

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))....	61139.00	719427.61
(b) Total Contribution Refunds (from Line 20(d))	0.00	375.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	61139.00	719052.61
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	133602.06	475080.35
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	1500.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	133602.06	473580.35
8. Cash on Hand at Close of Reporting Period (from Line 27).....	389040.40	
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).....	23850.00	301680.14
(ii) Unitemized	5254.00	47497.47
(iii) TOTAL of contributions from individuals	29104.00	349177.61
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	32035.00	370250.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	61139.00	719427.61
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	1500.00
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).....	61139.00	720927.61

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	133602.06	475080.35
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	375.00
(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	375.00
21. OTHER DISBURSEMENTS	4250.00	71727.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	137852.06	547182.35

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	465753.46
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	61139.00
25. SUBTOTAL (add Line 23 and Line 24).....	526892.46
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	137852.06
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	389040.40

**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 43
	<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)
Kurt Alstede

Mailing Address **PO Box 278**

City **Chester** State **NJ** Zip Code **07930-0278**

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

Name of Employer **Alstede Farms** Occupation **General Manager**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1810.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 06 / 2014

Transaction ID : 40515.C8961

Amount of Each Receipt this Period
1000.00

Receipt

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

Mailing Address **2 Deer Trail**

City **Flemington** State **NJ** Zip Code **08822**

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

Name of Employer **Ballard & Dragan** Occupation **Attorney**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 06 / 2014

Transaction ID : 40515.C8963

Amount of Each Receipt this Period
1000.00

Receipt

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

Mailing Address **11 South Street**

City **Somerville** State **NJ** Zip Code **08876-2903**

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

Name of Employer **Self Employed** Occupation **Advertisement**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
760.00

Date of Receipt
 M M / D D / Y Y Y Y
04 / 15 / 2014

Transaction ID : 40430.C8791

Amount of Each Receipt this Period
100.00

Receipt

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

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

2100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 43
	<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)
Edith Brodin

Mailing Address 102 Arlington Rd

City Cranford State NJ Zip Code 07016-2418

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
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 14 / 2014

Transaction ID : 40515.C8972

Amount of Each Receipt this Period
50.00

Receipt

B. Full Name (Last, First, Middle Initial)
Leanna Brown

Mailing Address 7 Dellwood Avenue

City Chatham State NJ Zip Code 07928-1701

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

Name of Employer Information Requested Occupation Information Requested
Brown Global Enterprises Chairman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 28 / 2014

Transaction ID : 40430.C8915

Amount of Each Receipt this Period
1000.00

Receipt

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

Mailing Address 1411 Russell Road

City Alexandria State VA Zip Code 22301

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

Name of Employer Information Requested Occupation Information Requested
POTOMAC President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : 40512.C8946

Amount of Each Receipt this Period
1000.00

Receipt

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

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

2050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 43
	<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)
Vincent Caruso

Mailing Address 20 Village Grn Apt 5

City Budd Lake State NJ Zip Code 07828-1320

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 **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 30 / 2014

Transaction ID : 40503.C8928

Amount of Each Receipt this Period
100.00

Receipt

B. Full Name (Last, First, Middle Initial)
Calvin Carver

Mailing Address 105 Stewart Rd

City Short Hills State NJ Zip Code 07078-1923

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 **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 28 / 2014

Transaction ID : 40430.C8899

Amount of Each Receipt this Period
250.00

Receipt

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

Mailing Address 16 Vallata Place

City Edison State NJ Zip Code 08817

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 **400.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 06 / 2014

Transaction ID : 40512.C8956

Amount of Each Receipt this Period
200.00

Receipt

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

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

550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 43
	<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)
Kathy Defillippo

Mailing Address 14 Deer Ln

City Succasunna State NJ Zip Code 07876-1153

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

Name of Employer Twp. Of Roxbury Occupation Deputy Mayor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

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

Transaction ID : 40512.C8959

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

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

Mailing Address 25 Hillcrest Ave

City Summit State NJ Zip Code 07901-2010

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

Name of Employer Crestview Advisors LLC Occupation Financial Advisor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 23 / 2014

Transaction ID : 40430.C8849

Amount of Each Receipt this Period
 Receipt **2600.00**

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

Mailing Address 661 Colonial Arms Rd

City Union State NJ Zip Code 07083-7605

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 **375.00**

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 14 / 2014

Transaction ID : 40515.C8977

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

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

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

2700.00

**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 43
	<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)
Janet Frigerio

Mailing Address 260 Prospect Street, #17

City Westfield State NJ Zip Code 07090

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 **225.00**

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

Transaction ID : 40512.C8931

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

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

Mailing Address 724Scotch Plains Ave

City Westfield State NJ Zip Code 07090-3403

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

Name of Employer Information Requested Occupation Information Requested
 Farm Credit Administrator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 15 / 2014

