

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Lance for Congress

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	23695.00	995463.14
(b) Total Contribution Refunds (from Line 20(d))	1000.00	6500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	22695.00	988963.14
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	120602.42	794794.10
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	2500.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	120602.42	792294.10
8. Cash on Hand at Close of Reporting Period (from Line 27).....	300971.44	
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).....	50000.00	

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

Lance for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	18150.00	374469.14
(ii) Unitemized.....	545.00	57171.47
(iii) TOTAL of contributions from individuals ▶	18695.00	431640.61
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	563822.53
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	23695.00	995463.14
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	2500.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	23695.00	997963.14

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	120602.42	794794.10
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	2000.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	4500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	1000.00	6500.00
21. OTHER DISBURSEMENTS	500.00	110992.74
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	122102.42	912286.84

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	399378.86
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	23695.00
25. SUBTOTAL (add Line 23 and Line 24).....	423073.86
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	122102.42
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	300971.44

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 21
	<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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Lance for Congress

Full Name (Last, First, Middle Initial) A. William Aber		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2014	
Mailing Address 18 Morningside Ave.		Transaction ID : 41018.C9448	
City Livingston	State NJ	Zip Code 07039	Amount of Each Receipt this Period Receipt 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Audiologist		
Receipt For: 2014 <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. Alfred Angelo		Date of Receipt M M / D D / Y Y Y Y 10 / 10 / 2014	
Mailing Address 340 North Ave E		Transaction ID : 41014.C9423	
City Cranford	State NJ	Zip Code 07016-2461	Amount of Each Receipt this Period Receipt 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Horizon Partners LP	Occupation General Partner		
Receipt For: 2014 <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. Stacy Berger		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2014	
Mailing Address 11 Crosswood Way		Transaction ID : 41018.C9444	
City Warren	State NJ	Zip Code 07059	Amount of Each Receipt this Period Receipt 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 21
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Lance for Congress

A. Full Name (Last, First, Middle Initial)
Jeanne Colalillo

Mailing Address 199 Sandy Ridge Mount Airy Road

City Stockton State NJ Zip Code 08559-1901

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : 41014.C9422

Amount of Each Receipt this Period
 Receipt 2600.00

B. Full Name (Last, First, Middle Initial)
Joseph Colalillo

Mailing Address 199 Sandy Ridge Mount Airy Road

City Stockton State NJ Zip Code 08559-1901

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

Name of Employer Shop Rite Hunterdon County, In Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : 41014.C9421

Amount of Each Receipt this Period
 Receipt 2600.00

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

Mailing Address 14 Virginia St

City Tenafly State NJ Zip Code 07670-1645

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

Name of Employer Physician Occupation First Choice OBGYN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 15 / 2014

Transaction ID : 41018.C9449

Amount of Each Receipt this Period
 Receipt 2500.00

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

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

7700.00

**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 21
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Lance for Congress

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

Mailing Address 1061 Croton Rd

City Pittstown State NJ Zip Code 08867-4021

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

Name of Employer Self Employed Occupation Farmer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : 41014.C9425

Amount of Each Receipt this Period
1000.00

Receipt

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

Mailing Address 70 St. Josephs Drive

City Stirling State NJ Zip Code 07980

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

Name of Employer Celgene Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
975.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 08 / 2014

Transaction ID : 41014.C9416

Amount of Each Receipt this Period
100.00

Receipt

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

Mailing Address PO Box 177

City Hope State NJ Zip Code 07844

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

Name of Employer Self Employed Occupation Business Man

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 14 / 2014

Transaction ID : 41015.C9435

Amount of Each Receipt this Period
250.00

Receipt

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

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

1350.00

**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 21
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Lance for Congress

A. Full Name (Last, First, Middle Initial)
Jill Maslin

Mailing Address 18 Elmwood Drive

City Warren State NJ Zip Code 07059

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

Name of Employer Self Employed Occupation Personal Organizer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 15 / 2014

Transaction ID : 41018.C9443

Amount of Each Receipt this Period
 Receipt 250.00

B. Full Name (Last, First, Middle Initial)
Vincent Mccann

Mailing Address 10 Crestview Road

City Denville State NJ Zip Code 07834

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

Name of Employer MCT Dairies, Inc. Occupation CFO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 14 / 2014

