



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Lange 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))....	36013.00	404156.54
(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)).....	36013.00	404156.54
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	37449.98	233947.44
(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)).....	37449.98	233947.44
8. Cash on Hand at Close of Reporting Period (from Line 27).....	170209.10	
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).....	0.00	

**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

Lange 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).....	18204.00	284643.32
(ii) Unitemized.....	10609.00	73143.12
(iii) TOTAL of contributions from individuals ▶	28813.00	357786.44
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	7200.00	46370.10
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	36013.00	404156.54
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	0.00
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)..... ▶	36013.00	404156.54

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	37449.98	233947.44
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 .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	37449.98	233947.44

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	171646.08
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	36013.00
25. SUBTOTAL (add Line 23 and Line 24).....	207659.08
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	37449.98
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	170209.10

**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 39
	<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)  
**Lange for Congress**

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

Mailing Address 298 E. 44th Ct.

City Davenport State IA Zip Code 52807

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

Name of Employer Eastern Iowa Community College Occupation Nursing

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 04 / 2010

**Transaction ID : SA11AI.7384**

Amount of Each Receipt this Period  
500.00

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

Mailing Address P.O. Box 366

City Geneva State IL Zip Code 60134

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

Name of Employer Harding & Harding Occupation President

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 03 / 2010

**Transaction ID : SA11AI.7453**

Amount of Each Receipt this Period  
1500.00

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

Mailing Address 141 12th St. NE

City Washington State DC Zip Code 20002

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

Name of Employer Self-Employed Occupation Consultant

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2010

**Transaction ID : SA11AI.7493**

Amount of Each Receipt this Period  
250.00

**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: PAGE 6 OF 39  
(check only one)  
 11a 12   
  11b 13a   
  11c 13b   
  11d 14   
  15

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

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

Mailing Address 105 Kristine Ave. NE

City State Zip Code  
Elkader IA 52043

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

Name of Employer Occupation  
Self-Employed Painting/Wallpaper

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 07 / 2010

**Transaction ID : SA11AI.7598**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 2725 E. 65th St.

City State Zip Code  
Davenport IA 52807

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

Name of Employer Occupation  
Beyer & Rock President

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 05 / 2010

**Transaction ID : SA11AI.7506**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**James L. Blin**

Mailing Address 1601 1st St. E.

City State Zip Code  
Independence IA 50644

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

Name of Employer Occupation  
The Blin Corporation Executive

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2010

**Transaction ID : SA11AI.7540**

Amount of Each Receipt this Period  
500.00

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

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

700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 39
	<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)  
**Lange for Congress**

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

Mailing Address P.O. Box 322

City: Janesville State: IA Zip Code: 50647

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

Name of Employer: Richway Industries Occupation: President

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 10 / 06 / 2010

**Transaction ID : SA11AI.7469**

Amount of Each Receipt this Period: 250.00

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

Mailing Address 301 W. Mission St.

City: Strawberry Point State: IA Zip Code: 52076

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

Name of Employer: Smith Insurance, LLC Occupation: Insurance Agent

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 10 / 10 / 2010

**Transaction ID : SA11AI.7617**

Amount of Each Receipt this Period: 500.00

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

Mailing Address #9 Oak Park Drive

City: Bettendorf State: IA Zip Code: 52722

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

Name of Employer: Self-Employed Occupation: Consultant

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1050.00

Date of Receipt: 10 / 06 / 2010

**Transaction ID : SA11AI.7436**

Amount of Each Receipt this Period: 50.00

**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: (check only one)	PAGE 8 OF 39
	<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)  
**Lange for Congress**

**A. Bruce Burroughs**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 189  
 City Greene State IA Zip Code 50636  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Tree Farmer  
 Receipt For: 2010  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 06 / 2010  
**Transaction ID : SA11AI.7427**  
 Amount of Each Receipt this Period  
 200.00

**B. Dr. Bradley Burt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 811 S. 3rd St.  
 City Eldridge State IA Zip Code 52748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Burt Clinic Occupation Chiropractic Physician  
 Receipt For: 2010  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 06 / 2010  
**Transaction ID : SA11AI.7466**  
 Amount of Each Receipt this Period  
 500.00