Transaction ID : 40430.C8783

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

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

Mailing Address PO Box 225

City Colonia State NJ Zip Code 07067-0225

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

Name of Employer Information Requested Occupation Information Requested
 Self Employed Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 14 / 2014

Transaction ID : 40515.C8984

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

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

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

2700.00

**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 43
	<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)
Mary Curtis Horowitz

Mailing Address 1247 State Rd

City State Zip Code
Princeton NJ 08540

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

Name of Employer Occupation
Self Employed Transaction Publisher

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
04 / 21 / 2014

Transaction ID : 40430.C8814

Amount of Each Receipt this Period
100.00

Receipt

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

Mailing Address 258 Ingleside Drive

City State Zip Code
Stamford CT 06903

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

Name of Employer Occupation
Information Requested 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
04 / 15 / 2014

Transaction ID : 40430.C8787

Amount of Each Receipt this Period
500.00

Receipt

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

Mailing Address 618 Autumn Ridge Road

City State Zip Code
Bozeman MT 59715-9388

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

Name of Employer Occupation
PEG CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 06 / 2014

Transaction ID : 40515.C8962

Amount of Each Receipt this Period
1000.00

Receipt

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 11 OF 43
	<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)
Theodore Koven

Mailing Address 6 Sawmill Road

City Lebanon State NJ Zip Code 08833-4618

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 **2250.00**

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 28 / 2014

Transaction ID : 40430.C8914

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

B. Full Name (Last, First, Middle Initial)
Harold Krawitz

Mailing Address 1001 Tullo Farm Road

City Bridgewater State NJ Zip Code 08807

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 **250.00**

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

Transaction ID : 40430.C8889

Amount of Each Receipt this Period
 Receipt **250.00**

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

Mailing Address 438 Alloway Friesburg Rd.

City Bridgeton State NJ Zip Code 08302

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 **825.00**

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 21 / 2014

Transaction ID : 40430.C8815

Amount of Each Receipt this Period
 Receipt **150.00**

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

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

900.00

**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 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Lance for Congress

Full Name (Last, First, Middle Initial) A. Ryan Long		Date of Receipt M M / D D / Y Y Y Y 04 / 08 / 2014
Mailing Address 16 S Lexington Street		Transaction ID : 40430.C8871
City ARLINGTON	State VA	Zip Code 22204
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer BGR Group	Occupation Consultant	Receipt
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) B. Robert Medina		Date of Receipt M M / D D / Y Y Y Y 04 / 08 / 2014
Mailing Address 2 Hollow Road		Transaction ID : 40430.C8891
City Skillman	State NJ	Zip Code 08558
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Retired	Occupation Retired	Receipt
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) C. john Metzger		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 52 Coriander Dr		Transaction ID : 40515.C8974
City Princeton	State NJ	Zip Code 08540-9434
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer Self Employed	Occupation Attorney	Receipt
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 325.00	

SUBTOTAL of Receipts This Page (optional).....	1650.00
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 13 OF 43
	<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)
Edward Miller

Mailing Address 3 Robin Lane

City High Bridge State NJ Zip Code 08829-1009

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

Name of Employer Fuel Merchants Assoc. of NJ Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 16 / 2014

Transaction ID : 40430.C8869

Amount of Each Receipt this Period
500.00

Receipt

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

Mailing Address 303 3rd Street, SE

City Washington State DC Zip Code 20003

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
1000.00

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

Transaction ID : 40512.C8948

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Moliere Incubator Challenge Enter. LLC

Mailing Address 5402 Leeds Manor Rd.

City Hume State VA Zip Code 22639

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 25 / 2014

Transaction ID : 40430.C8866

Amount of Each Receipt this Period
100.00

Receipt

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 14 OF 43
	<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)
John Moliere

Mailing Address **PO Box 173**

City **Hume** State **VA** Zip Code **22639-0173**

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 **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 25 / 2014

Transaction ID : 40430.C8867

Amount of Each Receipt this Period
100.00

Memo
**[MEMO ITEM]
 Partnership->Moliere Incubator Challenge Enter. LLC
 PARTNERS**

B. Full Name (Last, First, Middle Initial)
Debora Murgatroyd

Mailing Address **8 Berkshire Way**

City **Milford** State **NJ** Zip Code **08848-1785**

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

Name of Employer **Law Office Anthony Murgatroyd** Occupation **Paralegal/Bookkeeper**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 14 / 2014

Transaction ID : 40515.C8966

Amount of Each Receipt this Period
1000.00

Receipt

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

Mailing Address **4 Becker Farm Rd Ste 2**

City **Roseland** State **NJ** Zip Code **07068-1734**

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

Name of Employer **Guardian Life Insurance** Occupation **Field Rep.**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 14 / 2014