Transaction ID : 41015.C9437

Amount of Each Receipt this Period
 Receipt 250.00

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

Mailing Address 15 Winding Ridge Way

City Warren State NJ Zip Code 07059

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 15 / 2014

Transaction ID : 41018.C9447

Amount of Each Receipt this Period
 Receipt 500.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 21
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Lance for Congress

A. Full Name (Last, First, Middle Initial)
Wayne Moreton

Mailing Address 168 Voorhees Corner Rd

City Flemington State NJ Zip Code 08822-3352

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

Name of Employer ImClone Systems Corp. Occupation Senior Specialsit-Maintenance

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 08 / 2014

Transaction ID : 41014.C9413

Amount of Each Receipt this Period
 Receipt **50.00**

B. Full Name (Last, First, Middle Initial)
Deborah Neiman

Mailing Address 1079 Mayflower Court

City Martinsville State NJ Zip Code 08836

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 14 / 2014

Transaction ID : 41015.C9436

Amount of Each Receipt this Period
 Receipt **500.00**

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

Mailing Address 11 Joanna Way

City Summit State NJ Zip Code 07901-3110

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

Name of Employer Acorn Financial Services Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 15 / 2014

Transaction ID : 41018.C9440

Amount of Each Receipt this Period
 Receipt **1000.00**

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 10 OF 21
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Lance for Congress

A. Full Name (Last, First, Middle Initial)
Joseph Sheridan

Mailing Address 239 Zion Road

City Hillsborough State NJ Zip Code 08844-2509

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

Name of Employer Wakefern Occupation EVP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

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

Transaction ID : 41014.C9424

Amount of Each Receipt this Period
250.00

Receipt

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

Mailing Address 9 Sugarwood Way

City Warren State NJ Zip Code 07059-6792

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2300.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 15 / 2014

Transaction ID : 41018.C9442

Amount of Each Receipt this Period
500.00

Receipt

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

Mailing Address PO Box 111

City Oldwick State NJ Zip Code 08858-0111

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **410.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 15 / 2014

Transaction ID : 41018.C9439

Amount of Each Receipt this Period
50.00

Receipt

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

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

800.00

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

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

FOR LINE NUMBER: PAGE 11 OF 21
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Lance for Congress

A. Full Name (Last, First, Middle Initial)
Henry Stein

Mailing Address 580 Ashwood Road

City Springfield State NJ Zip Code 07081-2527

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

Name of Employer Ashwood Design Assoc. Occupation Real Estate Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : 41014.C9419

Amount of Each Receipt this Period
 Receipt 2500.00

B. Full Name (Last, First, Middle Initial)
Sherry Stein

Mailing Address 580 Ashwood Rd

City Springfield State NJ Zip Code 07081-2527

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

Name of Employer Ashwood Design Assoc. Occupation Real Estate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : 41014.C9420

Amount of Each Receipt this Period
 Receipt 2500.00

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

Amount of Each Receipt this Period

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

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

5000.00

18150.00

**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 21
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Lance for Congress

A. Associated Equipment Distributors

Full Name (Last, First, Middle Initial)
Mailing Address 121 N. Henry Street

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : 41014.C9426

Amount of Each Receipt this Period

Receipt

B. Bristol Meyers Squibb Co. PAC

Full Name (Last, First, Middle Initial)
Mailing Address 345 Park Ave Fl 11

City New York State NY Zip Code 10154-0004

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : 41018.C9438

Amount of Each Receipt this Period

Receipt

C. Somerset County Fed. Of Repub. Women

Full Name (Last, First, Middle Initial)
Mailing Address 66 E Main St

City Somerville State NJ Zip Code 08876-2312

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : 41018.C9441

Amount of Each Receipt this Period

Receipt

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

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

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

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

FOR LINE NUMBER: PAGE 13 OF 21
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Lance for Congress

A. Full Name (Last, First, Middle Initial)
United Health Group PAC

Mailing Address 701 Pennsylvania Ave., NW, Suite 2

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : 41014.C9418

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Verizon Communication Inc. PAC

Mailing Address 1300 I Street NW, 4th Floor

City Washington State DC Zip Code 20005-3306

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 14 / 2014

Transaction ID : 41015.C9432

Amount of Each Receipt this Period
1000.00

Receipt

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

Amount of Each Receipt this Period

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

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

2000.00

5000.00

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

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NAME OF COMMITTEE (In Full)
Lance for Congress

