

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
Lange for Congress

ADDRESS (number and street) 606 13th Ave. NE
Check if different than previously reported. (ACC) Independence IA 50644

2. FEC IDENTIFICATION NUMBER C C00474635
3. IS THIS REPORT NEW (N) OR AMENDED (A) X
CITY STATE ZIP CODE STATE DISTRICT IA 01

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
[ ] April 15 Quarterly Report (Q1)
[ ] July 15 Quarterly Report (Q2)
[X] 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 07 / 01 / 2010 through M M / D D / Y Y Y Y 09 / 30 / 2010

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 Greg R. Torgerson

Signature of Treasurer Greg R. Torgerson [Electronically Filed] Date M M / D D / Y Y Y Y 01 / 22 / 2012

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

**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))....	200024.38	368143.54
(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)).....	200024.38	368143.54
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	138674.96	196497.46
(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)).....	138674.96	196497.46
8. Cash on Hand at Close of Reporting Period (from Line 27).....	171646.08	
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).....	3952.50	

**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).....	119499.08	266439.32
(ii) Unitemized.....	43875.30	62534.12
(iii) TOTAL of contributions from individuals ▶	163374.38	328973.44
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	36650.00	39170.10
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	200024.38	368143.54
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)..... ▶	200024.38	368143.54

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	138674.96	196497.46
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) ▶	138674.96	196497.46

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	110296.66
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	200024.38
25. SUBTOTAL (add Line 23 and Line 24).....	310321.04
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	138674.96
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	171646.08

**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 114
	<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)  
**Lange for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Samuel Allen**

Mailing Address 25123 189th St.

City Bettendorf State IA Zip Code 52722

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

Name of Employer John Deere Shared Services Occupation President

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 11 / 2010

**Transaction ID : SA11AI.5756**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address P.O. Box 183

City Farmersburg State IA Zip Code 52047

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

Name of Employer U.S. Army Occupation U.S. Army Career Counselor

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 02 / 2010

**Transaction ID : SA11AI.6354**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Barbara Baumgarn**

Mailing Address 4813 78th St.

City Urbandale State IA Zip Code 50322

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

Name of Employer Mail Services, Inc. Occupation Executive

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2010

**Transaction ID : SA11AI.6742**

Amount of Each Receipt this Period  
 1250.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 114
	<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)  
**Bruce Baumgarn**

Mailing Address 4813 78th St.

City Urbandale State IA Zip Code 50322

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

Name of Employer Mail Services, Inc. Occupation Executive

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2010

**Transaction ID : SA11AI.6744**

Amount of Each Receipt this Period  
 1250.00

**B.** Full Name (Last, First, Middle Initial)  
**Mark D. Bawden**

Mailing Address 2820 E. 42nd Ct.

City Davenport State IA Zip Code 52807

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

Name of Employer Bawden Printing Occupation President

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 24 / 2010

**Transaction ID : SA11AI.6154**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Tim Beck**

Mailing Address 2985 Pleasant Ridge Ct.

City Bettendorf State IA Zip Code 52722

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 29 / 2010

**Transaction ID : SA11AI.6210**

Amount of Each Receipt this Period  
 2000.00

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 114
	<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)  
**Charles Becker**

Mailing Address 3378 Xavier Ave.

City Dayton State IA Zip Code 50530

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  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 22 / 2010

**Transaction ID : SA11AI.7041**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Thomas J. Benda**

Mailing Address 1160 S. Grandview Ave.

City Dubuque State IA Zip Code 52003

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 Y Y  
 08 / 11 / 2010

**Transaction ID : SA11AI.5738**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Thomas J. Benda**

Mailing Address 1160 S. Grandview Ave.

City Dubuque State IA Zip Code 52003

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  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2010

**Transaction ID : SA11AI.6718**

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: PAGE 8 OF 114  
(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)  
**Thomas Benda Jr.**

Mailing Address 2936 Thornwood Ct.

City State Zip Code  
Dubuque IA 52003

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

Name of Employer Occupation  
Dubuque ENT, Head, & Neck 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  
 09 / 21 / 2010

**Transaction ID : SA11AI.6869**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Gary Bertch**

Mailing Address 4935 Young Rd.

City State Zip Code  
Waterloo IA 50701

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

Name of Employer Occupation  
Bertch Cabinets Executive

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  
 09 / 23 / 2010

**Transaction ID : SA11AI.7039**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1040 Prince Phillip Dr.

City State Zip Code  
Dubuque IA 52003

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

Name of Employer Occupation  
Flexsteel Industries, Inc Director / SVP

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  
 09 / 30 / 2010

**Transaction ID : SA11AI.7275**

Amount of Each Receipt this Period  
250.00

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

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

1000.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 114
	<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)  
**Kerry Beyer**

Mailing Address 2725 E. 65th St.

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

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

Name of Employer Beyer & Rock	Occupation President
----------------------------------	-------------------------

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1450.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 19 / 2010

**Transaction ID : SA11AI.6108**

Amount of Each Receipt this Period  
200.00

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

Mailing Address 2725 E. 65th St.

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

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

Name of Employer Beyer & Rock	Occupation President
----------------------------------	-------------------------

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1950.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 25 / 2010

**Transaction ID : SA11AI.6175**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 2725 E. 65th St.

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

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

Name of Employer Beyer & Rock	Occupation President
----------------------------------	-------------------------

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2200.00

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

**Transaction ID : SA11AI.6452**

Amount of Each Receipt this Period  
250.00

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

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

950.00

**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 114
	<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)  
**Kerry Beyer**

Mailing Address 2725 E. 65th St.

City Davenport State IA Zip Code 52807

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

Name of Employer Beyer & Rock Occupation President

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2010

**Transaction ID : SA11AI.7251**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 201 W. 2nd St. FL 10

City Davenport State IA Zip Code 52801

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

Name of Employer Bittner, Lambert & Werner Occupation Attorney

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  
 09 / 14 / 2010

**Transaction ID : SA11AI.6689**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Scott Bittner**

Mailing Address 3109 Dallas Drive

City Cedar Falls State IA Zip Code 50613

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

Name of Employer Hawkeye Corrugated Occupation 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  
 08 / 06 / 2010

**Transaction ID : SA11AI.5440**

Amount of Each Receipt this Period  
1000.00

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

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

2100.00

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

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

FOR LINE NUMBER: PAGE 11 OF 114  
(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)  
**Gene R. Boyd**

Mailing Address 2805 Fairhaven Rd.

City State Zip Code  
Davenport IA 52804

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

Name of Employer Occupation  
Self-Employed Numismatist

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  
 08 09 2010

**Transaction ID : SA11AI.5528**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Gene R. Boyd**

Mailing Address 2805 Fairhaven Rd.

City State Zip Code  
Davenport IA 52804

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

Name of Employer Occupation  
Self-Employed Numismatist

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1050.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 19 2010

**Transaction ID : SA11AI.6053**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**Gene R. Boyd**

Mailing Address 2805 Fairhaven Rd.

City State Zip Code  
Davenport IA 52804

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

Name of Employer Occupation  
Self-Employed Numismatist

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1070.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 25 2010

**Transaction ID : SA11AI.7056**

Amount of Each Receipt this Period  
20.00

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

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

570.00

**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 114
	<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)  
**Michael Brooks**

Mailing Address #9 Oak Park Drive

City State Zip Code  
Bettendorf IA 52722

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

Name of Employer Occupation  
Self-Employed Consultant

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  
09 / 03 / 2010

**Transaction ID : SA11AI.6359**

Amount of Each Receipt this Period  
500.00

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

Mailing Address P.O. Box 4

City State Zip Code  
Independence IA 50644

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

Name of Employer Occupation  
Lange for Congress Campaign Manager

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2010

**Transaction ID : SA11AI.7300**

Amount of Each Receipt this Period  
1152.00

Mileage owed  
**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**Rachelle Brown**

Mailing Address 333 Lillian Ln.

City State Zip Code  
Waterloo IA 50701

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

Name of Employer Occupation  
Waterloo Community Schools Instructor

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  
08 / 19 / 2010

**Transaction ID : SA11AI.6148**

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 13 OF 114
	<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)  
**Wallace Brown**

Mailing Address 1494 Oeth Court

City State Zip Code  
Dubuque IA 52003

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  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 25 / 2010

**Transaction ID : SA11AI.7059**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Bradley Burt**

Mailing Address 811 S. 3rd St.

City State Zip Code  
Eldridge IA 52748

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

Name of Employer Occupation  
Burt Clinic Chiropractic Physician

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 19 / 2010

**Transaction ID : SA11AI.5376**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Bradley Burt**

Mailing Address 811 S. 3rd St.

City State Zip Code  
Eldridge IA 52748

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

Name of Employer Occupation  
Burt Clinic Chiropractic Physician

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 19 / 2010

**Transaction ID : SA11AI.6127**

Amount of Each Receipt this Period  
100.00

**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 14 OF 114
	<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)  
**Dr. Bradley Burt**

Mailing Address 811 S. 3rd St.

City State Zip Code  
Eldridge IA 52748

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

Name of Employer Occupation  
Burt Clinic Chiropractic Physician

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  
 09 / 19 / 2010

**Transaction ID : SA11AI.6801**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**Patricia Bush**

Mailing Address 11 Oak Park Drive

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  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2010

**Transaction ID : SA11AI.7358**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**Alice Butler**

Mailing Address 2000 S. Grandview Ave.

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  
2400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 14 / 2010

**Transaction ID : SA11AI.6607**

Amount of Each Receipt this Period  
2400.00

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

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

2600.00

**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 114
	<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  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 20 / 2010

**Transaction ID : SA11AI.5314**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**Patrick Cannon**

Mailing Address 1005 S. 26th St.

City Marion	State IA	Zip Code 52302
----------------	-------------	-------------------

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

Name of Employer City of Cedar Rapids	Occupation Bus Driver
--	--------------------------

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  
 07 / 12 / 2010

**Transaction ID : SA11AI.5262**

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
**Jane Carver**

Mailing Address 2192 St. Andrews Circle

City Bettendorf	State IA	Zip Code 52722
--------------------	-------------	-------------------

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

Name of Employer Carver Pump Co.	Occupation Consultant
-------------------------------------	--------------------------

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  
 07 / 08 / 2010

**Transaction ID : SA11AI.5200**

Amount of Each Receipt this Period  
500.00

**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 16 OF 114
	<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)  
**Patricia Carver**

Mailing Address 2415 Park Ave.

City Muscatine State IA Zip Code 52761

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

Name of Employer Muscatine Art Center Occupation Office Assistant

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  
 09 / 20 / 2010

**Transaction ID : SA11AI.6864**

Amount of Each Receipt this Period  
2400.00

**B.** Full Name (Last, First, Middle Initial)  
**Roy Carver Jr.**

Mailing Address 2415 Park Ave.

City Muscatine State IA Zip Code 52761

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

Name of Employer Carver Pump Co. Occupation 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  
 09 / 20 / 2010

**Transaction ID : SA11AI.6863**

Amount of Each Receipt this Period  
2400.00

**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  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 12 / 2010

**Transaction ID : SA11AI.5755**

Amount of Each Receipt this Period  
500.00

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

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

5300.00



**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 114
	<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 Champion**

Mailing Address 1956 Crabapple Ln.