Transaction ID : 40515.C8965

Amount of Each Receipt this Period
1000.00

Receipt

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 43
	<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)
William Oneil

Mailing Address 401 L Street SE

City Washington State DC Zip Code 20003

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

Name of Employer Ogilvy Govt. Affairs Occupation Principal

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : 40512.C8945

Amount of Each Receipt this Period
 Receipt 500.00

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

Mailing Address 59 Lakeview Avenue

City Short Hills State NJ Zip Code 07078-2240

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : 40430.C8878

Amount of Each Receipt this Period
 Receipt 250.00

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

Mailing Address 446 Sturges Road

City Fairfield State CT Zip Code 06824

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

Name of Employer ADS Ventures Occupation Sr. VP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 30 / 2014

Transaction ID : 40503.C8924

Amount of Each Receipt this Period
 Receipt 1000.00

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

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

1750.00

**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 43
	<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)
Donald Pelligrino

Mailing Address 7 McNab Court

City State Zip Code
Bridgewater NJ 08807-2386

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

Name of Employer Occupation
Bridgeway Senior Care Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 06 / 2014

Transaction ID : 40512.C8952

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Murray Peyton

Mailing Address 18 Scudder Ct

City State Zip Code
Pennington NJ 08534-2325

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
200.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 15 / 2014

Transaction ID : 40430.C8800

Amount of Each Receipt this Period
100.00

Receipt

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

Mailing Address 18 Scudder Ct

City State Zip Code
Pennington NJ 08534-2325

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2014

Transaction ID : 40515.C8976

Amount of Each Receipt this Period
50.00

Receipt

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 17 OF 43
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Lance for Congress

A. Full Name (Last, First, Middle Initial)
Proctor Associates

Mailing Address 8 Tuccamirgan Rd

City State Zip Code
Flemington NJ 08822-5910

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
 05 / 05 / 2014

Transaction ID : 40512.C8936

Amount of Each Receipt this Period
 Receipt 250.00

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

Mailing Address 5435 30th Place, NW

City State Zip Code
Washington DC 20015

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

Name of Employer Occupation
Rasky Baerlein Senior VP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : 40512.C8949

Amount of Each Receipt this Period
 Receipt 1000.00

C. Full Name (Last, First, Middle Initial)
Anne Moreau Thomas

Mailing Address 38 Pennsylvania Avenue

City State Zip Code
Flemington NJ 08822-1222

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : 40512.C8933

Amount of Each Receipt this Period
 Receipt 500.00

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

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

1750.00

**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 43
	<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)
Germaine Trabert

Mailing Address 930 Minisink Way

City Westfield State NJ Zip Code 07090-3723

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

Name of Employer Community Partners Bank Occupation Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 28 / 2014

Transaction ID : 40430.C8905

Amount of Each Receipt this Period
150.00

Receipt

B. Full Name (Last, First, Middle Initial)
Norbert Weldon

Mailing Address 76 Colt Road

City Summit State NJ Zip Code 07901

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

Name of Employer Weldon Materials Occupation Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **6100.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 14 / 2014

Transaction ID : 40515.C8971

Amount of Each Receipt this Period
1000.00

Receipt

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

Mailing Address 163 Black River Rd

City Long Valley State NJ Zip Code 07853-3066

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 **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 15 / 2014

Transaction ID : 40430.C8799

Amount of Each Receipt this Period
200.00

Receipt

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

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

1350.00

23850.00

**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 43
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Lance for Congress

A. Full Name (Last, First, Middle Initial)
AFLAC Incorporated PAC

Mailing Address 1932 Wynnton Road

City Columbus State GA Zip Code 31999-0001

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 14 / 2014

Transaction ID : 40515.C8983

Amount of Each Receipt this Period
 Receipt 2000.00

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

Mailing Address 220 Leigh Farm Road

City Durham State NC Zip Code 27707-8110

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 28 / 2014

Transaction ID : 40430.C8903

Amount of Each Receipt this Period
 Receipt 1000.00

C. Full Name (Last, First, Middle Initial)
American Cable Association PAC

Mailing Address 1 Parkway Center, Ste 212

City Pittsburg State PA Zip Code 15220

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
 04 / 15 / 2014

Transaction ID : 40430.C8785

Amount of Each Receipt this Period
 Receipt 2500.00

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

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

5500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 43
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Lance for Congress

A. Full Name (Last, First, Middle Initial)
American Dental PAC

Mailing Address 1111 14th Street, NW Ste. 1100

City Washington	State DC	Zip Code 20005-5627
--------------------	-------------	------------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 30 / 2014

