		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Lyra Neff			Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2012	
Mailing Address 19 Currier St			Amount of Each Disbursement this Period 500.00	
City Athens	State OH	Zip Code 45701	Transaction ID : D371331	
Purpose of Disbursement Stipend for Intern		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	1250.00
TOTAL 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 36 OF 51		
	<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)
Pat Lang for Congress

Full Name (Last, First, Middle Initial) A. NGP Van		Date of Disbursement MM / DD / YYYY 09 / 10 / 2012
Mailing Address 1101 15th St NW		Amount of Each Disbursement this Period 25.00 Transaction ID : D370763
City Washington	State DC Zip Code 20005-5002	
Purpose of Disbursement Service Fee	Category/Type 003	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. NGP Van		Date of Disbursement MM / DD / YYYY 07 / 03 / 2012
Mailing Address 1101 15th St NW		Amount of Each Disbursement this Period 1950.00 Transaction ID : D357495
City Washington	State DC Zip Code 20005-5002	
Purpose of Disbursement Service Fee	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. NGP Van		Date of Disbursement MM / DD / YYYY 07 / 18 / 2012
Mailing Address 1101 15th St NW		Amount of Each Disbursement this Period 30.00 Transaction ID : D362120
City Washington	State DC Zip Code 20005-5002	
Purpose of Disbursement Fundraising Tracking Software	Category/Type 003	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2005.00
TOTAL 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 37 OF 51			
	<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)
Pat Lang for Congress

Full Name (Last, First, Middle Initial) A. Michael O' Brien		Date of Disbursement MM / DD / YYYY 07 / 11 / 2012
Mailing Address 1492 Old US Highway 33		Amount of Each Disbursement this Period 500.00 Transaction ID : D359546
City Shade State OH Zip Code 45776-9637	Purpose of Disbursement Stipend for Intern Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Michael O' Brien		Date of Disbursement MM / DD / YYYY 08 / 11 / 2012
Mailing Address 1492 Old US Highway 33		Amount of Each Disbursement this Period 300.00 Transaction ID : D366115
City Shade State OH Zip Code 45776-9637	Purpose of Disbursement Stipend for Intern Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. OHIO DEMOCRATIC PARTY		Date of Disbursement MM / DD / YYYY 07 / 28 / 2012
Mailing Address 340 E Fulton St		Amount of Each Disbursement this Period 150.00 Transaction ID : D365685
City Columbus State OH Zip Code 43215-5418	Purpose of Disbursement State Dinner Ticket Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	950.00
TOTAL 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 38 OF 51			
	<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)
Pat Lang for Congress

Full Name (Last, First, Middle Initial) A. Brian Peters		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012
Mailing Address 170 E State St		Amount of Each Disbursement this Period 1916.82 Transaction ID : D365533
City Athens State OH Zip Code 45701-1746	Purpose of Disbursement Payroll Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Brian Peters		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 170 E State St		Amount of Each Disbursement this Period 1916.82 Transaction ID : D357484
City Athens State OH Zip Code 45701-1746	Purpose of Disbursement Payroll Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Brian Peters		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2012
Mailing Address 170 E State St		Amount of Each Disbursement this Period 1916.82 Transaction ID : D367585
City Athens State OH Zip Code 45701-1746	Purpose of Disbursement Payroll Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5750.46
TOTAL 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 39 OF 51			
	<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)
Pat Lang for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement											
A. Postmaster		<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>27</td> <td></td> <td>2012</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	08		27		2012
M M	/	D D	/	Y Y Y Y									
08		27		2012									
Mailing Address 5 Stimson Ave		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Athens</td> <td>OH</td> <td>45701</td> </tr> </table>		City	State	Zip Code	Athens	OH	45701	<table border="1"> <tr> <td>2.95</td> </tr> </table>		2.95			
City	State	Zip Code											
Athens	OH	45701											
2.95													
Purpose of Disbursement Certified Mail Send		Transaction ID : D367494											
Candidate Name		Category/Type 006											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
B. Postmaster		<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>11</td> <td></td> <td>2012</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	07		11		2012
M M	/	D D	/	Y Y Y Y									
07		11		2012									
Mailing Address 5 Stimson Ave		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Athens</td> <td>OH</td> <td>45701</td> </tr> </table>		City	State	Zip Code	Athens	OH	45701	<table border="1"> <tr> <td>225.00</td> </tr> </table>		225.00			
City	State	Zip Code											
Athens	OH	45701											
225.00													
Purpose of Disbursement Stamps		Transaction ID : D359486											
Candidate Name		Category/Type 006											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
c. Staples		<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>11</td> <td></td> <td>2012</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	07		11		2012
M M	/	D D	/	Y Y Y Y									
07		11		2012									
Mailing Address 973 E State St		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Athens</td> <td>OH</td> <td>45701-2117</td> </tr> </table>		City	State	Zip Code	Athens	OH	45701-2117	<table border="1"> <tr> <td>76.85</td> </tr> </table>		76.85			
City	State	Zip Code											
Athens	OH	45701-2117											
76.85													
Purpose of Disbursement Office Supplies		Transaction ID : D359485											
Candidate Name		Category/Type 006											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:													