City Waterloo State IA Zip Code 50701

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

Name of Employer Professional Office Services Occupation Manager

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  
 09 / 16 / 2010

**Transaction ID : SA11AI.6695**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Dr. John S. Chapman**

Mailing Address 435 Moore Hts.

City Dubuque State IA Zip Code 52003

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  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 03 / 2010

**Transaction ID : SA11AI.6310**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 435 Moore Hts.

City Dubuque State IA Zip Code 52003

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  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2010

**Transaction ID : SA11AI.6973**

Amount of Each Receipt this Period  
50.00

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

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

650.00

**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 114
	<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)  
**Amelia Chasse**

Mailing Address 31 Estates Drive #3

City Manchester State ME Zip Code 04351

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

Name of Employer Hynes Communications Occupation Strategic Consultant

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  
 08 / 28 / 2010

**Transaction ID : SA11AI.6200**

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

In-kind - business cards

**B.** Full Name (Last, First, Middle Initial)  
**Chuck Clayton**

Mailing Address P.O. Box 288

City Colesburg State IA Zip Code 52035

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

Name of Employer Chartaire, Inc. Occupation Manager

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  
 08 / 31 / 2010

**Transaction ID : SA11AI.6325**

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

**C.** Full Name (Last, First, Middle Initial)  
**Harry Cockrell**

Mailing Address 8320 N. Harrison St.

City Davenport State IA Zip Code 52806

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

Name of Employer Salzman International Inc. Occupation Owner

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  
 09 / 28 / 2010

**Transaction ID : SA11AI.7120**

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

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

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

\_\_\_\_\_ 1050.00

\_\_\_\_\_

**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 114
	<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 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  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 14 / 2010

**Transaction ID : SA11AI.6616**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Douglas Collins**

Mailing Address 837 Elaine Ct.

City State Zip Code  
Dubuque IA 52003

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

Name of Employer Occupation  
I.T.C. International 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 Y Y  
09 / 30 / 2010

**Transaction ID : SA11AI.7271**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 3354 135th St.

City State Zip Code  
Lamont IA 50650

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

Name of Employer Occupation  
Donald Cook, Ltd. Owner

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  
09 / 14 / 2010

**Transaction ID : SA11AI.6611**

Amount of Each Receipt this Period  
500.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 114
	<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)  
**Keith Cook**

Mailing Address 2527 Hacienda Dr.

City Dubuque	State IA	Zip Code 52002
-----------------	-------------	-------------------

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

Name of Employer Self-Employed	Occupation Investments
-----------------------------------	---------------------------

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  
 09 / 30 / 2010

**Transaction ID : SA11AI.7276**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Dennis W. Crawford**

Mailing Address 2854 Iowa Ave.

City Independence	State IA	Zip Code 50644
----------------------	-------------	-------------------

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

Name of Employer Self-Employed	Occupation 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  
 08 / 19 / 2010

**Transaction ID : SA11AI.5975**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 140 S. Cody Road

City Eldridge	State IA	Zip Code 52748
------------------	-------------	-------------------

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

Name of Employer Modern Woodman	Occupation Financial Manager
------------------------------------	---------------------------------

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 11 / 2010

**Transaction ID : SA11AI.5759**

Amount of Each Receipt this Period  
250.00

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 21 OF 114  
(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)  
**James Davis**

Mailing Address 4940 Center Ct.

City Bettendorf State IA Zip Code 52722

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  
 520.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 22 / 2010

**Transaction ID : SA11AI.6901**

Amount of Each Receipt this Period  
 20.00

**B.** Full Name (Last, First, Middle Initial)  
**Taylor Davis**

Mailing Address P.O. Box 429

City Bettendorf State IA Zip Code 52722

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

Name of Employer Deere & Co. Occupation 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 Y  
 09 / 22 / 2010

**Transaction ID : SA11AI.6798**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Delaware Co. Republican Central Co.**

Mailing Address No central address

City Manchester State IA Zip Code 52057

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 22 / 2010

**Transaction ID : SA11AI.7040**

Amount of Each Receipt this Period  
 400.00

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

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

670.00

**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 114
	<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)  
**Judith Devine**

Mailing Address 1133 Brookview Drive

City State Zip Code  
DeWitt IA 52742

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

Name of Employer Occupation  
Trinity Mercy Medical Center Pharmacist

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  
09 30 2010

**Transaction ID : SA11AI.7263**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 4027 Jersey Ridge Rd.

City State Zip Code  
Davenport IA 52807

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

Name of Employer Occupation  
Halligan-McCabe-DeVries Funera Director

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  
08 19 2010

**Transaction ID : SA11AI.6098**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**Cindy Diercks**

Mailing Address P.O. Box 567

City State Zip Code  
Bettendorf IA 52722

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

Name of Employer Occupation  
Self-Employed Lawns Unlimited of Iowa Inc.

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  
09 03 2010

**Transaction ID : SA11AI.6358**

Amount of Each Receipt this Period  
500.00

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

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

1100.00

**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 114
	<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)  
**John Dooley**

Mailing Address 7 Highland Green Ct.

City Bettendorf State IA Zip Code 52722

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

Name of Employer Anesthesia & Pain Consultants Occupation 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  
 09 / 18 / 2010

**Transaction ID : SA11AI.6865**

Amount of Each Receipt this Period  
1000.00

**B.** 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  
1892.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 20 / 2010

**Transaction ID : SA11AI.7043**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 902 1st St. East

City Independence State IA Zip Code 50644

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

Name of Employer Dunlap Motors 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  
 09 / 03 / 2010

**Transaction ID : SA11AI.6385**

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 24 OF 114
	<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)  
**Albert Duroe**

Mailing Address 755 Duroe St.

City State Zip Code  
Jesup IA 50648

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

Name of Employer Occupation  
Farmers State Bank Banker

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  
 08 / 13 / 2010

**Transaction ID : SA11AI.5865**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Albert Duroe**

Mailing Address 755 Duroe St.

City State Zip Code  
Jesup IA 50648

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

Name of Employer Occupation  
Farmers State Bank Banker

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2010

**Transaction ID : SA11AI.7089**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Suzanne Duroe**

Mailing Address 755 Duroe St.

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  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 14 / 2010

**Transaction ID : SA11AI.6613**

Amount of Each Receipt this Period  
250.00

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

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

1500.00



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

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

FOR LINE NUMBER: PAGE 25 OF 114  
(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)  
**Dr. Douglas Duven**

Mailing Address 900 Prospect Blvd.

City Waterloo State IA Zip Code 50701

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

Name of Employer Cedar Valley Medical Specialis Occupation 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  
 08 / 18 / 2010

**Transaction ID : SA11AI.5964**

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

**B.** Full Name (Last, First, Middle Initial)  
**Brian Eddy**

Mailing Address 903 Rebecca Ct.

City Independence State IA Zip Code 50644

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

Name of Employer Eddy & Lange, PC Occupation Attorney

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1020.10

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 11 / 2010

**Transaction ID : SA11AI.5696**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 20.10

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

Mailing Address 7047 Nottingham Lane

City Davenport State IA Zip Code 52722

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

Name of Employer General Car & Truck Leasing Occupation Executive

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  
 09 / 24 / 2010

**Transaction ID : SA11AI.6996**

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

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

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

\_\_\_\_\_ 770.10

\_\_\_\_\_

**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 26 OF 114
	<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)  
**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  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2010

**Transaction ID : SA11AI.6852**

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
**Paul Fahey**

Mailing Address 2255 Kerper Blvd.

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

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

Name of Employer Rainbow Oil	Occupation Executive
---------------------------------	-------------------------

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  
 09 / 30 / 2010

**Transaction ID : SA11AI.7354**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 13427 N. Cascade Rd.

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

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  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 22 / 2010

**Transaction ID : SA11AI.7045**

Amount of Each Receipt this Period  
200.00

**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 27 OF 114
	<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)  
**Hugh Field**

Mailing Address 561 Sunset Rd.

City Waterloo State IA Zip Code 50701

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

Name of Employer Beecher Law Firm Occupation Attorney

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  
 08 / 25 / 2010

**Transaction ID : SA11AI.6149**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Jerry Fratzke**

Mailing Address 12920 Dubuque Rd.

City Jesup State IA Zip Code 50648

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

Name of Employer Self-Employed Occupation 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  
 09 / 08 / 2010

**Transaction ID : SA11AI.6398**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 28125 225th St.

City LeClaire State IA Zip Code 52753

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  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 23 / 2010

**Transaction ID : SA11AI.6106**

Amount of Each Receipt this Period  
500.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 114
	<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)  
**Susan Frazer**

Mailing Address 28125 225th St.

City State Zip Code  
LeClaire IA 52753

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

Name of Employer Occupation  
None Homemaker

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1010.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 14 / 2010

**Transaction ID : SA11AI.6618**

Amount of Each Receipt this Period  
10.00

**B.** Full Name (Last, First, Middle Initial)  
**Jeff Fruchtenicht**

Mailing Address 2055 215th St.

City State Zip Code  
Independence IA 50644

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

Name of Employer Occupation  
Security State Bank Financial Advisor

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2010

**Transaction ID : SA11AI.6394**

Amount of Each Receipt this Period  
200.00

**C.** 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  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 24 / 2010

**Transaction ID : SA11AI.6129**

Amount of Each Receipt this Period  
250.00

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

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

460.00

**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 29 OF 114
	<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  
**750.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 14 / 2010

**Transaction ID : SA11AI.6614**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Paula Giese**

Mailing Address 395 Villa St.

City State Zip Code  
Dubuque IA 52003

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  
 09 / 28 / 2010

**Transaction ID : SA11AI.7112**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Jay Ginther**

Mailing Address 101 Lillian Ln.

City State Zip Code  
Waterloo IA 50701

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

Name of Employer Occupation  
Cedar Valley Medical Specialis Orthopedic Surgeon

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 19 / 2010

**Transaction ID : SA11AI.6147**

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 30 OF 114
	<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)  
**Jeffrey Goldstein**

Mailing Address 2117 State Street

City State Zip Code  
Bettendorf IA 52722

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

Name of Employer Occupation  
Alter Barge Lines President

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  
07 / 09 / 2010

**Transaction ID : SA11AI.5232**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Jill Green**

Mailing Address 4530 6th Street Ct.

City State Zip Code  
East Moline IA 61244

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

Name of Employer Occupation  
Green Chevrolet Manager

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  
09 / 22 / 2010

**Transaction ID : SA11AI.7038**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Douglas Grenier**

Mailing Address 1529 Grant St.

City State Zip Code  
Bettendorf IA 52722

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

Name of Employer Occupation  
Self-Employed Financial Consultant

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  
09 / 08 / 2010

**Transaction ID : SA11AI.6478**

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 31 OF 114
	<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)  
**Kelli Grubbs**

Mailing Address 324 S. Fairmont

City Davenport State IA Zip Code 52802

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

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 20 / 2010

**Transaction ID : SA11AI.7044**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Peter Gunas III**

Mailing Address 2105 S. Randolph St.