Transaction ID : 40503.C8921

Amount of Each Receipt this Period
 Receipt 1500.00

B. Full Name (Last, First, Middle Initial)
Associated Equipment Distributors

Mailing Address 121 N. Henry Street

City Alexandria	State VA	Zip Code 22314
--------------------	-------------	-------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : 40512.C8940

Amount of Each Receipt this Period
 Receipt 1000.00

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

Mailing Address 201 Chicago Ave

City Minneapolis	State MN	Zip Code 55415-1126
---------------------	-------------	------------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 28 / 2014

Transaction ID : 40430.C8900

Amount of Each Receipt this Period
 Receipt 1000.00

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

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

3500.00

**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 43
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Lance for Congress

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

Mailing Address 1099 New York Ave NW Ste 250

City Washington State DC Zip Code 20001-4836

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 21 / 2014

Transaction ID : 40430.C8829

Amount of Each Receipt this Period
 Receipt 1000.00

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

Mailing Address 76 S Main Street

City Akron State OH Zip Code 44308-1817

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

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

Transaction ID : 40512.C8944

Amount of Each Receipt this Period
 Receipt 1000.00

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

Mailing Address 76 S Main Street

City Akron State OH Zip Code 44308-1817

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 14 / 2014

Transaction ID : 40515.C8982

Amount of Each Receipt this Period
 Receipt 1500.00

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

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

3500.00

**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 43
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Lance for Congress

A. Full Name (Last, First, Middle Initial)
HEARPAC

Mailing Address **1444 I STREET, NW**

City **Washington** State **DC** Zip Code **20005**

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **3000.00**

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

Transaction ID : 40512.C8943

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Lundbeck LLC Employee

Mailing Address **4 Parkway North, Ste 200**

City **Deerfield** State **IL** Zip Code **60015**

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 15 / 2014

Transaction ID : 40430.C8786

Amount of Each Receipt this Period
2000.00

Receipt

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

Mailing Address **1771 N Street, NW**

City **Washington** State **DC** Zip Code **20036**

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5500.00**

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

Transaction ID : 40512.C8941

Amount of Each Receipt this Period
2500.00

Receipt

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

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

5500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 43
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Lance for Congress

A. Full Name (Last, First, Middle Initial)
NACSPAC

Mailing Address 1600 Duke Street

City State Zip Code
Alexandria VA 22314

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

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

Transaction ID : 40512.C8950

Amount of Each Receipt this Period
 Receipt 5000.00

B. Full Name (Last, First, Middle Initial)
Nancy Munoz For Assembly

Mailing Address 121 Oak Ridge Ave

City State Zip Code
Summit NJ 07901

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 06 / 2014

Transaction ID : 40512.C8951

Amount of Each Receipt this Period
 Receipt 1000.00

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

Mailing Address 701 Pennsylvania Ave NW Ste 725

City State Zip Code
Washington DC 20004-2608

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

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

Transaction ID : 40512.C8939

Amount of Each Receipt this Period
 Receipt 1000.00

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

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

7000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 43
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Lance for Congress

A. Full Name (Last, First, Middle Initial)
Peterson For Assembly

Mailing Address 6 Darts Mill Road

City State Zip Code
Flemington NJ 08822

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : 40512.C8947

Amount of Each Receipt this Period
 Receipt 1000.00

B. Full Name (Last, First, Middle Initial)
Public Service Enterprise Group PAC

Mailing Address 80 Park Plaza

City State Zip Code
Newark NJ 07102-4109

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 02 / 2014

Transaction ID : 40503.C8929

Amount of Each Receipt this Period
 Receipt 500.00

C. Full Name (Last, First, Middle Initial)
Public Service Enterprise Group PAC

Mailing Address 80 Park Plaza

City State Zip Code
Newark NJ 07102-4109

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 02 / 2014

Transaction ID : 40503.C8930

Amount of Each Receipt this Period
 Receipt 2000.00

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

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

3500.00

**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 25 OF 43
	<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. Realtors PAC

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

City Chicago State IL Zip Code 60611-4011

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 21 / 2014

Transaction ID : 40430.C8830

Amount of Each Receipt this Period
 Receipt 2000.00

Receipt 4000.00

B. Siemens Corporation PAC

Full Name (Last, First, Middle Initial)
Mailing Address 300 New Jersey Ave, NW Suite 1000

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 Y
 04 / 28 / 2014

Transaction ID : 40430.C8901

Amount of Each Receipt this Period
 Receipt 1000.00

Receipt 6000.00

C. Van Doren For Township Committee

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 132

City Oldwick State NJ Zip Code 08858-0132

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 14 / 2014

Transaction ID : 40515.C8978

Amount of Each Receipt this Period
 Receipt 60.00

Receipt 170.00

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

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

3060.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 43
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Lance for Congress

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

Mailing Address **PO Box 2713**

City **Alexandria** State **VA** Zip Code **22301**

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 28 / 2014

Transaction ID : 40430.C8904

Amount of Each Receipt this Period
 Receipt **475.00**

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).....