**C. Dr. Mickey G. Burt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 790 N. Main St.  
 City Walcott State IA Zip Code 52773  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Burt Clinic Occupation Chiropractic Physician  
 Receipt For: 2010  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 06 / 2010  
**Transaction ID : SA11AI.7542**  
 Amount of Each Receipt this Period  
 200.00

**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 9 OF 39
	<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)  
**Lange for Congress**

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

Mailing Address 2510 Creekside Drive

City Hiawatha	State IA	Zip Code 52233
------------------	-------------	-------------------

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

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

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 11 / 2010

**Transaction ID : SA11AI.7572**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100.00

**B.** Full Name (Last, First, Middle Initial)  
**Mary Ellen Carew**

Mailing Address 46 Cambridge Ct.

City Dubuque	State IA	Zip Code 52001
-----------------	-------------	-------------------

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

Name of Employer None	Occupation Homemaker
--------------------------	-------------------------

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 10 / 2010

**Transaction ID : SA11AI.7597**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100.00

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

Mailing Address P.O> Box 77

City Greeley	State IA	Zip Code 52050
-----------------	-------------	-------------------

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

Name of Employer Self-Employed	Occupation Milk Hauler
-----------------------------------	---------------------------

Receipt For: 2010  
 Primary  General  
 Other (specify)

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 07 / 2010

**Transaction ID : SA11AI.7615**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

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

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

\_\_\_\_\_ 700.00

\_\_\_\_\_

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

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

FOR LINE NUMBER: PAGE 10 OF 39  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

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

Mailing Address 414 Kerry Ln.

City State Zip Code  
Jesup IA 50648

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

Name of Employer Occupation  
Bloom Manufacturing President

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2010

**Transaction ID : SA11AI.7512**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**K. Vinje Dahl Jr.**

Mailing Address P.O. Box 3548

City State Zip Code  
Davenport IA 52808

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

Name of Employer Occupation  
Dahl Ford Sales

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 05 / 2010

**Transaction ID : SA11AI.7508**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 4940 Center Ct.

City State Zip Code  
Bettendorf IA 52722

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
570.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 06 / 2010

**Transaction ID : SA11AI.7501**

Amount of Each Receipt this Period  
50.00

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

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

250.00

**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)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 11 OF 39

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

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

Mailing Address P.O. Box 4511

City Davenport State IA Zip Code 52808

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

Name of Employer Per Mar Security Occupation President/CEO

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2142.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 13 / 2010**

**Transaction ID : SA11AI.7750**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 3845 Gilbertville Rd.

City Waterloo State IA Zip Code 50701

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

Name of Employer Retired Occupation Retired

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 05 / 2010**

**Transaction ID : SA11AI.7392**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 3181 280th St.

City Masonville State IA Zip Code 50654

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

Name of Employer Fangman & Sons, Inc. Occupation Operator

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 11 / 2010**

**Transaction ID : SA11AI.7570**

Amount of Each Receipt this Period  
**500.00**

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

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

**850.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 39
	<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)  
**Lange for Congress**

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

Mailing Address 13427 N. Cascade Rd.

City Dubuque	State IA	Zip Code 52003
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		09		2010

**Transaction ID : SA11AI.7536**

Amount of Each Receipt this Period  
200.00

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

Mailing Address 8928 Quail Ridge Ct.

City Dubuque	State IA	Zip Code 52003
-----------------	-------------	-------------------

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

Name of Employer Racom Systems Solutions	Occupation Engineer
---	------------------------

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		12		2010

**Transaction ID : SA11AI.7642**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**James J. Giese**

Mailing Address 21142 Country Squire Ln.

City Dubuque	State IA	Zip Code 52001
-----------------	-------------	-------------------

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

Name of Employer Jim Giese Commercial Roofing	Occupation Owner
--	---------------------

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		06		2010

**Transaction ID : SA11AI.7407**

Amount of Each Receipt this Period  
250.00

**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 13 OF 39
	<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)  
**Lange for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**James J. Giese**

Mailing Address 21142 Country Squire Ln.