City Arlington State VA Zip Code 22204

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

Name of Employer Investment Company Institute Occupation Director - Retirement Security & Tax

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 27 / 2010

**Transaction ID : SA11AI.7087**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 4890 Oak Grove Ct. NE

City Cedar Rapids State IA Zip Code 52411

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

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 24 / 2010

**Transaction ID : SA11AI.5348**

Amount of Each Receipt this Period  
 1000.00

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

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

1500.00

**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 32 OF 114
	<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)  
**Jane Haedt**

Mailing Address 5017 Turnberry Ln.

City Davenport State IA Zip Code 52807

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 25 / 2010

**Transaction ID : SA11AI.6183**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Fred Hagemann**

Mailing Address 1406 Cedar River Drive

City Waverly State IA Zip Code 50677

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

Name of Employer State Bank & Trust Co. Occupation President

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2010

**Transaction ID : SA11AI.5754**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 411 3rd Ave. NE

City Waverly State IA Zip Code 50677

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

Name of Employer United Equipment Accessories Occupation President

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 12 / 2010

**Transaction ID : SA11AI.5737**

Amount of Each Receipt this Period  
 500.00

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

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

1750.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 114
	<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)  
**Max F. Hansen**

Mailing Address 4525 Forest Rd.

City Davenport State IA Zip Code 52807

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

Name of Employer JMF Company Occupation Executive

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 06 / 2010

**Transaction ID : SA11AI.5174**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Jay Harmon**

Mailing Address 400 W. Schrock Road

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  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 16 / 2010

**Transaction ID : SA11AI.5304**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Raymond Harre**

Mailing Address 13150 106th Ave.

City Davenport State IA Zip Code 52804

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

Name of Employer Radiology Group Occupation 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  
 08 / 18 / 2010

**Transaction ID : SA11AI.5940**

Amount of Each Receipt this Period  
1000.00

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 34 OF 114  
(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)  
**Raymond Harre**

Mailing Address 13150 106th Ave.

City Davenport State IA Zip Code 52804

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

Name of Employer Radiology Group Occupation 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 Y  
 09 / 22 / 2010

**Transaction ID : SA11AI.6939**

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

**B.** Full Name (Last, First, Middle Initial)  
**Danielle Harvey**

Mailing Address 2430 River Dr.

City Moline State IL Zip Code 61265

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 278.98

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 19 / 2010

**Transaction ID : SA11AI.6368**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 278.98

In-kind - food & beverage

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

Mailing Address 5 Lombard Ct.

City Davenport State IA Zip Code 52803

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

Name of Employer Strieter Motors Occupation Executive

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  
 09 / 07 / 2010

**Transaction ID : SA11AI.6388**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 200.00

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

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

\_\_\_\_\_ 578.98

\_\_\_\_\_

**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 35 OF 114
	<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)  
**Robert Hemesath**

Mailing Address 1623 220th Ave.

City State Zip Code  
Decorah IA 52101

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

Name of Employer Occupation  
Self-Employed 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  
 08 / 09 / 2010

**Transaction ID : SA11AI.5524**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Larry C. Henson**

Mailing Address 1929 Cromwell Cir.

City State Zip Code  
Davenport IA 52807

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

Name of Employer Occupation  
Valley Bank President & CEO

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  
 07 / 28 / 2010

**Transaction ID : SA11AI.5374**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Steven Herrig**

Mailing Address 395 W. Bonnet Dr.

City State Zip Code  
East Dubuque IL 61025

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

Name of Employer Occupation  
Leibold Irrigation, Inc. 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  
 09 / 30 / 2010

**Transaction ID : SA11AI.7280**

Amount of Each Receipt this Period  
2000.00

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

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

3250.00

**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 36 OF 114
	<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)  
**Roger Hershberger**

Mailing Address P.O. Box 14

City State Zip Code  
Jesup IA 50648

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

Name of Employer Occupation  
Hawkeye Tile, Inc. Executive

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 14 / 2010

**Transaction ID : SA11AI.6615**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Perry Hintze**

Mailing Address 5 High Point Pl.

City State Zip Code  
Bettendorf IA 52722

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

Name of Employer Occupation  
Perry & Associates Executive

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2010

**Transaction ID : SA11AI.6483**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Arnold 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  
Honkamp, Krueger & Co. Accountant

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 21 / 2010

**Transaction ID : SA11AI.6866**

Amount of Each Receipt this Period  
1000.00

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

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

1500.00

**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 37 OF 114
	<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)  
**Susan Jensen**

Mailing Address 1350 W. 49th St.

City Davenport State IA Zip Code 52806

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

Name of Employer Batteries Plus Occupation Owner

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  
 07 / 16 / 2010

**Transaction ID : SA11AI.5301**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Gregory Kautz**

Mailing Address 6545 Thomas Ct.

City Bettendorf State IA Zip Code 52722

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

Name of Employer Gentry Shop Occupation 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  
 08 / 25 / 2010

**Transaction ID : SA11AI.6178**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Emily Korbmacher**

Mailing Address 1864 N. Sheffield Ave.  
Apt. A

City Chicago State IL Zip Code 60614

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

Name of Employer Neuberger Berman Occupation Financial Analyst

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  
 09 / 14 / 2010

**Transaction ID : SA11AI.6609**

Amount of Each Receipt this Period  
1000.00

**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 38 OF 114
	<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 Kreiter**

Mailing Address 133 Forest Rd.

City Davenport State IA Zip Code 52803

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

Name of Employer Orthopedic Associates Occupation Orthopedic Surgeon

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 04 / 2010

**Transaction ID : SA11AI.6330**

Amount of Each Receipt this Period  
200.00

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

Mailing Address 19279 252nd Ave.

City Bettendorf State IA Zip Code 52722

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

Name of Employer United Health Group Occupation Executive

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 24 / 2010

**Transaction ID : SA11AI.5346**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Daniel Kueter**

Mailing Address 19279 252nd Ave.

City Bettendorf State IA Zip Code 52722

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

Name of Employer United Health Group Occupation Executive

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 25 / 2010

**Transaction ID : SA11AI.6182**

Amount of Each Receipt this Period  
100.00

**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 39 OF 114
	<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)  
**Benjamin Michael Lange**

Mailing Address 319 6th St. SE

City Independence State IA Zip Code 50644

FEC ID number of contributing federal political committee. **C** H0IA01117

Name of Employer Eddy & Lange, PC Occupation Attorney

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2010

**Transaction ID : SA11AI.7303**

Amount of Each Receipt this Period  
 909.00

Mileage owed

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**Curtis Lange**

Mailing Address 2039 Three Elms Park Rd.

City Independence State IA Zip Code 50644

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

Name of Employer Self-Employed Occupation Construction

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 09 / 2010

**Transaction ID : SA11AI.5529**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Jill Larkin**

Mailing Address 1519 W. 41st St.

City Davenport State IA Zip Code 52806

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

Name of Employer The Republic Companies Occupation Director of Marketing & Employee Relat

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 25 / 2010

**Transaction ID : SA11AI.6186**

Amount of Each Receipt this Period  
 1000.00

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

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

1500.00

**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 40 OF 114
	<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)  
**Ron Leistikow**

Mailing Address 2218 Reed Ave.

City Readlyn State IA Zip Code 50668

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

Name of Employer Self-Employed Occupation 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  
 08 / 17 / 2010

**Transaction ID : SA11AI.5932**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Gary Lynch**

Mailing Address 331 3rd St. NW

City Waucoma State IA Zip Code 52171

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

Name of Employer Lynch Livestock Occupation 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  
 08 / 18 / 2010

**Transaction ID : SA11AI.5982**

Amount of Each Receipt this Period  
2400.00

**C.** Full Name (Last, First, Middle Initial)  
**Russell Mace**

Mailing Address 2680 East 81st St.

City Bloomington State MN Zip Code 55245

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

Name of Employer Johnston Supply Occupation Sales

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  
 08 / 16 / 2010

**Transaction ID : SA11AI.5884**

Amount of Each Receipt this Period  
1500.00

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

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

4150.00



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

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

FOR LINE NUMBER: PAGE 41 OF 114  
(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)  
**Timothy Manatt**

Mailing Address P.O. Box 598

City State Zip Code  
Gilbertville IA 50634

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  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 02 / 2010

**Transaction ID : SA11AI.5404**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Brooks Martin**

Mailing Address 2624 Glen Oaks Dr.

City State Zip Code  
Cedar Falls IA 50613

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

Name of Employer Occupation  
Martin Bros. Distribution President/COO

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  
 07 / 02 / 2010

**Transaction ID : SA11AI.5145**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Jo Martin**

Mailing Address 525 Sheridan Rd.

City State Zip Code  
Waterloo IA 50701

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  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 14 / 2010

**Transaction ID : SA11AI.6612**

Amount of Each Receipt this Period  
400.00

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

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

2400.00

**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 42 OF 114
	<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)  
**Ronald May**

Mailing Address #3 High Point Place

City State Zip Code  
Bettendorf IA 52722

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

Name of Employer Occupation  
Gomez, May, Cartee, and Schutt 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 Y Y  
09 / 10 / 2010

**Transaction ID : SA11AI.6453**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 2 Curtis Circle

City State Zip Code  
Clinton IA 52732

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

Name of Employer Occupation  
Dormac Oil Co. 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  
09 / 15 / 2010

**Transaction ID : SA11AI.6634**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**Daniel P. Meyer**

Mailing Address 2100 Pennsylvania Ave. NW

City State Zip Code  
Washington DC 20037

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

Name of Employer Occupation  
The Duberstein Group, Inc. Senior Vice 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  
09 / 28 / 2010

**Transaction ID : SA11AI.7113**

Amount of Each Receipt this Period  
1000.00

**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: (check only one)	PAGE 43 OF 114
	<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)  
**Glen A. Moeller**

Mailing Address 6712 Utica Ridge Rd.

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

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

Name of Employer Self-Employed	Occupation Farmer
-----------------------------------	----------------------

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  
 07 / 23 / 2010

**Transaction ID : SA11AI.5369**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Glen A. Moeller**

Mailing Address 6712 Utica Ridge Rd.

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

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

Name of Employer Self-Employed	Occupation Farmer
-----------------------------------	----------------------

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
520.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2010

**Transaction ID : SA11AI.6678**

Amount of Each Receipt this Period  
20.00

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

Mailing Address 3545 Augusta Circle

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

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

Name of Employer Warren Transport, Inc.	Occupation Chairman & CEO
--	------------------------------

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  
 09 / 03 / 2010

**Transaction ID : SA11AI.6327**

Amount of Each Receipt this Period  
1000.00

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

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

1520.00

**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 44 OF 114
	<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  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 08 / 2010

**Transaction ID : SA11AI.5202**

Amount of Each Receipt this Period  
250.00

**B.** 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  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 16 / 2010

**Transaction ID : SA11AI.6694**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 137 Augusta Lane

City Waverly	State IA	Zip Code 50677
-----------------	-------------	-------------------

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

Name of Employer Rada Manufacturing Co.	Occupation CEO
--	-------------------

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  
 09 / 15 / 2010

**Transaction ID : SA11AI.6642**

Amount of Each Receipt this Period  
500.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 114
	<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)  
**Liz Nieman**

Mailing Address 2587 262nd Ave.