475.00

32035.00

**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 27 OF 43			
	<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 04 / 02 / 2014
Mailing Address PO Box 225		Amount of Each Disbursement this Period 2114.48
City Colonia	State NJ	
Zip Code 07067-0225	Purpose of Disbursement Compliance	Transaction ID : 40430.E1808
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)	COMPLIANCE
State: District:		

Full Name (Last, First, Middle Initial) B. Ronald Gravino Consulting		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address PO Box 225		Amount of Each Disbursement this Period 412.26
City Colonia	State NJ	
Zip Code 07067-0225	Purpose of Disbursement Compliance	Transaction ID : 40430.E1823
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)	COMPLIANCE
State: District:		

Full Name (Last, First, Middle Initial) C. Hummel Distributing Corp.		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 850 Springfield Rd		Amount of Each Disbursement this Period 6459.22
City Union	State NJ	
Zip Code 07083-8614	Purpose of Disbursement Postage	Transaction ID : 40430.E1814
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)	POSTAGE
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	8985.96
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 43			
	<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. Hummel Distributing Corp.			Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 850 Springfield Rd			Amount of Each Disbursement this Period 6459.22
City Union	State NJ	Zip Code 07083-8614	
Purpose of Disbursement Postage		Category/ Type	Transaction ID : 40430.E1821
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		POSTAGE
State: District:			

Full Name (Last, First, Middle Initial) B. Hummel Distributing Corp.			Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 850 Springfield Rd			Amount of Each Disbursement this Period 6459.22
City Union	State NJ	Zip Code 07083-8614	
Purpose of Disbursement Postage		Category/ Type	Transaction ID : 40512.E1852
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		POSTAGE
State: District:			

Full Name (Last, First, Middle Initial) c. Hummel Distributing Corp.			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 850 Springfield Rd			Amount of Each Disbursement this Period 8760.50
City Union	State NJ	Zip Code 07083-8614	
Purpose of Disbursement Postage		Category/ Type	Transaction ID : 40515.E1858
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		POSTAGE
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	21678.94
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 43		
	<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 04 / 30 / 2014
Mailing Address 5 Mapleton Road, Ste. 300		Amount of Each Disbursement this Period 6141.10 Transaction ID : 40503.E1844
City Princeton	State NJ	
Zip Code 08540-9646	Purpose of Disbursement Mailer	Category/ Type MAILER
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. Jamestown Associates		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 5 Mapleton Road, Ste. 300		Amount of Each Disbursement this Period 6672.19 Transaction ID : 40512.E1849
City Princeton	State NJ	
Zip Code 08540-9646	Purpose of Disbursement Media	Category/ Type MEDIA
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. Townsend Group		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 7315 Wisconsin Avenue		Amount of Each Disbursement this Period 4096.88 Transaction ID : 40430.E1816
City Bethesda	State MD	
Zip Code 20814-3202	Purpose of Disbursement Fundraising	Category/ Type FUNDRAISING
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).....	16910.17
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 43			
	<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) A. Townsend Group		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2014
Mailing Address 7315 Wisconsin Avenue		Amount of Each Disbursement this Period 3000.00
City Bethesda	State MD	
Zip Code 20814-3202	Purpose of Disbursement Fundraising	Transaction ID : 40430.E1810
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	FUNDRAISING
State: District:		

Full Name (Last, First, Middle Initial) B. Townsend Group		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address 7315 Wisconsin Avenue		Amount of Each Disbursement this Period 4875.53
City Bethesda	State MD	
Zip Code 20814-3202	Purpose of Disbursement Fundraising Management	Transaction ID : 40512.E1854
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	FUNDRAISING MANAGEMENT
State: District:		

Full Name (Last, First, Middle Initial) c. Shannon Daley Memorial Fund		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address PO Box 1271		Amount of Each Disbursement this Period 250.00
City White House	State NJ	
Zip Code 08889-1271	Purpose of Disbursement Ad	Transaction ID : 40503.E1840
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)	AD
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	8125.53
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 43	
	<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. Tusk Productions LLC		Date of Disbursement MM / DD / YYYY 04 / 02 / 2014
Mailing Address 38 Lakewood Dr.		Amount of Each Disbursement this Period 6746.80
City Denville	State NJ	
Zip Code 07834-	Purpose of Disbursement Fundraising	Transaction ID : 40430.E1815
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	FUNDRAISING
State: District:		

Full Name (Last, First, Middle Initial) B. Tusk Productions LLC		Date of Disbursement MM / DD / YYYY 05 / 02 / 2014
Mailing Address 38 Lakewood Dr.		Amount of Each Disbursement this Period 5040.20
City Denville	State NJ	
Zip Code 07834-	Purpose of Disbursement Fundraising	Transaction ID : 40503.E1837
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	FUNDRAISING
State: District:		