Full Name (Last, First, Middle Initial) A. Ronald Gravino Consulting			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address PO Box 225			Amount of Each Disbursement this Period 3685.20
City Colonia	State NJ	Zip Code 07067-0225	Transaction ID : 41014.E2026
Purpose of Disbursement Compliance		Category/ Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	COMPLIANCE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) B. Ronald Gravino Consulting			Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address PO Box 225			Amount of Each Disbursement this Period 4621.10
City Colonia	State NJ	Zip Code 07067-0225	Transaction ID : 41014.E2025
Purpose of Disbursement Payroll		Category/ Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	PAYROLL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) C. Jamestown Associates			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 5 Mapleton Road, Ste. 300			Amount of Each Disbursement this Period 3669.02
City Princeton	State NJ	Zip Code 08540-9646	Transaction ID : 41014.E2029
Purpose of Disbursement Media and Production		Category/ Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	MEDIA AND PRODUCTION
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

SUBTOTAL of Disbursements This Page (optional).....	11975.32
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 15 OF 21			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Lance for Congress

Full Name (Last, First, Middle Initial) A. Jamestown Associates			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 5 Mapleton Road, Ste. 300			Amount of Each Disbursement this Period 31235.32
City Princeton	State NJ	Zip Code 08540-9646	Transaction ID : 41015.E2035
Purpose of Disbursement Direct Mail		Category/ Type	
Candidate Name			DIRECT MAIL
Office Sought:	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. Jamestown Associates			Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2014
Mailing Address 5 Mapleton Road, Ste. 300			Amount of Each Disbursement this Period 69979.50
City Princeton	State NJ	Zip Code 08540-9646	Transaction ID : 41014.E2032
Purpose of Disbursement Media and Production		Category/ Type	
Candidate Name			MEDIA AND PRODUCTION
Office Sought:	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. Tusk Productions LLC			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 38 Lakewood Dr.			Amount of Each Disbursement this Period 5527.50
City Denville	State NJ	Zip Code 07834-	Transaction ID : 41014.E2034
Purpose of Disbursement Fundraising		Category/ Type	
Candidate Name			FUNDRAISING
Office Sought:	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).....	106742.32
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 16 OF 21			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Lance for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement										
A. Verbatim Services		<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>10</td> <td></td> <td>01</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	10		01		2014
M M	/	D D	/	Y Y Y Y								
10		01		2014								
Mailing Address PO BOX 784		Amount of Each Disbursement this Period										
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>West Caldwell</td> <td>NJ</td> <td>07007-</td> </tr> </table>		City	State	Zip Code	West Caldwell	NJ	07007-	<table border="1"> <tr> <td>460.10</td> </tr> </table>	460.10			
City	State	Zip Code										
West Caldwell	NJ	07007-										
460.10												
Purpose of Disbursement Printing		Transaction ID : 41014.E2028										
Candidate Name		Category/Type										
<table border="1"> <tr> <td>Office Sought:</td> <td>House</td> <td rowspan="3">Disbursement For:</td> </tr> <tr> <td></td> <td>Senate</td> </tr> <tr> <td></td> <td>President</td> </tr> <tr> <td>State:</td> <td>District:</td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) </td> </tr> </table>		Office Sought:	House	Disbursement For:		Senate		President	State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	PRINTING
Office Sought:	House	Disbursement For:										
	Senate											
	President											
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)										

Full Name (Last, First, Middle Initial)		Date of Disbursement										
B. Transact		<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>10</td> <td></td> <td>08</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	10		08		2014
M M	/	D D	/	Y Y Y Y								
10		08		2014								
Mailing Address 190 Monroe Ave, Suite 500		Amount of Each Disbursement this Period										
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Grand Rapids</td> <td>MI</td> <td>49503-</td> </tr> </table>		City	State	Zip Code	Grand Rapids	MI	49503-	<table border="1"> <tr> <td>17.96</td> </tr> </table>	17.96			
City	State	Zip Code										
Grand Rapids	MI	49503-										
17.96												
Purpose of Disbursement Credit Card Fee		Transaction ID : 41015.E2036										
Candidate Name		Category/Type										
<table border="1"> <tr> <td>Office Sought:</td> <td>House</td> <td rowspan="3">Disbursement For:</td> </tr> <tr> <td></td> <td>Senate</td> </tr> <tr> <td></td> <td>President</td> </tr> <tr> <td>State:</td> <td>District:</td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) </td> </tr> </table>		Office Sought:	House	Disbursement For:		Senate		President	State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CREDIT CARD FEE
Office Sought:	House	Disbursement For:										
	Senate											
	President											
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)										

