

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Pat Lang for Congress

ADDRESS (number and street)

8 N Court Street, Suite 305

PO Box 2256

Check if different than previously reported. (ACC)

Athens

OH

45701

2. FEC IDENTIFICATION NUMBER ▼

C C00507889

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

OH

15

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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

Type or Print Name of Treasurer Mr Robert S Riddlebarger

Signature of Treasurer Mr Robert S Riddlebarger

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Pat Lang for Congress**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	28205.00	64742.54
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	28205.00	64742.54
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	28103.06	55445.99
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	28103.06	55445.99
8. Cash on Hand at Close of Reporting Period (from Line 27).....	5029.76	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	3250.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Pat Lang for Congress**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	11300.00	38947.54
(ii) Unitemized.....	6655.00	10095.00
(iii) TOTAL of contributions from individuals ▶	17955.00	49042.54
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	10250.00	15700.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	28205.00	64742.54
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	3000.00	3250.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	3000.00	3250.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	31205.00	67992.54

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	28103.06	55445.99
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	3747.71	5173.39
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	31850.77	60619.38

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	5675.53
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	31205.00
25. SUBTOTAL (add Line 23 and Line 24).....	36880.53
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	31850.77
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	5029.76

**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 35
	<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	

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

NAME OF COMMITTEE (In Full)  
**Pat Lang for Congress**

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

Mailing Address 3475 State Route 681 N

City Albany State OH Zip Code 45710-9558

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

Name of Employer retired Occupation retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 22 / 2012

**Transaction ID : C7054375**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 950 E Canal St

City Nelsonville State OH Zip Code 45764-1336

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

Name of Employer retired Occupation retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 26 / 2012

**Transaction ID : C7054356**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Damon Beau Boughamer**

Mailing Address 4509 Josephine Ave

City Beltsville State MD Zip Code 20705-2538

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

Name of Employer Georgetown University, School of Forei Occupation Communications Director

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
364.36

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 13 / 2012

**Transaction ID : C7054351**

Amount of Each Receipt this Period  
250.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 35
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Pat Lang for Congress**

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

Mailing Address 4573 State Route 339

City Vincent	State OH	Zip Code 45784-5116
-----------------	-------------	------------------------

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

Name of Employer warren local schools	Occupation teacher
--	-----------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 14 / 2012

**Transaction ID : C7054372**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 4573 State Route 339

City Vincent	State OH	Zip Code 45784-5116
-----------------	-------------	------------------------

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

Name of Employer warren local schools	Occupation teacher
--	-----------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 15 / 2012

**Transaction ID : C7586637**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 2853 Wickliffe Rd

City Columbus	State OH	Zip Code 43221-1732
------------------	-------------	------------------------

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

Name of Employer The Ohio State University	Occupation Faculty
---	-----------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 31 / 2012

**Transaction ID : C7038662**

Amount of Each Receipt this Period  
300.00

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

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

450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 35
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Pat Lang for Congress**

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

Mailing Address 256 Wilshire Dr

City Hebron State OH Zip Code 43025-9420

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

Name of Employer Ohio Association of Independent School Occupation Executive Director

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2012

**Transaction ID : C8217188**

Amount of Each Receipt this Period  
25.00

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

Mailing Address 256 Wilshire Dr

City Hebron State OH Zip Code 43025-9420

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

Name of Employer Ohio Association of Independent School Occupation Executive Director

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2012

**Transaction ID : C8217191**

Amount of Each Receipt this Period  
225.00

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

Mailing Address 513 Adams St Apt 508

City Toledo State OH Zip Code 43604-1450

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

Name of Employer ACT Ohio Occupation Researcher

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 31 / 2012

**Transaction ID : C7038232**

Amount of Each Receipt this Period  
150.00

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

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

400.00

**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 35
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Pat Lang for Congress**

Full Name (Last, First, Middle Initial) <b>A. Annika Farmer</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 05 / 2012
Mailing Address 3814 Emerald Falls Dr		<b>Transaction ID : C7054366</b>
City Houston	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self	Occupation homemaker	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) <b>B. Mary C. Foley</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 28 / 2012
Mailing Address 1820 Guilford Rd		<b>Transaction ID : C8116832</b>
City Columbus	State OH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer TEACHER COLUMBUS CITY SCHOOLS	Occupation Information Requested	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>C. Matthew Fornshell</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 15 / 2012
Mailing Address 2374 Sweet Clover Ln		<b>Transaction ID : C7054373</b>
City Galena	State OH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Ice Miller LLP	Occupation attorney	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 35
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Pat Lang for Congress**