Full Name (Last, First, Middle Initial) c. The Prosper Group		Date of Disbursement MM / DD / YYYY 04 / 23 / 2014
Mailing Address 435 East Main St. Ste. 250		Amount of Each Disbursement this Period 5863.30
City Greenwood	State IN	
Zip Code 46163-	Purpose of Disbursement Website	Transaction ID : 40430.E1826
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)	WEBSITE
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	17650.30
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 43	
	<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. The Prosper Group			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014	
Mailing Address 435 East Main St. Ste. 250			Amount of Each Disbursement this Period 540.27	
City Greenwood	State IN	Zip Code 46163-	Transaction ID : 40515.E1856	
Purpose of Disbursement Website		Category/ Type		
Candidate Name			WEBSITE	
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. Unisource Direct			Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014	
Mailing Address PO Box 82			Amount of Each Disbursement this Period 350.00	
City Watertown	State WI	Zip Code 53094-	Transaction ID : 40430.E1812	
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) C. Verbatim Services			Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2014	
Mailing Address PO BOX 784			Amount of Each Disbursement this Period 4467.26	
City West Caldwell	State NJ	Zip Code 07007-	Transaction ID : 40430.E1811	
Purpose of Disbursement Printing		Category/ Type		
Candidate Name			PRINTING	
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).....	5357.53
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 43	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Lance for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Verbatim Services		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
Mailing Address PO BOX 784		Amount of Each Disbursement this Period
City West Caldwell State NJ Zip Code 07007-		<input type="text" value="1150.25"/>
Purpose of Disbursement Printing		Transaction ID : 40503.E1845
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	PRINTING
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Transact		<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2014"/>
Mailing Address 190 Monroe Ave, Suite 500		Amount of Each Disbursement this Period
City Grand Rapids State MI Zip Code 49503-		<input type="text" value="142.70"/>
Purpose of Disbursement Credit Card Fees		Transaction ID : 40430.E1817
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CREDIT CARD FEES
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Transact		<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>
Mailing Address 190 Monroe Ave, Suite 500		Amount of Each Disbursement this Period
City Grand Rapids State MI Zip Code 49503-		<input type="text" value="2.24"/>
Purpose of Disbursement Credit Card Fee		Transaction ID : 40503.E1834
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CREDIT CARD FEE
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	<input type="text" value="1295.19"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

**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 43			
	<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. 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>04</td> <td></td> <td>16</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	04		16		2014
M M	/	D D	/	Y Y Y Y								
04		16		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>22.50</td> </tr> </table>	22.50			
City	State	Zip Code										
Grand Rapids	MI	49503-										
22.50												
Purpose of Disbursement Credit Card Fee		Transaction ID : 40430.E1824										
Candidate Name		Category/Type										
Office Sought: <table border="1"> <tr><td><input type="checkbox"/></td><td>House</td></tr> <tr><td><input type="checkbox"/></td><td>Senate</td></tr> <tr><td><input type="checkbox"/></td><td>President</td></tr> </table>		<input type="checkbox"/>	House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	CREDIT CARD FEE				
<input type="checkbox"/>	House											
<input type="checkbox"/>	Senate											
<input type="checkbox"/>	President											
Disbursement For: <table border="1"> <tr><td><input type="checkbox"/></td><td>Primary</td><td><input type="checkbox"/></td><td>General</td></tr> <tr><td><input type="checkbox"/></td><td colspan="3">Other (specify)</td></tr> </table>		<input type="checkbox"/>	Primary	<input type="checkbox"/>	General	<input type="checkbox"/>	Other (specify)					
<input type="checkbox"/>	Primary	<input type="checkbox"/>	General									
<input type="checkbox"/>	Other (specify)											
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
B. 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>04</td> <td></td> <td>16</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	04		16		2014
M M	/	D D	/	Y Y Y Y								
04		16		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>0.03</td> </tr> </table>	0.03			
City	State	Zip Code										
Grand Rapids	MI	49503-										
0.03												
Purpose of Disbursement Credit Card Fee		Transaction ID : 40430.E1828										
Candidate Name		Category/Type										
Office Sought: <table border="1"> <tr><td><input type="checkbox"/></td><td>House</td></tr> <tr><td><input type="checkbox"/></td><td>Senate</td></tr> <tr><td><input type="checkbox"/></td><td>President</td></tr> </table>		<input type="checkbox"/>	House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	CREDIT CARD FEE				
<input type="checkbox"/>	House											
<input type="checkbox"/>	Senate											
<input type="checkbox"/>	President											
Disbursement For: <table border="1"> <tr><td><input type="checkbox"/></td><td>Primary</td><td><input type="checkbox"/></td><td>General</td></tr> <tr><td><input type="checkbox"/></td><td colspan="3">Other (specify)</td></tr> </table>		<input type="checkbox"/>	Primary	<input type="checkbox"/>	General	<input type="checkbox"/>	Other (specify)					
<input type="checkbox"/>	Primary	<input type="checkbox"/>	General									
<input type="checkbox"/>	Other (specify)											
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
C. 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>04</td> <td></td> <td>30</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	04		30		2014
M M	/	D D	/	Y Y Y Y								
04		30		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>57.36</td> </tr> </table>	57.36			
City	State	Zip Code										
Grand Rapids	MI	49503-										
57.36												
Purpose of Disbursement Credit Card Fee		Transaction ID : 40503.E1843										
Candidate Name		Category/Type										
Office Sought: <table border="1"> <tr><td><input type="checkbox"/></td><td>House</td></tr> <tr><td><input type="checkbox"/></td><td>Senate</td></tr> <tr><td><input type="checkbox"/></td><td>President</td></tr> </table>		<input type="checkbox"/>	House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	CREDIT CARD FEE				
<input type="checkbox"/>	House											
<input type="checkbox"/>	Senate											
<input type="checkbox"/>	President											
Disbursement For: <table border="1"> <tr><td><input type="checkbox"/></td><td>Primary</td><td><input type="checkbox"/></td><td>General</td></tr> <tr><td><input type="checkbox"/></td><td colspan="3">Other (specify)</td></tr> </table>		<input type="checkbox"/>	Primary	<input type="checkbox"/>	General	<input type="checkbox"/>	Other (specify)					
<input type="checkbox"/>	Primary	<input type="checkbox"/>	General									
<input type="checkbox"/>	Other (specify)											
State: District:												