City Delhi	State IA	Zip Code 52223
---------------	-------------	-------------------

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

Name of Employer Self-Employed	Occupation 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
08		11		2010

**Transaction ID : SA11AI.5856**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Ivan Nienhaus**

Mailing Address P.O. Box 42

City Delhi	State IA	Zip Code 50644
---------------	-------------	-------------------

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

Name of Employer Archdiocese of Dubuque	Occupation Catholic Priest
--	-------------------------------

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
325.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		06		2010

**Transaction ID : SA11AI.5442**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**Ivan Nienhaus**

Mailing Address P.O. Box 42

City Delhi	State IA	Zip Code 50644
---------------	-------------	-------------------

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

Name of Employer Archdiocese of Dubuque	Occupation Catholic Priest
--	-------------------------------

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
425.00

Date of Receipt  

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

**Transaction ID : SA11AI.6515**

Amount of Each Receipt this Period  
100.00

**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 46 OF 114
	<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)  
**David North Jr.**

Mailing Address 300 Ensign Rd.

City State Zip Code  
Bellevue IA 52031

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

Name of Employer Occupation  
Sedgwick Claims Management Ser Executive

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  
09 / 30 / 2010

**Transaction ID : SA11AI.7278**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 5511 Charter Oaks Dr.

City State Zip Code  
Bettendorf IA 52722

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

Name of Employer Occupation  
Deere & Co. Manager

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  
08 / 29 / 2010

**Transaction ID : SA11AI.6208**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**David Nuernberger**

Mailing Address 2019 St. Andrews Cir.

City State Zip Code  
Bettendorf IA 52722

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

Name of Employer Occupation  
Deloitte & Touche Accountant

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  
09 / 10 / 2010

**Transaction ID : SA11AI.6456**

Amount of Each Receipt this Period  
250.00

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

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

1500.00

**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 47 OF 114
	<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)  
**Douglas Palmer**

Mailing Address 2455 Eagle Cir.

City Bettendorf State IA Zip Code 52722

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

Name of Employer Tri-City Electric Occupation Executive

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 25 / 2010

**Transaction ID : SA11AI.6179**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 4425 Valley Brook Dr.

City Bettendorf State IA Zip Code 52722

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

Name of Employer Parochetti Enterprises, Inc. Occupation Franchisee

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2010

**Transaction ID : SA11AI.6995**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Ross Paustian**

Mailing Address 389 W. Parkview Drive

City Walcott State IA Zip Code 52773

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

Name of Employer Self-Employed Occupation Farmer

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2010

**Transaction ID : SA11AI.7153**

Amount of Each Receipt this Period  
 25.00

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

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

1275.00

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

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

FOR LINE NUMBER: PAGE 48 OF 114  
(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)  
**Thomas R. Penaluna**

Mailing Address 8034 Slap Tail Trail

City Cedar Falls State IA Zip Code 50613

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

Name of Employer The CBE Group Occupation President/CEO

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  
 07 / 02 / 2010

**Transaction ID : SA11AI.5155**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Cork Peterson**

Mailing Address 104 Blackhawk St.

City Reinbeck State IA Zip Code 50669

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

Name of Employer Peterson Contractors, Inc. Occupation Executive

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  
 09 / 15 / 2010

**Transaction ID : SA11AI.6631**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Kent Pilcher**

Mailing Address Estes Company  
P.O. Box 3608

City Davenport State IA Zip Code 52808

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

Name of Employer Estes Construction 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  
 08 / 25 / 2010

**Transaction ID : SA11AI.6181**

Amount of Each Receipt this Period  
1000.00

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

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

2000.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 114
	<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)  
**Stewart Primrose**

Mailing Address 4326 Warren St.

City Davenport State IA Zip Code 52806

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

Name of Employer Stanley Consultants Occupation Engineer

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  
 09 / 07 / 2010

**Transaction ID : SA11AI.6508**

Amount of Each Receipt this Period  
400.00

**B.** Full Name (Last, First, Middle Initial)  
**Russell Reck**

Mailing Address 174 East Truman

City Winthrop State IA Zip Code 50682

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

Name of Employer Dunlap Motors Occupation Sales

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
260.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 01 / 2010

**Transaction ID : SA11AI.6248**

Amount of Each Receipt this Period  
110.00

**C.** Full Name (Last, First, Middle Initial)  
**Tim A. Recker**

Mailing Address 5604 H. Ave.

City Arlington State IA Zip Code 50606

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

Name of Employer Self-Employed Occupation Farmer

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  
 07 / 24 / 2010

**Transaction ID : SA11AI.5349**

Amount of Each Receipt this Period  
1000.00

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

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

1510.00

**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 50 OF 114
	<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**

Full Name (Last, First, Middle Initial) <b>A. William P. Rehmann</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2010
Mailing Address 1704 E. 54th St.		<b>Transaction ID : SA11AI.6484</b>
City Davenport State IA Zip Code 52807	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Northwestern Mutual	Occupation Financial Advisor	
Receipt For: 2010 <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>B. Bob Richard</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 23 / 2010
Mailing Address 1314 3rd St. NE		<b>Transaction ID : SA11AI.6975</b>
City Independence State IA Zip Code 50644	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Buchanan Co. Health Center	Occupation Administrator	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 50.00	

Full Name (Last, First, Middle Initial) <b>C. Dean Rock</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2010
Mailing Address 4509 Fairhaven Ct.		<b>Transaction ID : SA11AI.7169</b>
City Davenport State IA Zip Code 52807	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Beyer & Rock	Occupation Executive	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> 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: PAGE 51 OF 114  
(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)  
**Thomas Roederer**

Mailing Address 2612 E. 41st St.

City Davenport State IA Zip Code 52807

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

Name of Employer Roederer Transfer & Storage Occupation Executive

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 08 / 2010

**Transaction ID : SA11AI.6481**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Kay Roof**

Mailing Address 20706 247th St.

City Delhi State IA Zip Code 52223

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 01 / 2010

**Transaction ID : SA11AI.6326**

Amount of Each Receipt this Period  
 2400.00

**C.** Full Name (Last, First, Middle Initial)  
**Suzanne M. Rose**

Mailing Address 4426 Bellevue Rd.

City Clinton State IA Zip Code 52732

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 22 / 2010

**Transaction ID : SA11AI.5370**

Amount of Each Receipt this Period  
 250.00

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

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

3150.00

**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 52 OF 114
	<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)  
**Merle Brad Ross**

Mailing Address P.O. Box 348  
522 9th Ave. SE

City Dyersville State IA Zip Code 52040

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 Y Y  
 09 / 17 / 2010

**Transaction ID : SA11AI.6696**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Judy Ruppel**

Mailing Address 1167 Hunters Ridge

City Dubuque State IA Zip Code 52003

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

Name of Employer Parco Ltd. Occupation Owner

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  
 08 / 05 / 2010

**Transaction ID : SA11AI.5418**

Amount of Each Receipt this Period  
2400.00

**C.** Full Name (Last, First, Middle Initial)  
**Phil Ruppel**

Mailing Address 1167 Hunters Ridge

City Dubuque State IA Zip Code 52003

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

Name of Employer Parco Ltd. Occupation Owner

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  
 08 / 05 / 2010

**Transaction ID : SA11AI.5419**

Amount of Each Receipt this Period  
2400.00

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

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

5300.00

**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 53 OF 114
	<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)  
**Dr. Bernie Saks**

Mailing Address 2455 Spires Ct.

City Dubuque State IA Zip Code 52001

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

Name of Employer Dubuque Radiological Associati Occupation Radiologist

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  
 09 / 30 / 2010

**Transaction ID : SA11AI.7273**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Laura Sandoval**

Mailing Address 6401 Utical Rd. #19

City Davenport State IA Zip Code 52807

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

Name of Employer Red Crow Grille Occupation Management

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  
 09 / 08 / 2010

**Transaction ID : SA11AI.7316**

Amount of Each Receipt this Period  
245.00

In-kind - Food/Beverage

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

Mailing Address 1075 Bonnie Ct.

City Dubuque State IA Zip Code 52002

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

Name of Employer Heartland Financial USA Occupation Executive

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  
 09 / 30 / 2010

**Transaction ID : SA11AI.7272**

Amount of Each Receipt this Period  
250.00

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

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

745.00

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

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

FOR LINE NUMBER: PAGE 54 OF 114  
(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)  
**Nicholas Schrup**

Mailing Address 1550 Clarke Drive

City State Zip Code  
Dubuque IA 52001

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

Name of Employer Occupation  
American Trust & Savings Bank President/CEO

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  
 09 / 08 / 2010

**Transaction ID : SA11AI.6479**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Nick Schrup III**

Mailing Address 1380 Auburn St.

City State Zip Code  
Dubuque IA 52001

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

Name of Employer Occupation  
American Trust & Savings Bank Banker

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  
 09 / 30 / 2010

**Transaction ID : SA11AI.7277**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 7010 Nottingham Ln.

City State Zip Code  
Bettendorf IA 52722

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

Name of Employer Occupation  
Trissel, Graham, & Toole Insurance Agent

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  
 07 / 28 / 2010

**Transaction ID : SA11AI.5373**

Amount of Each Receipt this Period  
2400.00

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

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

3900.00

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

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

FOR LINE NUMBER: PAGE 55 OF 114  
(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)  
**Robert F. Shaw**

Mailing Address 13915 104th Ave.

City Davenport State IA Zip Code 52804

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

Name of Employer Shaw Electric, Inc. Occupation Electrician

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2010

**Transaction ID : SA11AI.6008**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Harriet Short**

Mailing Address 1981 Three Elms Park Rd.  
P.O. Box 511

City Independence State IA Zip Code 50644

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 03 / 2010

**Transaction ID : SA11AI.5158**

Amount of Each Receipt this Period  
 50.00

**C.** Full Name (Last, First, Middle Initial)  
**Harriet Short**

Mailing Address 1981 Three Elms Park Rd.  
P.O. Box 511

City Independence State IA Zip Code 50644

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2010

**Transaction ID : SA11AI.6238**

Amount of Each Receipt this Period  
 100.00

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

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

650.00

**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 56 OF 114
	<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)  
**Maurice Sinclair**

Mailing Address 2208 560th Ave.

City Melrose	State IA	Zip Code 52569
-----------------	-------------	-------------------

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

Name of Employer Agri Land Sales	Occupation Real Estate Agent
-------------------------------------	---------------------------------

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1100.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 20 / 2010

**Transaction ID : SA11AI.6153**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Lee D. Staak**

Mailing Address 3677 Forest Gate Dr.