City State Zip Code  
Dubuque IA 52001

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

Name of Employer Occupation  
Jim Giese Commercial Roofing Owner

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 10 / 2010

**Transaction ID : SA11AI.7616**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 535 Heritage Dr.

City State Zip Code  
Dubuque IA 52003

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

Name of Employer Occupation  
Gilloon, Wright & Hamel, P.C. Attorney

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 08 / 2010

**Transaction ID : SA11AI.7435**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 4890 Oak Grove Ct. NE

City State Zip Code  
Cedar Rapids IA 52411

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1750.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 09 / 2010

**Transaction ID : SA11AI.7539**

Amount of Each Receipt this Period  
750.00

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

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

1350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 39
	<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)  
**Lange for Congress**

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

Mailing Address 411 3rd Ave. NE

City State Zip Code  
Waverly IA 50677

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

Name of Employer Occupation  
United Equipment Accessories President

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 13 / 2010

**Transaction ID : SA11AI.7864**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1771 Golf Course Blvd. 20B

City State Zip Code  
Independence IA 50644

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 08 / 2010

**Transaction ID : SA11AI.7513**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 5 Lombard Ct.

City State Zip Code  
Davenport IA 52803

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

Name of Employer Occupation  
Strieter Motors Executive

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 06 / 2010

**Transaction ID : SA11AI.7510**

Amount of Each Receipt this Period  
100.00

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

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

1200.00

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

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

FOR LINE NUMBER: PAGE 15 OF 39  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

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

Mailing Address 1050 Prince Phillip Dr.

City State Zip Code  
Dubuque IA 52003

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 05 / 2010

**Transaction ID : SA11AI.7387**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Randall A. Hunt**

Mailing Address 830 5th Ave. South

City State Zip Code  
Clinton IA 52732

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

Name of Employer Occupation  
DeWitt Family Denistry Dentist

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
262.30

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 13 / 2010

**Transaction ID : SA11AI.7686**

Amount of Each Receipt this Period  
75.00

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

Mailing Address 509 E. 2nd St.

City State Zip Code  
Anamosa IA 52205

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 13 / 2010

**Transaction ID : SA11AI.7701**

Amount of Each Receipt this Period  
150.00

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

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

1225.00

**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 39
	<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)  
**Lange for Congress**

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

Mailing Address 2113 Nicholas Ct.

City State Zip Code  
Bettendorf IA 52722

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

Name of Employer Occupation  
The Green Thumbs President

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 09 / 2010

**Transaction ID : SA11AI.7543**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 103 E. Maple St.  
P.O. Box 457

City State Zip Code  
Edgewood IA 52042

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

Name of Employer Occupation  
Kendrick Forest Products Owner

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 07 / 2010

**Transaction ID : SA11AI.7618**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 10085 170th St. W.

City State Zip Code  
Lakeville MN 55044

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 06 / 2010

**Transaction ID : SA11AI.7470**

Amount of Each Receipt this Period  
500.00

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

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

2500.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 39
	<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)  
**Lange for Congress**

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

Mailing Address 26 Oak Lane

City Davenport State IA Zip Code 52803

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

Name of Employer Retired Occupation Retired

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **245.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 12 / 2010

**Transaction ID : SA11AI.7634**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address 4820 Blackhawk Trail Ct.

City Bettendorf State IA Zip Code 52722

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

Name of Employer Deere & Co. Occupation President AG Division

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 13 / 2010

**Transaction ID : SA11AI.7733**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address 2 Curtis Circle

City Clinton State IA Zip Code 52732

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

Name of Employer Dormac Oil Co. Occupation President

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 13 / 2010

**Transaction ID : SA11AI.7696**

Amount of Each Receipt this Period  
**100.00**

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

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

**1150.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 39
	<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)  
**Lange for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Steve E. Morency**

Mailing Address 1118 Sycamore Dr.

City LeClaire	State IA	Zip Code 52753
------------------	-------------	-------------------

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

Name of Employer M.A. Ford	Occupation Owner
-------------------------------	---------------------

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2010

**Transaction ID : SA11AI.7537**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 2612 Glaspell St.

City Davenport	State IA	Zip Code 52804
-------------------	-------------	-------------------

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

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

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 12 / 2010

**Transaction ID : SA11AI.7632**

Amount of Each Receipt this Period  
30.00

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

Mailing Address 1588 Burr Oaks Dr.