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

Mailing Address 4655 Middle Pike

City West Jefferson State OH Zip Code 43162-9634

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

Name of Employer Retired Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 06 / 2012

**Transaction ID : C7058054**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**John J Garvey III**

Mailing Address 63 Woodlawn Ave

City Fort Mitchell State KY Zip Code 41017-2724

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

Name of Employer Garvey Shearer, PSC Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 31 / 2012

**Transaction ID : C7054389**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 102 Brentwood Hts

City Parkersburg State WV Zip Code 26104-8503

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

Name of Employer First Settlement Physical Therapy Occupation Physical Therapy

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 10 / 2012

**Transaction ID : C7054369**

Amount of Each Receipt this Period  
1000.00

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

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

2250.00

**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 35
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Pat Lang for Congress**

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

Mailing Address 102 Brentwood Hts

City Parkersburg State WV Zip Code 26104-8503

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

Name of Employer First Settlement Physical Therapy Occupation Physical Therapy

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 10 / 2012

**Transaction ID : C7054370**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 102 Brentwood Hts

City Parkersburg State WV Zip Code 26104-8503

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

Name of Employer First Settlement Physical Therapy Occupation Physical Therapy

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2012

**Transaction ID : C7588889**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 2491 Lane Rd

City Columbus State OH Zip Code 43220-2831

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

Name of Employer Vorys, Sater, Seymour, & Pease LLP Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 31 / 2012

**Transaction ID : C7054379**

Amount of Each Receipt this Period  
250.00

**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: PAGE 11 OF 35  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Pat Lang for Congress**

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

Mailing Address 474 Poplar St

City Nelsonville State OH Zip Code 45764-1416

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

Name of Employer Ball Law Office Occupation Secretary

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 03 / 2012

**Transaction ID : C7054364**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

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

Mailing Address 3697 Mullane Ct

City Dublin State OH Zip Code 43016-4174

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

Name of Employer Ohio Med Assn Occupation Communications

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 26 / 2012

**Transaction ID : C7054353**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 300.00

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

Mailing Address PO Box 231  
300 W Main Street

City Sugar Grove State OH Zip Code 43155-0231

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

Name of Employer Fairfield County Board of Elections Occupation Board Member

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2012

**Transaction ID : C7054288**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

**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 12 OF 35  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Pat Lang for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**James ALLEN Panzer**

Mailing Address 220 E Sycamore St

City Columbus State OH Zip Code 43206-2144

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

Name of Employer Facility Strategies Ltd. Occupation Planning Consultant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 15 / 2012

**Transaction ID : C7586526**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Richard VINCENT Patchen ESQ.**

Mailing Address 589 Tucker Dr

City Worthington State OH Zip Code 43085-3022

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

Name of Employer N/A Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 14 / 2012

**Transaction ID : C7586002**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 25.00

**C.** Full Name (Last, First, Middle Initial)  
**Richard VINCENT Patchen ESQ.**

Mailing Address 589 Tucker Dr

City Worthington State OH Zip Code 43085-3022

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

Name of Employer N/A Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 14 / 2012

**Transaction ID : C7586004**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 475.00

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

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

\_\_\_\_\_ 750.00

\_\_\_\_\_

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

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

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NAME OF COMMITTEE (In Full)  
**Pat Lang for Congress**

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

Mailing Address 1401 S State St  
Unit 415

City Chicago State IL Zip Code 60605-3624

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

Name of Employer Self Occupation Freelance Graphics Operator

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 26 / 2012

**Transaction ID : C7054355**

Amount of Each Receipt this Period  
1500.00

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

Mailing Address 6959 N Lima Rd

City Poland State OH Zip Code 44514-3744

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

Name of Employer Roetzel & Andress Occupation attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 22 / 2012