Full Name (Last, First, Middle Initial)		Date of Disbursement										
C. Transact		<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>10</td> <td></td> <td>14</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	10		14		2014
M M	/	D D	/	Y Y Y Y								
10		14		2014								
Mailing Address 190 Monroe Ave, Suite 500		Amount of Each Disbursement this Period										
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Grand Rapids</td> <td>MI</td> <td>49503-</td> </tr> </table>		City	State	Zip Code	Grand Rapids	MI	49503-	<table border="1"> <tr> <td>48.34</td> </tr> </table>	48.34			
City	State	Zip Code										
Grand Rapids	MI	49503-										
48.34												
Purpose of Disbursement Credit Card Fee		Transaction ID : 41015.E2037										
Candidate Name		Category/Type										
<table border="1"> <tr> <td>Office Sought:</td> <td>House</td> <td rowspan="3">Disbursement For:</td> </tr> <tr> <td></td> <td>Senate</td> </tr> <tr> <td></td> <td>President</td> </tr> <tr> <td>State:</td> <td>District:</td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) </td> </tr> </table>		Office Sought:	House	Disbursement For:		Senate		President	State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CREDIT CARD FEE
Office Sought:	House	Disbursement For:										
	Senate											
	President											
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)										

SUBTOTAL of Disbursements This Page (optional).....	526.40
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 17 OF 21	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Lance for Congress

Full Name (Last, First, Middle Initial) A. Annette Corcoran		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 30 Hillside Avenue		Amount of Each Disbursement this Period 1250.00
City Sayreville State NJ Zip Code 08872-1153	Purpose of Disbursement Compliance	Transaction ID : 41014.E2024
Candidate Name	Category/Type	COMPLIANCE
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. Verizon		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 39.63
City Dallas State TX Zip Code 75266-0108	Purpose of Disbursement Telecommunications	Transaction ID : 41014.E2030
Candidate Name	Category/Type	TELECOMMUNICATIONS
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	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1289.63
TOTAL This Period (last page this line number only).....	120533.67

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

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NAME OF COMMITTEE (In Full)
Lance for Congress

Full Name (Last, First, Middle Initial) A. Republican Main Street PAC		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 1220 L Street, NW Ste. 100-263		Amount of Each Disbursement this Period 1000.00 Transaction ID : 41023.E2038
City Washington State DC Zip Code 20005-4018	Purpose of Disbursement Refund of Contribution Refund of Excessi Candidate Name 010 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) B.		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	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 Candidate Name Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: _____ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____ District: _____		

SUBTOTAL of Disbursements This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	1000.00

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

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NAME OF COMMITTEE (In Full)
Lance for Congress

Full Name (Last, First, Middle Initial) A. Union County Republican Committee		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 115 E Grove Street		Amount of Each Disbursement this Period 500.00 Transaction ID : 41014.E2027
City Westfield State NJ Zip Code 07090-1633	Purpose of Disbursement RENT	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <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	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
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	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	500.00

SCHEDULE C (FEC Form 3)
LOANS

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

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

City	State	ZIP Code
Lebanon	NJ	08833-

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
02 / 11 / 2008	12 / 31 / 2012	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....	50000.00
TOTALS This Period (last page in this line only).....	50000.00

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

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

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

FOR LINE NUMBER:
(check only one)

9
 10

NAME OF COMMITTEE (In Full)

Lance for Congress

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

Nature of Debt (Purpose):
Direct Mail

Mailing Address 5 Mapleton Road, Ste. 300

City State Zip Code
Princeton NJ 08540-9646

Outstanding Balance Beginning This Period

31235.32

Transaction ID : LS41015.E2035

Amount Incurred This Period

0.00

Payment This Period

31235.32

Outstanding Balance at Close of This Period

0.00

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

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

0.00

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

0.00

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

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