City Iowa City	State IA	Zip Code 52240
-------------------	-------------	-------------------

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

Name of Employer Iowa Management Systems	Occupation President/CEO
---	-----------------------------

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2010

**Transaction ID : SA11AI.6978**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**Daniel Stadtmueller**

Mailing Address 23913 County Rd. E. 16

City Monticello	State IA	Zip Code 52310
--------------------	-------------	-------------------

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

Name of Employer Self-Employed	Occupation Farmer
-----------------------------------	----------------------

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 09 / 2010

**Transaction ID : SA11AI.5530**

Amount of Each Receipt this Period  
500.00

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

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

1600.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 114
	<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)  
**Lange for Congress**

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

Mailing Address 16489 Oakbrook Dr

City State Zip Code  
Clive IA 50325

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

Name of Employer Occupation  
Iowa Army National Guard Operations Officer

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 14 / 2010

**Transaction ID : SA11AI.5282**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 2434 E. River Drive

City State Zip Code  
Davenport IA 52803

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

Name of Employer Occupation  
Parr Instrument Co. 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  
07 / 14 / 2010

**Transaction ID : SA11AI.5281**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**David Steil**

Mailing Address 2717 Eagle Heights Ct.

City State Zip Code  
Bettendorf IA 52722

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

Name of Employer Occupation  
Fidlar & Chambers 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  
08 / 25 / 2010

**Transaction ID : SA11AI.6180**

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 58 OF 114
	<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)  
**Harold Steinke**

Mailing Address 2515 W. Central Park Ave.

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

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

Name of Employer McDonald's Restaurant	Occupation Owner
---	---------------------

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  
 07 / 16 / 2010

**Transaction ID : SA11AI.5303**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Charles Sukup**

Mailing Address 2418 Vine Ave.

City Dougherty	State IA	Zip Code 50433
-------------------	-------------	-------------------

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

Name of Employer Sukup Manufacturing Co.	Occupation Executive
---	-------------------------

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  
 09 / 16 / 2010

**Transaction ID : SA11AI.6691**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Eugene Sukup**

Mailing Address 1379 Beeds Lake

City Hampton	State IA	Zip Code 50441
-----------------	-------------	-------------------

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

Name of Employer Sukup Manufacturing Co.	Occupation Executive
---	-------------------------

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  
 09 / 16 / 2010

**Transaction ID : SA11AI.6693**

Amount of Each Receipt this Period  
1000.00

**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: PAGE 59 OF 114  
(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)  
**Steven Sukup**

Mailing Address 1405 N. Shore Dr.

City State Zip Code  
Clear Lake IA 50428

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

Name of Employer Occupation  
Sukup Manufacturing Co. Executive

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  
 09 / 16 / 2010

**Transaction ID : SA11AI.6692**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Steve Sutton**

Mailing Address 1115 Greenway Road

City State Zip Code  
Alexandria VA 22308

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

Name of Employer Occupation  
The Leadership Institute Vice 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  
 09 / 23 / 2010

**Transaction ID : SA11AI.7036**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Larry Swanson**

Mailing Address 1488 Hwy. 13

City State Zip Code  
Manchester IA 52057

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

Name of Employer Occupation  
Self-Employed Farmer

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  
 07 / 27 / 2010

**Transaction ID : SA11AI.5365**

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 60 OF 114
	<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)  
**Michael Swanson**

Mailing Address 2846 E. 42nd Ct.

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

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

Name of Employer Genesis Pain Management Center	Occupation Anesthesiologist
--	--------------------------------

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11AI.5740**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Craig Takes**

Mailing Address 13578 Burtons Furnace Rd.

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

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

Name of Employer Home Technology Systems	Occupation Marketing
---	-------------------------

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 20 / 2010

**Transaction ID : SA11AI.7042**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Beverly Tauke**

Mailing Address 1405 Greenwood Place

City Alexandria	State VA	Zip Code 22304
--------------------	-------------	-------------------

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

Name of Employer Cornerstone Family Counseling	Occupation Counselor
---	-------------------------

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2010

**Transaction ID : SA11AI.7033**

Amount of Each Receipt this Period  
2400.00

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

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

3150.00

**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 61 OF 114
	<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)  
**Thomas Tauke**

Mailing Address 1405 Greenwood Place

City State Zip Code  
Alexandria VA 22304

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

Name of Employer Occupation  
Verizon Communications, Inc. Executive

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2010

**Transaction ID : SA11AI.7034**

Amount of Each Receipt this Period  
2400.00

**B.** Full Name (Last, First, Middle Initial)  
**Jim Theisen**

Mailing Address 2606 Hacienda Dr.

City State Zip Code  
Dubuque IA 52002

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

Name of Employer Occupation  
Theisen Supply, Inc. President

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3900.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 06 / 2010

**Transaction ID : SA11AI.5223**

Amount of Each Receipt this Period  
2400.00

**C.** Full Name (Last, First, Middle Initial)  
**Marita Theisen**

Mailing Address 2606 Hacienda Dr.

City State Zip Code  
Dubuque IA 52002

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

Name of Employer Occupation  
Theisen Supply, Inc. Administrative Assistant

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2010

**Transaction ID : SA11AI.6705**

Amount of Each Receipt this Period  
1000.00

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

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

5800.00

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

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

FOR LINE NUMBER: PAGE 62 OF 114  
(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)  
**Larry Thompson**

Mailing Address P.O. Box 492

City State Zip Code  
Jesup IA 50648

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

Name of Employer Occupation  
Hawkeye Metal Spinning 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  
 09 / 14 / 2010

**Transaction ID : SA11AI.6610**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Mike Thoms**

Mailing Address 4205 14th St.

City State Zip Code  
Rock Island IL 61201

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  
 08 / 18 / 2010

**Transaction ID : SA11AI.5959**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**R. Hovey Tinsman Jr.**

Mailing Address 3541 East Kimberly Rd.

City State Zip Code  
Davenport IA 52807

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

Name of Employer Occupation  
Twin State Engineering Executive

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  
 08 / 13 / 2010

**Transaction ID : SA11AI.5863**

Amount of Each Receipt this Period  
500.00

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 63 OF 114  
(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)  
**R. Hovey Tinsman Jr.**

Mailing Address 3541 East Kimberly Rd.

City Davenport State IA Zip Code 52807

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

Name of Employer Twin State Engineering Occupation Executive

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 04 / 2010**

**Transaction ID : SA11AI.6331**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Greg R. Torgerson**

Mailing Address 606 13th Ave. NE

City Independence State IA Zip Code 50644

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

Name of Employer Banklowa Occupation Banker

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 30 / 2010**

**Transaction ID : SA11AI.6212**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Greg R. Torgerson**

Mailing Address 606 13th Ave. NE

City Independence State IA Zip Code 50644

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

Name of Employer Banklowa Occupation Banker

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 25 / 2010**

**Transaction ID : SA11AI.7171**

Amount of Each Receipt this Period  
**250.00**

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

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

**1000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 114
	<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 F. Torgerson**

Mailing Address 606 13th Ave. NE

City Independence State IA Zip Code 50644

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

Name of Employer Independence Community Schools Occupation Public School Teacher

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  
 08 / 31 / 2010

**Transaction ID : SA11AI.6213**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Mark F. Torgerson**

Mailing Address 606 13th Ave. NE

City Independence State IA Zip Code 50644

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

Name of Employer Independence Community Schools Occupation Public School Teacher

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  
 09 / 26 / 2010

**Transaction ID : SA11AI.7116**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 4195 St. Catherine

City Bellevue State IA Zip Code 52031

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  
 08 / 11 / 2010

**Transaction ID : SA11AI.5739**

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 65 OF 114
	<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)  
**David Ttee**

Mailing Address 4555 Utica Ridge Rd.

City Bettendorf	State IA	Zip Code 52722
--------------------	-------------	-------------------

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  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2010

**Transaction ID : SA11AI.7170**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**R. Scott Van Vooren**

Mailing Address 2738 Elm St.

City Davenport	State IA	Zip Code 52803
-------------------	-------------	-------------------

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

Name of Employer Lane & Waterman	Occupation 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 Y  
 09 / 10 / 2010

**Transaction ID : SA11AI.6455**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 4321 E. 60th St.

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

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

Name of Employer Mutual Medical Inc.	Occupation SVP & COO
---	-------------------------

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  
 08 / 25 / 2010

**Transaction ID : SA11AI.6176**

Amount of Each Receipt this Period  
1000.00

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

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

1500.00

**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 66 OF 114
	<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 Vonderhaar**

Mailing Address 6 Summer Pl.

City Bettendorf	State IA	Zip Code 52722
--------------------	-------------	-------------------

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  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 19 / 2010

**Transaction ID : SA11AI.6107**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**James Vonderhaar**

Mailing Address 6 Summer Pl.

City Bettendorf	State IA	Zip Code 52722
--------------------	-------------	-------------------

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  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 08 / 2010

**Transaction ID : SA11AI.6482**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Charles Von Maur**

Mailing Address 6 Robins Rd.

City Pleasant Valley	State IA	Zip Code 52767
-------------------------	-------------	-------------------

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

Name of Employer Von Maur, Inc.	Occupation Executive
------------------------------------	-------------------------

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 Y  
 09 / 13 / 2010

**Transaction ID : SA11AI.6545**

Amount of Each Receipt this Period  
1000.00

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 67 OF 114  
(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)  
**James D. Von Maur Sr.**

Mailing Address 6565 Brady St.

City Davenport State IA Zip Code 52806

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

Name of Employer Von Maur, Inc. Occupation Executive

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.6406**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Richard Von Maur Jr.**

Mailing Address 2930 Crestline Dr.

City Davenport State IA Zip Code 52803

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

Name of Employer Von Maur, Inc. Occupation Executive

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 20 / 2010

**Transaction ID : SA11AI.5991**

Amount of Each Receipt this Period  
 100.00

**C.** Full Name (Last, First, Middle Initial)  
**Richard Von Maur Jr.**

Mailing Address 2930 Crestline Dr.

City Davenport State IA Zip Code 52803

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

Name of Employer Von Maur, Inc. Occupation Executive

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2010

**Transaction ID : SA11AI.7037**

Amount of Each Receipt this Period  
 1000.00

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

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

2100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 114
	<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)  
**Lange for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Peter Voorhees**

Mailing Address 3402 Pheasant Dr.

City Cedar Falls State IA Zip Code 50613

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

Name of Employer Standard Golf Occupation Owner

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 22 / 2010

**Transaction ID : SA11AI.5339**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Mark Vrablec**

Mailing Address 4249 E. 58th St.

City Davenport State IA Zip Code 52807

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

Name of Employer Alcoa Occupation Director of Manufacturing

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2010

**Transaction ID : SA11AI.7262**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Bill Wallace**

Mailing Address 5155 Silver Spur Rd.

City Bettendorf State IA Zip Code 52722

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

Name of Employer Vanguard Distributing Corporat Occupation President

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 08 / 2010

**Transaction ID : SA11AI.6480**

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: PAGE 69 OF 114  
(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)  
**George Warren**

Mailing Address 3638 Inverness 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  
 \_\_\_\_\_ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 03 / 2010

**Transaction ID : SA11AI.6329**

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

**B.** Full Name (Last, First, Middle Initial)  
**Jack A. Waskow**

Mailing Address 980 S. Grandview Ave.