City West Des Moines	State IA	Zip Code 50266
-------------------------	-------------	-------------------

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

Name of Employer Wells Fargo	Occupation Senior Executive VP
---------------------------------	-----------------------------------

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 06 / 2010

**Transaction ID : SA11AI.7409**

Amount of Each Receipt this Period  
500.00

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

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

1030.00

**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 39
	<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)  
**Lange for Congress**

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

Mailing Address 554 N. 4th St.

City Winthrop State IA Zip Code 50682

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

Name of Employer Reed Electric Occupation Owner

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 05 / 2010

**Transaction ID : SA11AI.7505**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**A. Jeffrey Seitz**

Mailing Address 1705 Susan Ct.

City Bettendorf State IA Zip Code 52722

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

Name of Employer Advance Home, Inc. Occupation Owner

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 01 / 2010

**Transaction ID : SA11AI.7353**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 435 Prospect Blvd.

City Waterloo State IA Zip Code 50701

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

Name of Employer Retired Occupation Retired

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2010

**Transaction ID : SA11AI.7544**

Amount of Each Receipt this Period  
200.00

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

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

1300.00

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

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

FOR LINE NUMBER: PAGE 20 OF 39  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

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

Mailing Address P.O. Box 221

City State Zip Code  
Quasqueton IA 52326

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 09 / 2010

**Transaction ID : SA11AI.7538**

Amount of Each Receipt this Period  
200.00

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

Mailing Address 2327 Benson Shady Grove Ave.

City State Zip Code  
Jesup IA 50648

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 13 / 2010

**Transaction ID : SA11AI.7684**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 8032 127th St.

City State Zip Code  
Blue Grass IA 52726

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
230.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 13 / 2010

**Transaction ID : SA11AI.7731**

Amount of Each Receipt this Period  
200.00

**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: PAGE 21 OF 39  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

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

Mailing Address 702 E. Butler Street

City State Zip Code  
Manchester IA 52057

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

Name of Employer Occupation  
Swift & Swift Attorney

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 05 / 2010

**Transaction ID : SA11AI.7614**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 506 Green Haven Ct.

City State Zip Code  
Independence IA 50644

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

Name of Employer Occupation  
Consolidated Energy Energy Services

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 13 / 2010

**Transaction ID : SA11AI.7678**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 410 N. Franklin

City State Zip Code  
Manchester IA 52057

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

Name of Employer Occupation  
Self-Employed Physician

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 13 / 2010

**Transaction ID : SA11AI.7700**

Amount of Each Receipt this Period  
100.00

**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 22 OF 39
	<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)  
**Lange for Congress**

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

Mailing Address 20066 St. Josephs Dr.

City Durango	State IA	Zip Code 52039
-----------------	-------------	-------------------

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

Name of Employer Catholic Order of Foresters	Occupation Insurance Sales
---	-------------------------------

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		10		2010

**Transaction ID : SA11AI.7563**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 4768 Belle Ave.

City Davenport	State IA	Zip Code 52807
-------------------	-------------	-------------------

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

Name of Employer Lane & Waterman, LLP	Occupation Attorney
--	------------------------

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		13		2010

**Transaction ID : SA11AI.7697**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 3435 Augusta

City Waterloo	State IA	Zip Code 50701
------------------	-------------	-------------------

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

Name of Employer Young Plumbing Heating & Cooli	Occupation Plumber
--	-----------------------

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		08		2010

**Transaction ID : SA11AI.7486**

Amount of Each Receipt this Period  
250.00

**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 23 OF 39
	<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)  
**Lange for Congress**

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

Mailing Address 4530 Ashworth Court

City State Zip Code  
Bettendorf IA 52722

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

Name of Employer Occupation  
LeClaire Manufacturing Company Manager

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
449.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 09 / 2010

**Transaction ID : SA11AI.7556**

Amount of Each Receipt this Period  
199.00

**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).....

199.00

18204.00

**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 39
	<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)  
**Lange for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**America's Foundation**

Mailing Address P.O. Box 434  
Suite 300

City State Zip Code  
Downtown PA 19335

FEC ID number of contributing federal political committee. **C** C00305797

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 09 / 2010

**Transaction ID : SA11C.7535**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Buchanan Co. Republicans**

Mailing Address 1224 6th Ave. NE

City State Zip Code  
Independence IA 50644

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 02 / 2010

**Transaction ID : SA11C.8008**

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
**Free and Strong America PAC, Inc.**