SUBTOTAL of Disbursements This Page (optional).....	304.80
TOTAL 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 40 OF 51	
	<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)
Pat Lang for Congress

Full Name (Last, First, Middle Initial) A. Staples		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2012
Mailing Address 973 E State St		Amount of Each Disbursement this Period 76.85
City Athens State OH Zip Code 45701-2117	Purpose of Disbursement Office Supplies <input type="text" value="001"/> Category/Type	
Candidate Name		Transaction ID : D373877
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) 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 <input type="text"/> 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) C.		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 <input type="text"/> 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:		

SUBTOTAL of Disbursements This Page (optional).....	76.85
TOTAL This Period (last page this line number only).....	28566.04

**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 41 OF 51	
	<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)
Pat Lang for Congress

Full Name (Last, First, Middle Initial) A. Patrick J. Lang		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2012
Mailing Address 40 Old Coach Rd		Amount of Each Disbursement this Period 326.03 Transaction ID : D373881
City Athens State OH Zip Code 45701-3350	Purpose of Disbursement Fuel Reimbursements for Candidate Travel Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Brian Peters		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2012
Mailing Address 170 E State St		Amount of Each Disbursement this Period 59.99 Transaction ID : D373880
City Athens State OH Zip Code 45701-1746	Purpose of Disbursement Milage Reimbursement Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Robert Seth Riddlebarger		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2012
Mailing Address 598 3rd St		Amount of Each Disbursement this Period 209.79 Transaction ID : D373879
City Logan State OH Zip Code 43138-1579	Purpose of Disbursement Milage Reimbursement Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	595.81
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21

Transaction ID : D373881

Speedway - Athens OH \$54.10 Dogwood Crossing - Rockbridge OH \$55.39 Kroger Fuel - Athens OH \$55.34 Go
Mart - Athens OH \$55.68 Speedway - Athens OH \$54.90 Marathon - Columbus OH \$50.28

Form/Schedule: SB21

Transaction ID: D373880

Speedway Nelsonville Ohio \$59.99

**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 43 OF 51			
	<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)
Pat Lang for Congress

Full Name (Last, First, Middle Initial) A. Robert Seth Riddlebarger			Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2012
Mailing Address 598 3rd St			Amount of Each Disbursement this Period 209.79 Transaction ID : D368016
City Logan	State OH	Zip Code 43138-1579	
Purpose of Disbursement Milage Reimbursement		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. Robert Seth Riddlebarger			Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2012
Mailing Address 598 3rd St			Amount of Each Disbursement this Period 209.79 Transaction ID : D359548
City Logan	State OH	Zip Code 43138-1579	
Purpose of Disbursement Milage Reimbursement		Category/ Type 002	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) c. Robert Seth Riddlebarger			Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2012
Mailing Address 598 3rd St			Amount of Each Disbursement this Period 209.79 Transaction ID : D365531
City Logan	State OH	Zip Code 43138-1579	
Purpose of Disbursement Milage Reimbursement		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	629.37
TOTAL 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 44 OF 51	
	<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)
Pat Lang for Congress