City Dubuque State IA Zip Code 52003

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

Name of Employer Group Marketing Services, Inc. Occupation President

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  
 09 / 30 / 2010

**Transaction ID : SA11AI.7274**

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

**C.** Full Name (Last, First, Middle Initial)  
**Thomas Waterman**

Mailing Address P.O. Box 258

City Pleasant Valley State IA Zip Code 52767

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

Name of Employer Lane & Waterman Occupation 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 Y  
 09 / 10 / 2010

**Transaction ID : SA11AI.6454**

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: (check only one)	PAGE 70 OF 114
	<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)  
**Mike Whalen**

Mailing Address 2140 St. Andrews Circle

City Bettendorf State IA Zip Code 52722

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

Name of Employer Heart of America Restaurant Occupation 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  
 08 / 19 / 2010

**Transaction ID : SA11AI.5974**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**Cathy A. White**

Mailing Address 4503 Valley Brook Dr.

City Bettendorf State IA Zip Code 52722

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  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 28 / 2010

**Transaction ID : SA11AI.5375**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 295 Southgate Drive

City Dubuque State IA Zip Code 52003

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

Name of Employer Self-Employed Occupation Farmer

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1200.00

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

**Transaction ID : SA11AI.5186**

Amount of Each Receipt this Period  
250.00

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

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

2750.00

**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 71 OF 114
	<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 W. White**

Mailing Address 295 Southgate Drive

City State Zip Code  
Dubuque IA 52003

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

Name of Employer Occupation  
Self-Employed Farmer

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1450.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 17 / 2010

**Transaction ID : SA11AI.6697**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 4768 Belle Ave.

City State Zip Code  
Davenport IA 52807

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

Name of Employer Occupation  
Lane & Waterman, LLP 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  
 07 / 03 / 2010

**Transaction ID : SA11AI.5156**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**J. Thomas Yates**

Mailing Address 2438 E. 4th St.

City State Zip Code  
Davenport IA 52807

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  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 19 / 2010

**Transaction ID : SA11AI.6059**

Amount of Each Receipt this Period  
100.00

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

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

600.00

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

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

FOR LINE NUMBER: PAGE 72 OF 114  
(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)  
**Thomas Yeggy**

Mailing Address 1503 Brady St.

City Davenport State IA Zip Code 52803

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

Name of Employer Scott County Occupation Attorney

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  
 09 / 08 / 2010

**Transaction ID : SA11AI.6485**

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

**B.** Full Name (Last, First, Middle Initial)  
**Christine Yiannias**

Mailing Address P.O. Box 3127

City Dubuque State IA Zip Code 52004

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

Name of Employer Homemaker Occupation 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  
 09 / 30 / 2010

**Transaction ID : SA11AI.7279**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**N.J. Yiannias**

Mailing Address P.O. Box 3127

City Dubuque State IA Zip Code 52004

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

Name of Employer Key City Investment Company Occupation Business Executive

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 3100.00

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

**Transaction ID : SA11AI.5620**

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

**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 73 OF 114
	<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)  
**Nelson Yoder**

Mailing Address 2314 Postel Ave.

City Independence State IA Zip Code 50644

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

Name of Employer Yoder Tile & Marble Occupation Tile/Ceramic Contractor

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2010

**Transaction ID : SA11AI.6943**

Amount of Each Receipt this Period  
**150.00**

**B.** Full Name (Last, First, Middle Initial)  
**Dr. David Youberg**

Mailing Address 215 S. 10th St.

City Sac City State IA Zip Code 50583

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  
 08 / 10 / 2010

**Transaction ID : SA11AI.5649**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address 3849 Trent Lane

City Waterloo State IA Zip Code 50701

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

Name of Employer None Occupation Retired

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 18 / 2010

**Transaction ID : SA11AI.6876**

Amount of Each Receipt this Period  
**600.00**

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

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

**1250.00**

**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 74 OF 114
	<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)  
**Rick Young**

Mailing Address 750 S. Hackett Rd.  
P.O. Box 1437

City Waterloo State IA Zip Code 50704

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

Name of Employer Young Plumbing Heating & Cooli Occupation Owner

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  
 09 / 18 / 2010

**Transaction ID : SA11AI.6719**

Amount of Each Receipt this Period  
400.00

**B.** Full Name (Last, First, Middle Initial)  
**Marie Ziegler**

Mailing Address 2252 St. Andrews Cir.

City Bettendorf State IA Zip Code 52722

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 Y Y  
 07 / 29 / 2010

**Transaction ID : SA11AI.5394**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 2103 Nathan St.

City Bettendorf State IA Zip Code 52722

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

Name of Employer LeClaire Manufacturing Occupation President

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2010

**Transaction ID : SA11AI.7356**

Amount of Each Receipt this Period  
500.00

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

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

1400.00

119499.08

**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 75 OF 114
	<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)  
**American Future Fund Political Action**

Mailing Address 228 S. Washington St.  
Ste. 115

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00449926

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2010

**Transaction ID : SA11C.7150**

Amount of Each Receipt this Period  
5000.00

**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  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2010

**Transaction ID : SA11C.6878**

Amount of Each Receipt this Period  
400.00

**C.** Full Name (Last, First, Middle Initial)  
**Conservative Opportunity Leadership & Enterprise PAC**

Mailing Address 12176 Chancery Station Circle

City State Zip Code  
Reston VA 20190

FEC ID number of contributing federal political committee. **C** C00404392

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  
 08 / 26 / 2010

**Transaction ID : SA11C.6174**

Amount of Each Receipt this Period  
1000.00

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

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

6400.00

**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 76 OF 114
	<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)  
**Delaware Co. Republican Central Co.**

Mailing Address No central address

City: Manchester State: IA Zip Code: 52057

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

Name of Employer: Occupation:

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 07 / 08 / 2010

**Transaction ID : SA11C.5248**

Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Dubuque Co. Republican Central Committee**

Mailing Address P.O. Box 1052

City: Dubuque State: IA Zip Code: 52004

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

Name of Employer: Occupation:

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1125.00

Date of Receipt: 08 / 11 / 2010

**Transaction ID : SA11C.5748**

Amount of Each Receipt this Period: 1125.00

**C.** Full Name (Last, First, Middle Initial)  
**Dubuque Co. Republican Central Committee**

Mailing Address P.O. Box 1052

City: Dubuque State: IA Zip Code: 52004

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

Name of Employer: Occupation:

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2250.00

Date of Receipt: 09 / 14 / 2010

**Transaction ID : SA11C.6608**

Amount of Each Receipt this Period: 1125.00

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

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

2750.00

**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 77 OF 114
	<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)  
**For Americas Republican Majority PAC (FARM PAC)**

Mailing Address 675 N Washington St. Suite 410

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00409672

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2010

**Transaction ID : SA11C.6746**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Freedom and Security PAC**

Mailing Address 228 S. Washington St. Ste. 115

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00437061

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 07 / 2010

**Transaction ID : SA11C.6392**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address P.O. Box 9190

City State Zip Code  
St. Paul MN 55109

FEC ID number of contributing federal political committee. **C** C00467688

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  
 08 / 17 / 2010

**Transaction ID : SA11C.5931**

Amount of Each Receipt this Period  
2500.00

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

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

6000.00

**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 78 OF 114
	<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)  
**International Foodservice Distributors Association PAC**

Mailing Address 1410 Spring Hill Road  
Ste. 210

City State Zip Code  
McLean VA 22102

FEC ID number of contributing federal political committee. **C** C00383521

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  
 08 / 23 / 2010

**Transaction ID : SA11C.6115**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Jones Co. Republican Central Committee**

Mailing Address P.O. Box 31

City State Zip Code  
Anamosa IA 52205

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

Name of Employer Occupation

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  
 07 / 19 / 2010

**Transaction ID : SA11C.5311**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Jones Co. Republican Central Committee**

Mailing Address P.O. Box 31

City State Zip Code  
Anamosa IA 52205

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 09 / 2010

**Transaction ID : SA11C.5560**

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 79 OF 114  
(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)  
**MidAmerican Energy Company Executive PAC**

Mailing Address 666 Grand Ave.  
P.O. Box 657

City Des Moines State IA Zip Code 50303

FEC ID number of contributing federal political committee. **C C00324483**

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  
 09 / 17 / 2010

**Transaction ID : SA11C.6690**

Amount of Each Receipt this Period  
 5000.00

**B.** Full Name (Last, First, Middle Initial)  
**National Federation of Independent Business/Save Americas Free Enterprise Trust**

Mailing Address 1201 F St. NW  
Suite 200

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00101105**

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  
 09 / 27 / 2010

**Transaction ID : SA11C.7088**

Amount of Each Receipt this Period  
 1500.00

**C.** Full Name (Last, First, Middle Initial)  
**National Rifle Association of America Political Victory Fund**

Mailing Address 11250 Waples Mill Road

City Fairfax State VA Zip Code 22030

FEC ID number of contributing federal political committee. **C C00053553**

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  
 09 / 28 / 2010

**Transaction ID : SA11C.7115**

Amount of Each Receipt this Period  
 2500.00

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

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

9000.00

**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 80 OF 114
	<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)  
**Ralston Purina Company Committee For Good Government (RP-PAC)**

Mailing Address **Checkerboard Square**

City **St. Louis** State **MO** Zip Code **63164**

FEC ID number of contributing federal political committee. **C C00338335**

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2010**

**Transaction ID : SA11C.7355**

Amount of Each Receipt this Period  
**750.00**

**B.** Full Name (Last, First, Middle Initial)  
**The Freedom Project**

Mailing Address **631-B Pennsylvania Ave., SE  
Basement Unit**

City **Washington** State **DC** Zip Code **20003**

FEC ID number of contributing federal political committee. **C C00305805**

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2010**

**Transaction ID : SA11C.7364**

Amount of Each Receipt this Period  
**5000.00**

**C.** Full Name (Last, First, Middle Initial)  
**The Hawkeye PAC**

Mailing Address **P.O. Box 7255**

City **Des Moines** State **IA** Zip Code **50309**

FEC ID number of contributing federal political committee. **C C00379479**

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 24 / 2010**

**Transaction ID : SA11C.5345**

Amount of Each Receipt this Period  
**5000.00**

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

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

**10750.00**

**36650.00**



**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 81 OF 114			
	<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 MM / DD / YYYY 08 / 14 / 2010
Mailing Address P.O. Box 81540		Amount of Each Disbursement this Period 268.50 <b>Transaction ID : SB17.5811</b>
City El Paso	State TX	
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	

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		Date of Disbursement MM / DD / YYYY 08 / 24 / 2010
Mailing Address P.O. Box 81540		Amount of Each Disbursement this Period 10.24 <b>Transaction ID : SB17.6117</b>
City El Paso	State TX	
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	