Mailing Address 80 Hayden Avenue

City State Zip Code  
Lexington MA 02421

FEC ID number of contributing federal political committee. **C** C00449280

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 04 / 2010

**Transaction ID : SA11C.7367**

Amount of Each Receipt this Period  
2500.00

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

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

3700.00



**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 39
	<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)  
**Lange for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Kline for Congress**

Mailing Address 101 W. Burnsville Pkwy.  
Ste. 104

City Burnsville State MN Zip Code 55337

FEC ID number of contributing federal political committee. **C** C00326629

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 08 / 2010

**Transaction ID : SA11C.7431**

Amount of Each Receipt this Period  
 1500.00

**B.** Full Name (Last, First, Middle Initial)  
**Majority Committee PAC-- MC PAC**

Mailing Address P.O. Box 10134

City Bakersfield State CA Zip Code 93389

FEC ID number of contributing federal political committee. **C** C00428052

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 04 / 2010

**Transaction ID : SA11C.7368**

Amount of Each Receipt this Period  
 2000.00

**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).....

3500.00

7200.00

**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 26 OF 39			
	<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)  
**Lange for Congress**

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2010
Mailing Address P.O. Box 81540		Amount of Each Disbursement this Period 28.70
City El Paso	State TX	
Zip Code 79998-1540	Purpose of Disbursement Transaction Fees	Transaction ID : SB17.7341
Candidate Name <b>Lange for Congress</b>	Category/ Type 003	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 01		

Full Name (Last, First, Middle Initial) <b>B. Cody Brown</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2010
Mailing Address P.O. Box 4		Amount of Each Disbursement this Period 1152.00
City Independence	State IA	
Zip Code 50644	Purpose of Disbursement Mileage owed	Transaction ID : SB17.7311
Candidate Name <b>Lange for Congress</b>	Category/ Type 002	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 01		

Full Name (Last, First, Middle Initial) <b>c. Cody Brown</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2010
Mailing Address P.O. Box 4		Amount of Each Disbursement this Period 486.00
City Independence	State IA	
Zip Code 50644	Purpose of Disbursement Mileage 9/14-10/2	Transaction ID : SB17.7312
Candidate Name <b>Lange for Congress</b>	Category/ Type 002	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1666.70
<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 27 OF 39		
	<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)  
**Lange for Congress**

Full Name (Last, First, Middle Initial) <b>A. Cody Brown</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2010
Mailing Address P.O. Box 4		Amount of Each Disbursement this Period 196.77 <b>Transaction ID : SB17.7313</b>
City Independence	State IA	
Zip Code 50644	Purpose of Disbursement Office Supplies	Category/ Type 001
Candidate Name <b>Lange for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 01	

Full Name (Last, First, Middle Initial) <b>B. Cody Brown</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2010
Mailing Address P.O. Box 4		Amount of Each Disbursement this Period 5974.73 <b>Transaction ID : SB17.7337</b>
City Independence	State IA	
Zip Code 50644	Purpose of Disbursement Payroll Expense	Category/ Type 001
Candidate Name <b>Lange for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 01	

Full Name (Last, First, Middle Initial) <b>c. Cody Brown</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2010
Mailing Address P.O. Box 4		Amount of Each Disbursement this Period 623.35 <b>Transaction ID : SB17.7338</b>
City Independence	State IA	
Zip Code 50644	Purpose of Disbursement Reimbursement - campaign media materials	Category/ Type 001
Candidate Name <b>Lange for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6794.85
<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 28 OF 39			
	<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)  
**Lange for Congress**

Full Name (Last, First, Middle Initial) <b>A. Cannon Dolan</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2010
Mailing Address 2313 Quasqueton Diagonal Blvd.		Amount of Each Disbursement this Period 1522.50 <b>Transaction ID : SB17.7296</b>
City Independence State IA Zip Code 50644	Purpose of Disbursement Mileage reimbursement 002 Category/Type	
Candidate Name Lange for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 01	
Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B. Cannon Dolan</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2010
Mailing Address 2313 Quasqueton Diagonal Blvd.		Amount of Each Disbursement this Period 298.37 <b>Transaction ID : SB17.7320</b>
City Independence State IA Zip Code 50644	Purpose of Disbursement Postage, envelopes - reimbursement 001 Category/Type	
Candidate Name Lange for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 01	
Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>c. Cannon Dolan</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2010
Mailing Address 2313 Quasqueton Diagonal Blvd.		Amount of Each Disbursement this Period 4000.00 <b>Transaction ID : SB17.7327</b>
City Independence State IA Zip Code 50644	Purpose of Disbursement General Compensation 001 Category/Type	
Candidate Name Lange for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 01	
Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5820.87
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 39			
	<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)  
**Lange for Congress**