**Transaction ID : C7054374**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 3697 Mullane Ct

City Dublin State OH Zip Code 43016-4174

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 24 / 2012

**Transaction ID : C7054388**

Amount of Each Receipt this Period  
150.00

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

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

1900.00

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

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

FOR LINE NUMBER: PAGE 14 OF 35  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Pat Lang for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Joan E. Taylor**

Mailing Address 2383 Berwick Blvd

City Columbus State OH Zip Code 43209-2891

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

Name of Employer Self Occupation Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 07 / 2012

**Transaction ID : C7058053**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 3920 Schirtzinger Rd

City Hilliard State OH Zip Code 43026-2536

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

Name of Employer Self Occupation Recruiter

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 07 / 2012

**Transaction ID : C7058051**

Amount of Each Receipt this Period  
 250.00

**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 Y

Amount of Each Receipt this Period

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

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

500.00

11300.00

**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 35
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Pat Lang for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Friends of Debbie Phillips**

Mailing Address 3059 Marshfield Rd

City Albany State OH Zip Code 45710-9483

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 08 / 2012

**Transaction ID : C7054527**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**IBEW-COPE**

Mailing Address 900 7th St, NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00027342

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2012

**Transaction ID : C8228282**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**International Longshoremens' Association**

Mailing Address 5000 West Side Ave  
Suite 100

City North Bergen State NJ Zip Code 07047

FEC ID number of contributing federal political committee. **C** C00158576

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2012

**Transaction ID : C8116844**

Amount of Each Receipt this Period  
2500.00

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

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

5250.00

**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 35
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Pat Lang for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**UA Political Education Committee**

Mailing Address 3 Park Pl

City Annapolis State MD Zip Code 21401-3687

FEC ID number of contributing federal political committee. **C** C00012476

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 31 / 2012

**Transaction ID : C7054530**

Amount of Each Receipt this Period  
 5000.00

**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).....

5000.00

10250.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 35
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Pat Lang for Congress**

Full Name (Last, First, Middle Initial) <b>A. Patrick J. Lang</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 06 / 2012
Mailing Address 40 Old Coach Rd		<b>Transaction ID : C7058097</b>
City Athens      State OH      Zip Code 45701-3350	Amount of Each Receipt this Period _____ 500.00	
FEC ID number of contributing federal political committee.      C		
Name of Employer City of Athens	Occupation Law Director	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 4323.18	

Full Name (Last, First, Middle Initial) <b>B. Patrick J. Lang</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 16 / 2012
Mailing Address 40 Old Coach Rd		<b>Transaction ID : C7058100</b>
City Athens      State OH      Zip Code 45701-3350	Amount of Each Receipt this Period _____ 2500.00	
FEC ID number of contributing federal political committee.      C		
Name of Employer City of Athens	Occupation Law Director	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 4323.18	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		
City _____      State _____      Zip Code _____		
FEC ID number of contributing federal political committee.      C		Amount of Each Receipt this Period _____
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____	

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

**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 18 OF 35			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Pat Lang for Congress**

Full Name (Last, First, Middle Initial) <b>A. 8 N Court St LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2012
Mailing Address 8 N Court St		Amount of Each Disbursement this Period 450.00 <b>Transaction ID : D352687</b>
City Athens	State OH Zip Code 45701-2450	
Purpose of Disbursement Office Space Rental	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. 8 N Court St LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2012
Mailing Address 8 N Court St		Amount of Each Disbursement this Period 450.00 <b>Transaction ID : D352688</b>
City Athens	State OH Zip Code 45701-2450	
Purpose of Disbursement Office Space Rental	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Christensen &amp; Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2012
Mailing Address 209 Pennsylvania Ave SE		Amount of Each Disbursement this Period 8500.00 <b>Transaction ID : D352677</b>
City Washington	State DC Zip Code 20003-1107	
Purpose of Disbursement Fundraising Consultant Fee	Category/Type 003	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9400.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 35		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Pat Lang for Congress**

Full Name (Last, First, Middle Initial) <b>A. Christensen &amp; Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address 209 Pennsylvania Ave SE		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : D352678</b>
City Washington State DC Zip Code 20003-1107	Purpose of Disbursement Fundraising Consultant Fee Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Christensen &amp; Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2012
Mailing Address 209 Pennsylvania Ave SE		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : D352680</b>
City Washington State DC Zip Code 20003-1107	Purpose of Disbursement Fundraising Consultant Fee Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Frontier Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2012
Mailing Address PO Box 20550		Amount of Each Disbursement this Period 333.33 <b>Transaction ID : D356116</b>
City Rochester State NY Zip Code 14602-0550	Purpose of Disbursement Phone/Internet Bill Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4333.33
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 35	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Pat Lang for Congress**