Full Name (Last, First, Middle Initial) A. Robert Seth Riddlebarger		Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2012
Mailing Address 598 3rd St		Amount of Each Disbursement this Period 209.79 Transaction ID : D366114
City Logan State OH Zip Code 43138-1579	Purpose of Disbursement Mileage reimbursement Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Robert Seth Riddlebarger		Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2012
Mailing Address 598 3rd St		Amount of Each Disbursement this Period 209.79 Transaction ID : D367094
City Logan State OH Zip Code 43138-1579	Purpose of Disbursement Milage Reimbursement Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

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

SUBTOTAL of Disbursements This Page (optional).....	419.58
TOTAL This Period (last page this line number only).....	1644.76

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Pat Lang for Congress** Transaction ID : L741

LOAN SOURCE Full Name (Last, First, Middle Initial) Patrick J. Lang	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 40 Old Coach Rd	

City	State	ZIP Code
Athens	OH	45701-3350

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
250.00	0.00	250.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
02 / 21 / 2012	no due date	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: []

SUBTOTALS This Period This Page (optional).....	▶	250.00
TOTALS This Period (last page in this line only).....	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : L742**
Pat Lang for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) Patrick J. Lang	Election: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 40 Old Coach Rd	
City Athens	State OH
ZIP Code 45701-3350	

Original Amount of Loan 500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 500.00
-----------------------------------	------------------------------------	---

TERMS

Date Incurred M 04 / D 06 / Y 2012	Date Due M M / D D / Y no due date	Interest Rate 0.00 % (apr)	Secured: <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: []

SUBTOTALS This Period This Page (optional).....	▶	500.00
TOTALS This Period (last page in this line only).....	▶	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : L743**
Pat Lang for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) Patrick J. Lang	Election: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 40 Old Coach Rd	

City	State	ZIP Code
Athens	OH	45701-3350

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2500.00	0.00	2500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 05 / D 16 / Y 2012	M M / D D / Y no due date	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: []

SUBTOTALS This Period This Page (optional).....	▶	2500.00
TOTALS This Period (last page in this line only).....	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : L753**
Pat Lang for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) Patrick J. Lang	Election: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 40 Old Coach Rd	
City Athens	State OH
ZIP Code 45701-3350	

Original Amount of Loan 500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 500.00
-----------------------------------	------------------------------------	---

TERMS

Date Incurred M 07 / D 31 / Y 2012	Date Due M / D / Y none	Interest Rate none % (apr)	Secured: <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: []

SUBTOTALS This Period This Page (optional).....	▶	[] 500.00
TOTALS This Period (last page in this line only).....	▶	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Pat Lang for Congress** Transaction ID : L754

LOAN SOURCE Full Name (Last, First, Middle Initial) Patrick J. Lang	Election: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 40 Old Coach Rd	

City	State	ZIP Code
Athens	OH	45701-3350

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500.00	0.00	500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 08 / D 01 / Y 2012 Y Y	M M / D D / Y Y Y Y Y Y	none % (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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....	500.00
TOTALS This Period (last page in this line only).....	<input type="text"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full)
Pat Lang for Congress

Transaction ID : L757

LOAN SOURCE Full Name (Last, First, Middle Initial)
Patrick J. Lang

Election: 2012
 Primary
 General
 Other (specify) ▼

Mailing Address
40 Old Coach Rd

City State ZIP Code
Athens OH 45701-3350

Original Amount of Loan 2100.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 2100.00
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TERMS

Date Incurred M 08 / D 31 / Y 2012	Date Due M / D / Y none	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	[] 2100.00
TOTALS This Period (last page in this line only).....	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Pat Lang for Congress** Transaction ID : L758

LOAN SOURCE Full Name (Last, First, Middle Initial) Patrick J. Lang	Election: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 40 Old Coach Rd	

City	State	ZIP Code
Athens	OH	45701-3350

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2600.00	0.00	2600.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 09 / D 28 / Y 2012	M / D / Y none	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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....	2600.00
TOTALS This Period (last page in this line only).....	8950.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.