Full Name (Last, First, Middle Initial) <b>A. Kelly Dolan-Lange</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 04 / 2010</b>
Mailing Address <b>319 6th St. SE</b>		Amount of Each Disbursement this Period <b>3000.00</b>
City <b>Independence</b>	State <b>IA</b>	Zip Code <b>50644</b>
Purpose of Disbursement <b>General Compensation</b>	Category/Type <b>001</b>	
Candidate Name <b>Lange for Congress</b>		<b>Transaction ID : SB17.7326</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>IA</b>	District: <b>01</b>	

Full Name (Last, First, Middle Initial) <b>B. ElectionMall, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 05 / 2010</b>
Mailing Address <b>ElectionMall, Inc.</b>		Amount of Each Disbursement this Period <b>114.85</b>
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20004</b>
Purpose of Disbursement <b>Transaction Fees / Commission</b>	Category/Type <b>003</b>	
Candidate Name <b>Lange for Congress</b>		<b>Transaction ID : SB17.7346</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>IA</b>	District: <b>01</b>	

Full Name (Last, First, Middle Initial) <b>c. ElectionMall, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 09 / 2010</b>
Mailing Address <b>ElectionMall, Inc.</b>		Amount of Each Disbursement this Period <b>63.92</b>
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20004</b>
Purpose of Disbursement <b>Transaction Fees / Commission</b>	Category/Type <b>003</b>	
Candidate Name <b>Lange for Congress</b>		<b>Transaction ID : SB17.7552</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>IA</b>	District: <b>01</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3178.77</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 39	
	<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)  
**Lange for Congress**

Full Name (Last, First, Middle Initial) <b>A. FusionForward, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2010
Mailing Address 2349 Jamestown Ave. Suite 4B		Amount of Each Disbursement this Period 810.68 <b>Transaction ID : SB17.7292</b>
City Independence	State IA Zip Code 50644	
Purpose of Disbursement Printing, Invitations, Flyers		Category/ Type 004
Candidate Name <b>Lange for Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 01		

Full Name (Last, First, Middle Initial) <b>B. FusionForward, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2010
Mailing Address 2349 Jamestown Ave. Suite 4B		Amount of Each Disbursement this Period 240.00 <b>Transaction ID : SB17.7297</b>
City Independence	State IA Zip Code 50644	
Purpose of Disbursement Website updates		Category/ Type 001
Candidate Name <b>Lange for Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 01		

Full Name (Last, First, Middle Initial) <b>c. FusionForward, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2010
Mailing Address 2349 Jamestown Ave. Suite 4B		Amount of Each Disbursement this Period 786.49 <b>Transaction ID : SB17.7319</b>
City Independence	State IA Zip Code 50644	
Purpose of Disbursement Cards, Printing, Design		Category/ Type 004
Candidate Name <b>Lange for Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1837.17
<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 31 OF 39		
	<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)  
**Lange for Congress**

Full Name (Last, First, Middle Initial) <b>A. Julie M. Gunderson</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2010
Mailing Address 2075 Three Elms Park Rd.		Amount of Each Disbursement this Period 1280.99 <b>Transaction ID : SB17.7321</b>
City Independence	State IA	
Purpose of Disbursement Postage and Supplies reimbursement		Category/ Type 001
Candidate Name <b>Lange for Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA	District: 01	

Full Name (Last, First, Middle Initial) <b>B. Julie M. Gunderson</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2010
Mailing Address 2075 Three Elms Park Rd.		Amount of Each Disbursement this Period 933.00 <b>Transaction ID : SB17.7322</b>
City Independence	State IA	
Purpose of Disbursement Mileage reimbursement		Category/ Type 002
Candidate Name <b>Lange for Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA	District: 01	