Full Name (Last, First, Middle Initial) <b>A. Frontier Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2012
Mailing Address PO Box 20550		Amount of Each Disbursement this Period 502.74
City Rochester	State NY	Zip Code 14602-0550
Purpose of Disbursement Phone/Internet Bill	Category/Type 001	
Candidate Name	Transaction ID : D352693	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Minuteman Press</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2012
Mailing Address 17 W Washington St		Amount of Each Disbursement this Period 247.13
City Athens	State OH	Zip Code 45701-2433
Purpose of Disbursement Envelopes	Category/Type 006	
Candidate Name	Transaction ID : D352637	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Minuteman Press</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2012
Mailing Address 17 W Washington St		Amount of Each Disbursement this Period 1154.93
City Athens	State OH	Zip Code 45701-2433
Purpose of Disbursement Printing Services	Category/Type 006	
Candidate Name	Transaction ID : D352638	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1904.80
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 35			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Pat Lang for Congress**

Full Name (Last, First, Middle Initial) <b>A. Minuteman Press</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2012
Mailing Address 17 W Washington St		Amount of Each Disbursement this Period 314.91 <b>Transaction ID : D352639</b>
City Athens State OH Zip Code 45701-2433	Purpose of Disbursement Printing Services Candidate Name Category/Type 006	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. My Pay Solutions</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2012
Mailing Address Tomson Reuters 7322 Newman Blvd		Amount of Each Disbursement this Period 149.48 <b>Transaction ID : D356058</b>
City Dexter State MI Zip Code 48130	Purpose of Disbursement Payroll Fee Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. My Pay Solutions</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2012
Mailing Address Tomson Reuters 7322 Newman Blvd		Amount of Each Disbursement this Period 634.54 <b>Transaction ID : D356059</b>
City Dexter State MI Zip Code 48130	Purpose of Disbursement Payroll Services Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1098.93
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 35	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Pat Lang for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mystic Mills Design</b>		Date of Disbursement MM / DD / YYYY 06 / 07 / 2012
Mailing Address PO Box 5891		Amount of Each Disbursement this Period 375.00 <b>Transaction ID : D352701</b>
City Athens State OH Zip Code 45701-5891	Purpose of Disbursement Website Design Candidate Name Category/Type 001	
Office Sought: House Senate President Disbursement For: 2012 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Mystic Mills Design</b>		Date of Disbursement MM / DD / YYYY 06 / 22 / 2012
Mailing Address PO Box 5891		Amount of Each Disbursement this Period 375.00 <b>Transaction ID : D356177</b>
City Athens State OH Zip Code 45701-5891	Purpose of Disbursement Website Design Candidate Name Category/Type 001	
Office Sought: House Senate President Disbursement For: 2012 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. NGP Van</b>		Date of Disbursement MM / DD / YYYY 05 / 16 / 2012
Mailing Address 1101 15th St NW		Amount of Each Disbursement this Period 3700.00 <b>Transaction ID : D357768</b>
City Washington State DC Zip Code 20005-5002	Purpose of Disbursement Fundraising Tracking Software Candidate Name Category/Type 003	
Office Sought: House Senate President Disbursement For: 2012 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4450.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 35		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Pat Lang for Congress**

Full Name (Last, First, Middle Initial) <b>A. Michael O' Brien</b>		Date of Disbursement MM / DD / YYYY 06 / 05 / 2012
Mailing Address 1492 Old US Highway 33		Amount of Each Disbursement this Period 250.00
City Shade	State OH	Zip Code 45776-9637
Purpose of Disbursement Stipend for Intern	Category/Type 001	
Candidate Name	Transaction ID : D352699	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Brian Peters</b>		Date of Disbursement MM / DD / YYYY 06 / 01 / 2012
Mailing Address 170 E State St		Amount of Each Disbursement this Period 1491.26
City Athens	State OH	Zip Code 45701-1746
Purpose of Disbursement Payroll	Category/Type 001	
Candidate Name	Transaction ID : D352697	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Postmaster</b>		Date of Disbursement MM / DD / YYYY 05 / 24 / 2012
Mailing Address 5 Stimson Ave		Amount of Each Disbursement this Period 130.00
City Athens	State OH	Zip Code 45701
Purpose of Disbursement Stamps	Category/Type 006	
Candidate Name	Transaction ID : D352612	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1871.26
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 35			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Pat Lang for Congress**