Full Name (Last, First, Middle Initial) <b>c. American Express</b>		Date of Disbursement MM / DD / YYYY 08 / 28 / 2010
Mailing Address P.O. Box 81540		Amount of Each Disbursement this Period 61.50 <b>Transaction ID : SB17.6218</b>
City El Paso	State TX	
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).....	268.54
<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 82 OF 114			
	<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 09 / 07 / 2010
Mailing Address P.O. Box 81540		Amount of Each Disbursement this Period 5.12 <b>Transaction ID : SB17.6338</b>
City El Paso	State TX	
Zip Code 79998-1540	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	

Full Name (Last, First, Middle Initial) <b>B. Arena Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2010
Mailing Address 1780 W. Sequoia Vista Circle		Amount of Each Disbursement this Period 6283.00 <b>Transaction ID : SB17.5400</b>
City Salt Lake City	State UT	
Zip Code 84104	Purpose of Disbursement Mailer and Printing	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>c. Arena Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2010
Mailing Address 1780 W. Sequoia Vista Circle		Amount of Each Disbursement this Period 5061.00 <b>Transaction ID : SB17.6373</b>
City Salt Lake City	State UT	
Zip Code 84104	Purpose of Disbursement Campaign Mailer	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).....	11349.12
<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 83 OF 114			
	<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. Best Western Midway Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2010
Mailing Address 3100 Dodge Street		Amount of Each Disbursement this Period 264.77
City Dubuque	State IA	
Zip Code 52003		
Purpose of Disbursement Breakfast Event		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	

Full Name (Last, First, Middle Initial) <b>B. Cody Brown</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2010
Mailing Address P.O. Box 4		Amount of Each Disbursement this Period 3015.05
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 07 / 05 / 2010
Mailing Address P.O. Box 4		Amount of Each Disbursement this Period 3015.05
City Independence	State IA	
Zip Code 50644		
Purpose of Disbursement Payroll Expense		Category/ Type 001
Candidate Name		
Office Sought: <input 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:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6294.87
<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 84 OF 114			
	<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 07 / 06 / 2010
Mailing Address P.O. Box 4		Amount of Each Disbursement this Period 1120.31 <b>Transaction ID : SB17.5141</b>
City Independence	State IA	
Zip Code 50644	Purpose of Disbursement Mileage & Supplies Reimb.	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. Cody Brown</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2010
Mailing Address P.O. Box 4		Amount of Each Disbursement this Period 3015.05 <b>Transaction ID : SB17.5385</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 08 / 16 / 2010
Mailing Address P.O. Box 4		Amount of Each Disbursement this Period 543.09 <b>Transaction ID : SB17.5876</b>
City Independence	State IA	
Zip Code 50644	Purpose of Disbursement Postage, paper	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).....	4678.45
<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 85 OF 114			
	<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 MM / DD / YYYY 08 / 16 / 2010
Mailing Address P.O. Box 4		Amount of Each Disbursement this Period 4,500.00 Transaction ID : SB17.5877
City Independence	State IA	
Zip Code 50644	Purpose of Disbursement Mileage, Travel	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. Cody Brown</b>		Date of Disbursement MM / DD / YYYY 08 / 16 / 2010
Mailing Address P.O. Box 4		Amount of Each Disbursement this Period 29.90 Transaction ID : SB17.5878
City Independence	State IA	
Zip Code 50644	Purpose of Disbursement Fundraising materials	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	

Full Name (Last, First, Middle Initial) <b>c. Cody Brown</b>		Date of Disbursement MM / DD / YYYY 08 / 30 / 2010
Mailing Address P.O. Box 4		Amount of Each Disbursement this Period 3308.06 Transaction ID : SB17.6219
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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4858.30
<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 86 OF 114			
	<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. Amelia Chasse</b>		Date of Disbursement MM / DD / YYYY 08 / 16 / 2010
Mailing Address 31 Estates Drive #3		Amount of Each Disbursement this Period 570.50 <b>Transaction ID : SB17.5880</b>
City Manchester	State ME	
Zip Code 04351	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>B. Amelia Chasse</b>		Date of Disbursement MM / DD / YYYY 08 / 28 / 2010
Mailing Address 31 Estates Drive #3		Amount of Each Disbursement this Period 2409.60 <b>Transaction ID : SB17.6197</b>
City Manchester	State ME	
Zip Code 04351	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. Amelia Chasse</b>		Date of Disbursement MM / DD / YYYY 08 / 28 / 2010
Mailing Address 31 Estates Drive #3		Amount of Each Disbursement this Period 137.44 <b>Transaction ID : SB17.6198</b>
City Manchester	State ME	
Zip Code 04351	Purpose of Disbursement Reimburse - 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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3117.54
<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 87 OF 114			
	<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. Amelia Chasse</b>		Date of Disbursement MM / DD / YYYY 08 / 28 / 2010
Mailing Address 31 Estates Drive #3		Amount of Each Disbursement this Period 121.00 <b>Transaction ID : SB17.6199</b>
City Manchester	State ME	
Zip Code 04351	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>B. Amelia Chasse</b>		Date of Disbursement MM / DD / YYYY 08 / 28 / 2010
Mailing Address 31 Estates Drive #3		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB17.6201</b>
City Manchester	State ME	
Zip Code 04351	Purpose of Disbursement In-kind - business cards	Category/ Type
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) <b>c. Amelia Chasse</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2010
Mailing Address 31 Estates Drive #3		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB17.6229</b>
City Manchester	State ME	
Zip Code 04351	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).....	721.00
<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 88 OF 114			
	<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. Kurt Ehlers</b>		Date of Disbursement MM / DD / YYYY 07 / 05 / 2010
Mailing Address 515 7th Ave. NE		Amount of Each Disbursement this Period 362.05 <b>Transaction ID : SB17.5128</b>
City Independence	State IA	
Zip Code 50644	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>B. ElectionMall, Inc.</b>		Date of Disbursement MM / DD / YYYY 07 / 12 / 2010
Mailing Address ElectionMall, Inc.		Amount of Each Disbursement this Period 56.89 <b>Transaction ID : SB17.5256</b>
City Washington	State DC	
Zip Code 20004	Purpose of Disbursement Transaction Fees / Commission	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	

Full Name (Last, First, Middle Initial) <b>c. ElectionMall, Inc.</b>		Date of Disbursement MM / DD / YYYY 07 / 19 / 2010
Mailing Address ElectionMall, Inc.		Amount of Each Disbursement this Period 128.15 <b>Transaction ID : SB17.5292</b>
City Washington	State DC	
Zip Code 20004	Purpose of Disbursement Transaction Fees / Commission	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).....	547.09
<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 89 OF 114			
	<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. ElectionMall, Inc.</b>		Date of Disbursement MM / DD / YYYY 07 / 23 / 2010
Mailing Address ElectionMall, Inc.		Amount of Each Disbursement this Period 4.76 <b>Transaction ID : SB17.5351</b>
City Washington State DC Zip Code 20004	Purpose of Disbursement Transaction Fees / Commission 004 Category/Type	
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. ElectionMall, Inc.</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2010
Mailing Address ElectionMall, Inc.		Amount of Each Disbursement this Period 27.66 <b>Transaction ID : SB17.5398</b>
City Washington State DC Zip Code 20004	Purpose of Disbursement Transaction Fees / Commission 003 Category/Type	
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. ElectionMall, Inc.</b>		Date of Disbursement MM / DD / YYYY 08 / 10 / 2010
Mailing Address ElectionMall, Inc.		Amount of Each Disbursement this Period 5.38 <b>Transaction ID : SB17.5557</b>
City Washington State DC Zip Code 20004	Purpose of Disbursement Transaction Fees / Commission 003 Category/Type	
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).....	37.80
<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 90 OF 114			
	<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. ElectionMall, Inc.</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2010
Mailing Address ElectionMall, Inc.		Amount of Each Disbursement this Period 303.53 <b>Transaction ID : SB17.5816</b>
City Washington	State DC	
Zip Code 20004	Purpose of Disbursement Transaction Fees / Commission	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	

Full Name (Last, First, Middle Initial) <b>B. ElectionMall, Inc.</b>		Date of Disbursement MM / DD / YYYY 08 / 24 / 2010
Mailing Address ElectionMall, Inc.		Amount of Each Disbursement this Period 85.13 <b>Transaction ID : SB17.6116</b>
City Washington	State DC	
Zip Code 20004	Purpose of Disbursement Transaction Fees / Commission	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	

Full Name (Last, First, Middle Initial) <b>c. ElectionMall, Inc.</b>		Date of Disbursement MM / DD / YYYY 08 / 28 / 2010
Mailing Address ElectionMall, Inc.		Amount of Each Disbursement this Period 154.04 <b>Transaction ID : SB17.6215</b>
City Washington	State DC	
Zip Code 20004	Purpose of Disbursement Transaction Fees / Commission	Category/ Type 003
Candidate Name	Office Sought: <input 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: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	542.70
<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 91 OF 114			
	<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. ElectionMall, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2010
Mailing Address ElectionMall, Inc.		Amount of Each Disbursement this Period 23.66 <b>Transaction ID : SB17.6336</b>
City Washington	State DC	
Zip Code 20004	Purpose of Disbursement Transaction Fees / Commission	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	

Full Name (Last, First, Middle Initial) <b>B. ElectionMall, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2010
Mailing Address ElectionMall, Inc.		Amount of Each Disbursement this Period 91.63 <b>Transaction ID : SB17.6521</b>
City Washington	State DC	
Zip Code 20004	Purpose of Disbursement Transaction Fees / Commission	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	

Full Name (Last, First, Middle Initial) <b>c. ElectionMall, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2010
Mailing Address ElectionMall, Inc.		Amount of Each Disbursement this Period 77.71 <b>Transaction ID : SB17.6809</b>
City Washington	State DC	
Zip Code 20004	Purpose of Disbursement Transaction Fees / Commission	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).....	193.00
<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 92 OF 114			
	<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. ElectionMall, Inc.</b>		Date of Disbursement MM / DD / YYYY 09 / 27 / 2010
Mailing Address ElectionMall, Inc.		Amount of Each Disbursement this Period 82.93 <b>Transaction ID : SB17.7055</b>
City Washington	State DC	
Zip Code 20004	Purpose of Disbursement Transaction Fees / Commission	Category/Type 003
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. Matt Elliott</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2010
Mailing Address 1009 David Dr.		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.6231</b>
City Independence	State IA	
Zip Code 50644	Purpose of Disbursement Mileage Reimbursement	Category/Type 002
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. FusionForward, LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 06 / 2010
Mailing Address 2349 Jamestown Ave. Suite 4B		Amount of Each Disbursement this Period 895.39 <b>Transaction ID : SB17.5164</b>
City Independence	State IA	
Zip Code 50644	Purpose of Disbursement Networking/cards/printing	Category/Type 001
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).....	1228.32
<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 93 OF 114			
	<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 MM / DD / YYYY 08 / 01 / 2010
Mailing Address 2349 Jamestown Ave. Suite 4B		Amount of Each Disbursement this Period 543.40 <b>Transaction ID : SB17.5386</b>
City Independence	State IA	
Purpose of Disbursement Mailer / Ad		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. Julie M. Gunderson</b>		Date of Disbursement MM / DD / YYYY 07 / 06 / 2010
Mailing Address 2075 Three Elms Park Rd.		Amount of Each Disbursement this Period 776.00 <b>Transaction ID : SB17.5166</b>
City Independence	State IA	
Purpose of Disbursement Mileage		Category/ Type 002
Candidate Name		
Office Sought:	<input 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:	District:	