SUBTOTAL of Disbursements This Page (optional).....	79.89
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 35 OF 43			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Lance for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Transact		M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 190 Monroe Ave, Suite 500		Amount of Each Disbursement this Period
City Grand Rapids State MI Zip Code 49503-		135.00
Purpose of Disbursement Credit Card Fee		Transaction ID : 40512.E1855
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CREDIT CARD FEE
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Transact		M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 190 Monroe Ave, Suite 500		Amount of Each Disbursement this Period
City Grand Rapids State MI Zip Code 49503-		94.48
Purpose of Disbursement Credit Card Fee		Transaction ID : 40515.E1860
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CREDIT CARD FEE
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
c. Red Mavereick Media LLC		M M / D D / Y Y Y Y 04 / 09 / 2014
Mailing Address 201 Union Street, STE 200		Amount of Each Disbursement this Period
City Alexandria State VA Zip Code 22314-		15032.43
Purpose of Disbursement Printing		Transaction ID : 40430.E1809
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	PRINTING
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	15261.91
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 43			
	<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) A. American Express		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 766.60
City Fort Lauderdale	State FL	Zip Code 33336-0001
Purpose of Disbursement CREDIT CARD: SEE BELOW		Transaction ID : 40430.E1827
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)	CREDIT CARD: SEE BELOW
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. Ferraros Pizza		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 14 Elm St		Amount of Each Disbursement this Period 100.00
City Westfield	State NJ	Zip Code 07090-2148
Purpose of Disbursement Fundraiser Meeting		Transaction ID : 40430.E1829
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)	[MEMO ITEM] MEMO: FUNDRAISER MEETING
State: _____	District: _____	

Full Name (Last, First, Middle Initial) c. Thrifty Car Rental		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 2800 Yankee Clipper Rd.		Amount of Each Disbursement this Period 100.17
City Jacksonville	State FL	Zip Code 32218-
Purpose of Disbursement Travel		Transaction ID : 40430.E1830
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)	[MEMO ITEM] MEMO: TRAVEL
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....	766.60
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 43			
	<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. Metro West Jewish News		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 901 State Route 10		Amount of Each Disbursement this Period 500.00
City Whippany	State NJ Zip Code 07981-	
Purpose of Disbursement Ad	Candidate Name	Transaction ID : 40430.E1832
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] MEMO: AD

Full Name (Last, First, Middle Initial) B. Annette Corcoran		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 30 Hillside Avenue		Amount of Each Disbursement this Period 1050.00
City Sayreville	State NJ Zip Code 08872-1153	
Purpose of Disbursement Compliance	Candidate Name	Transaction ID : 40430.E1807
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	COMPLIANCE