Full Name (Last, First, Middle Initial) <b>c. Julie M. Gunderson</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2010
Mailing Address 2075 Three Elms Park Rd.		Amount of Each Disbursement this Period 4382.28 <b>Transaction ID : SB17.7339</b>
City Independence	State IA	
Purpose of Disbursement Payroll Expense		Category/ Type 001
Candidate Name <b>Lange for Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA	District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6596.27
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 39	
	<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)  
**Lange for Congress**

Full Name (Last, First, Middle Initial) <b>A. Julie M. Gunderson</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2010
Mailing Address 2075 Three Elms Park Rd.		Amount of Each Disbursement this Period 460.96 <b>Transaction ID : SB17.7340</b>
City Independence	State IA	
Zip Code 50644	Purpose of Disbursement Reimbursement - supplies & postage	Category/ Type 001
Candidate Name <b>Lange for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 01	

Full Name (Last, First, Middle Initial) <b>B. Benjamin Michael Lange</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2010
Mailing Address 319 6th St. SE		Amount of Each Disbursement this Period 774.50 <b>Transaction ID : SB17.7329</b>
City Independence	State IA	
Zip Code 50644	Purpose of Disbursement Mileage settled	Category/ Type 002
Candidate Name <b>Lange for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 01	

Full Name (Last, First, Middle Initial) <b>c. Benjamin Michael Lange</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2010
Mailing Address 319 6th St. SE		Amount of Each Disbursement this Period 1117.00 <b>Transaction ID : SB17.7330</b>
City Independence	State IA	
Zip Code 50644	Purpose of Disbursement Mileage settled	Category/ Type 002
Candidate Name <b>Lange for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2352.46
<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 33 OF 39	
	<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)  
**Lange for Congress**

Full Name (Last, First, Middle Initial) <b>A. Benjamin Michael Lange</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2010
Mailing Address 319 6th St. SE		Amount of Each Disbursement this Period 909.00 <b>Transaction ID : SB17.7331</b>
City Independence	State IA	
Zip Code 50644	Purpose of Disbursement Mileage settled	Category/ Type 002
Candidate Name <b>Lange for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 01	

Full Name (Last, First, Middle Initial) <b>B. Benjamin Michael Lange</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2010
Mailing Address 319 6th St. SE		Amount of Each Disbursement this Period 344.76 <b>Transaction ID : SB17.7332</b>
City Independence	State IA	
Zip Code 50644	Purpose of Disbursement Travel reimbursement 9/21	Category/ Type 002
Candidate Name <b>Lange for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 01	

Full Name (Last, First, Middle Initial) <b>c. Benjamin Michael Lange</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2010
Mailing Address 319 6th St. SE		Amount of Each Disbursement this Period 74.89 <b>Transaction ID : SB17.7333</b>
City Independence	State IA	
Zip Code 50644	Purpose of Disbursement Campaign phone reimbursement	Category/ Type 001
Candidate Name <b>Lange for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1328.65
<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 34 OF 39	
	<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)  
**Lange for Congress**

Full Name (Last, First, Middle Initial) <b>A. Benjamin Michael Lange</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2010
Mailing Address 319 6th St. SE		Amount of Each Disbursement this Period 525.50 <b>Transaction ID : SB17.7334</b>
City Independence State IA Zip Code 50644	Purpose of Disbursement Mileage reimbursement 9/5-9/13 002 Category/Type	
Candidate Name Lange for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 01		

Full Name (Last, First, Middle Initial) <b>B. MasterCard</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2010
Mailing Address 2000 Purchase St.		Amount of Each Disbursement this Period 7.03 <b>Transaction ID : SB17.7344</b>
City Purchase State NY Zip Code 10577	Purpose of Disbursement Transaction Fees 003 Category/Type	
Candidate Name Lange for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 01		

Full Name (Last, First, Middle Initial) <b>c. MasterCard</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2010
Mailing Address 2000 Purchase St.		Amount of Each Disbursement this Period 1.19 <b>Transaction ID : SB17.7549</b>
City Purchase State NY Zip Code 10577	Purpose of Disbursement Transaction Fees 003 Category/Type	
Candidate Name Lange for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	533.72
<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 35 OF 39			
	<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)  
**Lange for Congress**