Full Name (Last, First, Middle Initial) <b>A. Postmaster</b>			Date of Disbursement MM / DD / YYYY 05 / 31 / 2012
Mailing Address 5 Stimson Ave			Amount of Each Disbursement this Period 18.95 <b>Transaction ID : D352613</b>
City Athens	State OH	Zip Code 45701	
Purpose of Disbursement Overnight Mail Service		Category/ Type 006	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. Postmaster</b>			Date of Disbursement MM / DD / YYYY 06 / 20 / 2012
Mailing Address 5 Stimson Ave			Amount of Each Disbursement this Period 24.00 <b>Transaction ID : D356117</b>
City Athens	State OH	Zip Code 45701	
Purpose of Disbursement Postoffice Box Rental Fee		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>c. Public Policy Polling</b>			Date of Disbursement MM / DD / YYYY 06 / 20 / 2012
Mailing Address 3020 Highwoods Blvd			Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : D356115</b>
City Raleigh	State NC	Zip Code 27604	
Purpose of Disbursement Polling Services		Category/ Type 005	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2542.95
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 35		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Pat Lang for Congress**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement MM / DD / YYYY 06 / 14 / 2012
Mailing Address 973 E State St		Amount of Each Disbursement this Period 41.69 <b>Transaction ID : D356064</b>
City Athens State OH Zip Code 45701-2117	Purpose of Disbursement Office Supplies Candidate Name Category/Type 006	
Office Sought: House Senate President Disbursement For: 2012 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement MM / DD / YYYY 06 / 12 / 2012
Mailing Address 973 E State St		Amount of Each Disbursement this Period 174.74 <b>Transaction ID : D352893</b>
City Athens State OH Zip Code 45701-2117	Purpose of Disbursement Office Supplies Candidate Name Category/Type 006	
Office Sought: House Senate President Disbursement For: 2012 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement MM / DD / YYYY 04 / 24 / 2012
Mailing Address 973 E State St		Amount of Each Disbursement this Period 124.86 <b>Transaction ID : D352671</b>
City Athens State OH Zip Code 45701-2117	Purpose of Disbursement Office Supplies Candidate Name Category/Type 001	
Office Sought: House Senate President Disbursement For: 2012 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	341.29
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 35		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Pat Lang for Congress**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address 973 E State St		Amount of Each Disbursement this Period 91.74 <b>Transaction ID : D352672</b>
City Athens State OH Zip Code 45701-2117	Purpose of Disbursement Office Supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2012
Mailing Address 973 E State St		Amount of Each Disbursement this Period 469.66 <b>Transaction ID : D352673</b>
City Athens State OH Zip Code 45701-2117	Purpose of Disbursement Office Phones Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2012
Mailing Address 973 E State St		Amount of Each Disbursement this Period 996.64 <b>Transaction ID : D352674</b>
City Athens State OH Zip Code 45701-2117	Purpose of Disbursement Office Supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1558.04
<b>TOTAL</b> This Period (last page this line number only).....	27500.60

**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 35	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Pat Lang for Congress**

Full Name (Last, First, Middle Initial) <b>A. Christensen &amp; Associates</b>		Date of Disbursement MM / DD / YYYY 05 / 14 / 2012
Mailing Address 209 Pennsylvania Ave SE		Amount of Each Disbursement this Period 847.52 <b>Transaction ID : D352679</b>
City Washington State DC Zip Code 20003-1107	Purpose of Disbursement Travel Expenses Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Patrick J. Lang</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2012
Mailing Address 40 Old Coach Rd		Amount of Each Disbursement this Period 873.75 <b>Transaction ID : D357477</b>
City Athens State OH Zip Code 45701-3350	Purpose of Disbursement Reimbursement for June Travel Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Patrick J. Lang</b>		Date of Disbursement MM / DD / YYYY 05 / 03 / 2012
Mailing Address 40 Old Coach Rd		Amount of Each Disbursement this Period 116.55 <b>Transaction ID : D352665</b>
City Athens State OH Zip Code 45701-3350	Purpose of Disbursement Milage Reimbursement Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1837.82
<b>TOTAL</b> This Period (last page this line number only).....	