Full Name (Last, First, Middle Initial) C. Annette Corcoran		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 30 Hillside Avenue		Amount of Each Disbursement this Period 1350.00
City Sayreville	State NJ Zip Code 08872-1153	
Purpose of Disbursement	Candidate Name	Transaction ID : 40503.E1835
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	2400.00
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 43			
	<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. Robin Danley			Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address PO Box 225			Amount of Each Disbursement this Period 500.00
City Colonia	State NJ	Zip Code 07067-	Transaction ID : 40430.E1819
Purpose of Disbursement Reimbursement		Category/Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	REIMBURSEMENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) B. Epiphany Productions			Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 104 Hume Ave			Amount of Each Disbursement this Period 1519.33
City Alexandria	State VA	Zip Code 22301-1015	Transaction ID : 40503.E1836
Purpose of Disbursement Fundraising		Category/Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	FUNDRAISING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) c. Ronald Gravino			Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address PO Box 225			Amount of Each Disbursement this Period 2500.00
City Colonia	State NJ	Zip Code 07067-0225	Transaction ID : 40515.C8984IK
Purpose of Disbursement Consulting		Category/Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	IN KIND: CONSULTING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4519.33
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 39 OF 43	
	<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. Kenilworth Repub. Municipal Comm.			Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 710 Newark Ave			Amount of Each Disbursement this Period 26650.00 Transaction ID : 40503.E1839
City Kenilworth	State NJ	Zip Code 07033-1743	
Purpose of Disbursement Contribution	Candidate Name		CONTRIBUTION
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:	Category/Type		

Full Name (Last, First, Middle Initial) B. National Research			Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 6 Sherwood Court			Amount of Each Disbursement this Period 23500.00 Transaction ID : 40430.E1813
City Holmdel	State NJ	Zip Code 07733-2057	
Purpose of Disbursement Survey	Candidate Name		SURVEY
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:	Category/Type		

Full Name (Last, First, Middle Initial) c. Turnkey Productions LLC			Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 370 Tall Tree Court			Amount of Each Disbursement this Period 3000.00 Transaction ID : 40430.E1820
City Jackson	State NJ	Zip Code 08527-3158	
Purpose of Disbursement Software	Candidate Name		SOFTWARE
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:	Category/Type		

SUBTOTAL of Disbursements This Page (optional).....	26650.00
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 40 OF 43	
	<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. Verizon		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 39.30
City Dallas	State TX	
Zip Code 75266-0108	Purpose of Disbursement Telecommunications	Transaction ID : 40430.E1825
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	TELECOMMUNICATIONS
State: District:		

Full Name (Last, First, Middle Initial) B. William McClintock Assoc.		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 1583 E 2nd Street		Amount of Each Disbursement this Period 324.14
City Scotch Plains	State NJ	
Zip Code 07076-1627	Purpose of Disbursement Printing/Postage	Transaction ID : 40430.E1818
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	PRINTING/POSTAGE
State: District:		

Full Name (Last, First, Middle Initial) C. William McClintock Assoc.		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address 1583 E 2nd Street		Amount of Each Disbursement this Period 3382.27
City Scotch Plains	State NJ	
Zip Code 07076-1627	Purpose of Disbursement Printing/Postage	Transaction ID : 40512.E1853
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	PRINTING/POSTAGE
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3745.71
TOTAL This Period (last page this line number only).....	133427.06

**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 43
	<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. Morris County Republican Committee		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address 26 Schuyler Place		Amount of Each Disbursement this Period 2500.00 Transaction ID : 40503.E1847
City Morristown	State NJ	
Zip Code 07960-	Purpose of Disbursement CONTRIBUTION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. George P. Bush Campaign		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address PO Box 26677		Amount of Each Disbursement this Period 500.00 Transaction ID : 40512.E1851
City Austin	State TX	
Zip Code 78755-	Purpose of Disbursement CONTRIBUTION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Contribution

Full Name (Last, First, Middle Initial) C. Bucco For Assembly		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address PO Box 220		Amount of Each Disbursement this Period 500.00 Transaction ID : 40515.E1857
City Succasunna	State NJ	
Zip Code 07876-0220	Purpose of Disbursement CONTRIBUTION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3500.00
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 42 OF 43	
	<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. Morris County Young Republicans		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address Courtesy MCRC 26 Schuyler Pl		Amount of Each Disbursement this Period 250.00 Transaction ID : 40503.E1842
City Morristown State NJ Zip Code 07960-	Purpose of Disbursement SPONSORSHIP	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Union County Republican Committee		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 115 E Grove Street		Amount of Each Disbursement this Period 500.00 Transaction ID : 40503.E1846
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 checked="" 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	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).....	750.00
TOTAL This Period (last page this line number only).....	4250.00

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Lance for Congress

Transaction ID : LS80406.C378

LOAN SOURCE Full Name (Last, First, Middle Initial)
Leonard Lance

Election: 2014

Primary
 General
 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:
M 02 / D 11 / Y 2008 M 12 / D 31 / Y 2012 0.00 % (apr) Yes 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.