Full Name (Last, First, Middle Initial) <b>A. Minuteman Press</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2010
Mailing Address 902 W. Kimberly Rd. #27		Amount of Each Disbursement this Period 1192.28 <b>Transaction ID : SB17.7294</b>
City Davenport State IA Zip Code 52806	Purpose of Disbursement Flyers, Envelopes 004 Category/Type	
Candidate Name Lange for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 01	
Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B. R&amp;E Real Estate, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2010
Mailing Address 2349 Jamestown Ave. Ste. 4		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.7335</b>
City Independence State IA Zip Code 50644	Purpose of Disbursement Rent Expense 001 Category/Type	
Candidate Name Lange for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 01	
Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>c. Targeted Creative Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2010
Mailing Address 106 South Columbus Street		Amount of Each Disbursement this Period 4220.00 <b>Transaction ID : SB17.7336</b>
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Tele-townhall 001 Category/Type	
Candidate Name Lange for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 01	
Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5512.28
<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 36 OF 39			
	<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)  
**Lange for Congress**

Full Name (Last, First, Middle Initial) <b>A. Greg R. Torgerson</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2010
Mailing Address 606 13th Ave. NE		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.7348</b>
City Independence	State IA Zip Code 50644	
Purpose of Disbursement Payroll Expense	Category/Type 001	
Candidate Name <b>Lange for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2010	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 01		

Full Name (Last, First, Middle Initial) <b>B. Greg R. Torgerson</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2010
Mailing Address 606 13th Ave. NE		Amount of Each Disbursement this Period 31.98 <b>Transaction ID : SB17.7349</b>
City Independence	State IA Zip Code 50644	
Purpose of Disbursement Binders - reimbursement	Category/Type 001	
Candidate Name <b>Lange for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2010	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 01		

Full Name (Last, First, Middle Initial) <b>c. Visa</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2010
Mailing Address P.O. Box 8999		Amount of Each Disbursement this Period 16.67 <b>Transaction ID : SB17.7345</b>
City San Francisco	State CA Zip Code 94128	
Purpose of Disbursement Transaction Fees	Category/Type 003	
Candidate Name <b>Lange for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2010	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	548.65
<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 37 OF 39	
	<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)  
**Lange for Congress**

Full Name (Last, First, Middle Initial) <b>A. Visa</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2010
Mailing Address P.O. Box 8999		Amount of Each Disbursement this Period 26.42
City San Francisco	State CA	
Zip Code 94128	Purpose of Disbursement Transaction Fees	<b>Transaction ID : SB17.7548</b>
Candidate Name <b>Lange for Congress</b>	Category/ Type 003	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 01		

Full Name (Last, First, Middle Initial) <b>B. Winfrey &amp; Co.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2010
Mailing Address 228 S. Washington St.		Amount of Each Disbursement this Period 1118.17
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Consulting Fee	<b>Transaction ID : SB17.7305</b>
Candidate Name <b>Lange for Congress</b>	Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 01		

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1144.59
<b>TOTAL</b> This Period (last page this line number only).....	37314.98

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

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Cody Brown</b>		Nature of Debt (Purpose): Mileage owed
Mailing Address P.O. Box 4		
City	State	Zip Code
Independence	IA	50644

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.7301</b>	
<input type="text" value="1152.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="1152.00"/>	<input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Benjamin Michael Lange</b>		Nature of Debt (Purpose): Mileage Owed
Mailing Address 319 6th St. SE		
City	State	Zip Code
Independence	IA	50644

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.4383</b>	
<input type="text" value="774.50"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="774.50"/>	<input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Benjamin Michael Lange</b>		Nature of Debt (Purpose): Mileage 5/19/10
Mailing Address 319 6th St. SE		
City	State	Zip Code
Independence	IA	50644

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.4638</b>	
<input type="text" value="1117.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="1117.00"/>	<input type="text" value="0.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="0.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text" value="0.00"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="0.00"/>

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

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

FOR LINE NUMBER: (check only one)  9  10

NAME OF COMMITTEE (In Full)

**Lange for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Benjamin Michael Lange**

Mailing Address 319 6th St. SE

City State Zip Code  
 Independence IA 50644

Nature of Debt (Purpose):  
 Mileage owed

Outstanding Balance Beginning This Period **Transaction ID : SD10.7304**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="0.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text" value="0.00"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="0.00"/>