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

Form/Schedule: SB21

Transaction ID : D357477

Priceline.com -\$307.98 US Airways - \$220.60

Form/Schedule:

Transaction ID:

**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 35	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Pat Lang for Congress**

Full Name (Last, First, Middle Initial) <b>A. Patrick J. Lang</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2012
Mailing Address 40 Old Coach Rd		Amount of Each Disbursement this Period 600.71 <b>Transaction ID : D352666</b>
City Athens	State OH Zip Code 45701-3350	
Purpose of Disbursement Reimbursement	Category/Type 006	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Robert Seth Riddlebarger</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2012
Mailing Address 167 N Spring St		Amount of Each Disbursement this Period 209.79 <b>Transaction ID : D352653</b>
City Logan	State OH Zip Code 43138-1579	
Purpose of Disbursement Milage Reimbursement	Category/Type 002	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Robert Seth Riddlebarger</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2012
Mailing Address 167 N Spring St		Amount of Each Disbursement this Period 197.85 <b>Transaction ID : D352654</b>
City Logan	State OH Zip Code 43138-1579	
Purpose of Disbursement Reimbursement	Category/Type 006	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1008.35
<b>TOTAL</b> This Period (last page this line number only).....	

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

Form/Schedule: SB21

Transaction ID : D352666

Office Depot \$307.37

Form/Schedule:

Transaction ID:

**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 35			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Pat Lang for Congress**

Full Name (Last, First, Middle Initial) <b>A. Robert Seth Riddlebarger</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2012
Mailing Address 167 N Spring St		Amount of Each Disbursement this Period 209.79 <b>Transaction ID : D352655</b>
City Logan State OH Zip Code 43138-1579	Purpose of Disbursement Milage Reimbursement Candidate Name 002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Robert Seth Riddlebarger</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2012
Mailing Address 167 N Spring St		Amount of Each Disbursement this Period 209.79 <b>Transaction ID : D352656</b>
City Logan State OH Zip Code 43138-1579	Purpose of Disbursement Milage Reimbursement Candidate Name 002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Robert Seth Riddlebarger</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2012
Mailing Address 167 N Spring St		Amount of Each Disbursement this Period 209.79 <b>Transaction ID : D357491</b>
City Logan State OH Zip Code 43138-1579	Purpose of Disbursement Milage Reimbursement Candidate Name 002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	629.37
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 35	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Pat Lang for Congress**

Full Name (Last, First, Middle Initial) <b>A. Robert Seth Riddlebarger</b>		Date of Disbursement MM / DD / YYYY <b>06 / 14 / 2012</b>
Mailing Address <b>167 N Spring St</b>		Amount of Each Disbursement this Period \$ <b>209.79</b> <b>Transaction ID : D356063</b>
City <b>Logan</b> State <b>OH</b> Zip Code <b>43138-1579</b>	Purpose of Disbursement <b>Milage Reimbursement</b> Category/Type <b>002</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY
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	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
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	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	\$ <b>209.79</b>
<b>TOTAL</b> This Period (last page this line number only).....	\$ <b>3685.33</b>



# SCHEDULE C (FEC Form 3) LOANS

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

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

City	State	ZIP Code
Athens	OH	45701-3350

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

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
02 / 21 / 2012	no due date	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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

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

# SCHEDULE C (FEC Form 3) LOANS

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

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

City	State	ZIP Code
Athens	OH	45701-3350

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

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 04 / D 06 / Y 2012	M M / D D / Y no due date	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	500.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]

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

# SCHEDULE C (FEC Form 3) LOANS

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

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

City	State	ZIP Code
Athens	OH	45701-3350

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

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 05 / D 16 / Y 2012	M M / D D / Y no due date	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	2500.00
<b>TOTALS</b> This Period (last page in this line only).....	3250.00

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