Full Name (Last, First, Middle Initial) <b>C. Julie M. Gunderson</b>		Date of Disbursement MM / DD / YYYY 07 / 14 / 2010
Mailing Address 2075 Three Elms Park Rd.		Amount of Each Disbursement this Period 2150.60 <b>Transaction ID : SB17.5268</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).....	3470.00
<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 94 OF 114			
	<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 MM / DD / YYYY 07 / 14 / 2010
Mailing Address 2075 Three Elms Park Rd.		Amount of Each Disbursement this Period 1020.29 <b>Transaction ID : SB17.5269</b>
City Independence	State IA	
Purpose of Disbursement Postage - reimburse		Category/ Type 001
Candidate Name		
Office Sought: <input 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:	District:	

Full Name (Last, First, Middle Initial) <b>B. Julie M. Gunderson</b>		Date of Disbursement MM / DD / YYYY 08 / 12 / 2010
Mailing Address 2075 Three Elms Park Rd.		Amount of Each Disbursement this Period 2149.60 <b>Transaction ID : SB17.5623</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	

Full Name (Last, First, Middle Initial) <b>c. Julie M. Gunderson</b>		Date of Disbursement MM / DD / YYYY 08 / 16 / 2010
Mailing Address 2075 Three Elms Park Rd.		Amount of Each Disbursement this Period 249.00 <b>Transaction ID : SB17.5881</b>
City Independence	State IA	
Purpose of Disbursement Mileage Reimbursement		Category/ Type 002
Candidate Name		
Office Sought: <input 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:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3418.89
<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 95 OF 114			
	<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 MM / DD / YYYY 09 / 13 / 2010
Mailing Address 2075 Three Elms Park Rd.		Amount of Each Disbursement this Period 2435.00 <b>Transaction ID : SB17.6520</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	

Full Name (Last, First, Middle Initial) <b>B. Danielle Harvey</b>		Date of Disbursement MM / DD / YYYY 08 / 19 / 2010
Mailing Address 2430 River Dr.		Amount of Each Disbursement this Period 278.98 <b>Transaction ID : SB17.6369</b>
City Moline	State IL	
Purpose of Disbursement In-kind - food & beverage		Category/ Type
Candidate Name		
Office Sought: <input 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:	District:	

Full Name (Last, First, Middle Initial) <b>c. Innovation Designs, LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 05 / 2010
Mailing Address 2349 Jamestown Ave. Ste. 5		Amount of Each Disbursement this Period 133.75 <b>Transaction ID : SB17.5129</b>
City Independence	State IA	
Purpose of Disbursement Podium signs		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).....	2847.73
<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 96 OF 114			
	<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. Innovation Designs, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2010
Mailing Address 2349 Jamestown Ave. Ste. 5		Amount of Each Disbursement this Period 105.25 <b>Transaction ID : SB17.6234</b>
City Independence	State IA Zip Code 50644	
Purpose of Disbursement Business Cards	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. Iowa Department of Revenue</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2010
Mailing Address Hoover State Office Building 1305 E. Walnut		Amount of Each Disbursement this Period 1056.00 <b>Transaction ID : SB17.5240</b>
City Des Moines	State IA Zip Code 50319	
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. Iowa Workforce Development</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2010
Mailing Address 1000 E. Grand Ave.		Amount of Each Disbursement this Period 297.41 <b>Transaction ID : SB17.5387</b>
City Des Moines	State IA Zip Code 50319	
Purpose of Disbursement 2nd Qtr. SUTA	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).....	1458.66
<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 97 OF 114			
	<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 MM / DD / YYYY 08 / 11 / 2010
Mailing Address 319 6th St. SE		Amount of Each Disbursement this Period 326.00 <b>Transaction ID : SB17.5565</b>
City Independence	State IA	
Purpose of Disbursement Mileage & Travel 5/22 - 7/6		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. Lange for Congress</b>		Date of Disbursement MM / DD / YYYY 08 / 11 / 2010
Mailing Address 606 13th Ave. NE		Amount of Each Disbursement this Period 954.00 <b>Transaction ID : SB17.5566</b>
City Independence	State IA	
Purpose of Disbursement Travel & Mileage 7/2-7/6, 7/26		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. MasterCard</b>		Date of Disbursement MM / DD / YYYY 07 / 12 / 2010
Mailing Address 2000 Purchase St.		Amount of Each Disbursement this Period 24.40 <b>Transaction ID : SB17.5254</b>
City Purchase	State NY	
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).....	1304.40
<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 98 OF 114			
	<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)		Date of Disbursement											
A. MasterCard		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>02</td> <td></td> <td>2010</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	08		02		2010
M M	/	D D	/	Y Y Y Y									
08		02		2010									
Mailing Address 2000 Purchase St.		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Purchase</td> <td>NY</td> <td>10577</td> </tr> </table>		City	State	Zip Code	Purchase	NY	10577	<table border="1"> <tr> <td>5.95</td> </tr> </table>		5.95			
City	State	Zip Code											
Purchase	NY	10577											
5.95													
Purpose of Disbursement Transaction Fees		Transaction ID : SB17.5396											
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)		Date of Disbursement											
B. MasterCard		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>10</td> <td></td> <td>2010</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	08		10		2010
M M	/	D D	/	Y Y Y Y									
08		10		2010									
Mailing Address 2000 Purchase St.		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Purchase</td> <td>NY</td> <td>10577</td> </tr> </table>		City	State	Zip Code	Purchase	NY	10577	<table border="1"> <tr> <td>2.38</td> </tr> </table>		2.38			
City	State	Zip Code											
Purchase	NY	10577											
2.38													
Purpose of Disbursement Transaction Fees		Transaction ID : SB17.5558											
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)		Date of Disbursement											
C. MasterCard		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>14</td> <td></td> <td>2010</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	08		14		2010
M M	/	D D	/	Y Y Y Y									
08		14		2010									
Mailing Address 2000 Purchase St.		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Purchase</td> <td>NY</td> <td>10577</td> </tr> </table>		City	State	Zip Code	Purchase	NY	10577	<table border="1"> <tr> <td>23.80</td> </tr> </table>		23.80			
City	State	Zip Code											
Purchase	NY	10577											
23.80													
Purpose of Disbursement		Transaction ID : SB17.5815											
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													

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	32.13
<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 99 OF 114			
	<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)		Date of Disbursement	
<b>A. MasterCard</b>		M M / D D / Y Y Y Y 08 / 24 / 2010	
Mailing Address 2000 Purchase St.		Amount of Each Disbursement this Period	
City Purchase	State NY	Zip Code 10577	0.60
Purpose of Disbursement Transaction Fees		003	<b>Transaction ID : SB17.6119</b>
Candidate Name <b>Lange for Congress</b>		Category/ Type	
Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010	
State: IA	District: 01	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>B. MasterCard</b>		M M / D D / Y Y Y Y 08 / 28 / 2010	
Mailing Address 2000 Purchase St.		Amount of Each Disbursement this Period	
City Purchase	State NY	Zip Code 10577	3.22
Purpose of Disbursement Transaction Fees		003	<b>Transaction ID : SB17.6216</b>
Candidate Name <b>Lange for Congress</b>		Category/ Type	
Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010	
State: IA	District: 01	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>c. MasterCard</b>		M M / D D / Y Y Y Y 09 / 07 / 2010	
Mailing Address 2000 Purchase St.		Amount of Each Disbursement this Period	
City Purchase	State NY	Zip Code 10577	2.62
Purpose of Disbursement Transaction Fees		003	<b>Transaction ID : SB17.6339</b>
Candidate Name <b>Lange for Congress</b>		Category/ Type	
Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010	
State: IA	District: 01	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6.44
<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 100 OF 114	
	<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)		Date of Disbursement	
A. MasterCard		M M / D D / Y Y Y Y 09 / 13 / 2010	
Mailing Address 2000 Purchase St.		Amount of Each Disbursement this Period	
City Purchase State NY Zip Code 10577		Transaction ID : SB17.6523	
Purpose of Disbursement		003 Category/Type	
Candidate Name Lange for Congress		Disbursement For: 2010	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 01		Amount of Each Disbursement this Period	
		35.11	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. MasterCard		M M / D D / Y Y Y Y 09 / 21 / 2010	
Mailing Address 2000 Purchase St.		Amount of Each Disbursement this Period	
City Purchase State NY Zip Code 10577		Transaction ID : SB17.6807	
Purpose of Disbursement Transaction Fees		003 Category/Type	
Candidate Name Lange for Congress		Disbursement For: 2010	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 01		Amount of Each Disbursement this Period	
		7.14	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. MasterCard		M M / D D / Y Y Y Y 09 / 27 / 2010	
Mailing Address 2000 Purchase St.		Amount of Each Disbursement this Period	
City Purchase State NY Zip Code 10577		Transaction ID : SB17.7054	
Purpose of Disbursement Transaction Fees		003 Category/Type	
Candidate Name Lange for Congress		Disbursement For: 2010	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 01		Amount of Each Disbursement this Period	
		2.98	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	45.23
<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 101 OF 114	
	<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. Per Mar Security Services</b>		Date of Disbursement MM / DD / YYYY 07 / 05 / 2010
Mailing Address P.O. Box 4227		Amount of Each Disbursement this Period 296.56 <b>Transaction ID : SB17.5085</b>
City Davenport	State IA	
Zip Code 52808	Purpose of Disbursement Mailer	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	

Full Name (Last, First, Middle Initial) <b>B. Print Express</b>		Date of Disbursement MM / DD / YYYY 07 / 14 / 2010
Mailing Address 505 20th Ave. SW		Amount of Each Disbursement this Period 117.70 <b>Transaction ID : SB17.5271</b>
City Independence	State IA	
Zip Code 50644	Purpose of Disbursement T-shirts	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>c. Pubic Opinion Strategies</b>		Date of Disbursement MM / DD / YYYY 07 / 05 / 2010
Mailing Address 214 N. Fayette Street		Amount of Each Disbursement this Period 6000.00 <b>Transaction ID : SB17.5082</b>
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Polling Expense	Category/ Type 005
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).....	6414.26
<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 102 OF 114			
	<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. R&amp;E Real Estate, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2010
Mailing Address 2349 Jamestown Ave. Ste. 4		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.5453</b>
City Independence	State IA Zip Code 50644	
Purpose of Disbursement Rent 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. R&amp;E Real Estate, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2010
Mailing Address 2349 Jamestown Ave. Ste. 4		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.6235</b>
City Independence	State IA Zip Code 50644	
Purpose of Disbursement Rent 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. Red Crow Grille</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2010
Mailing Address 2504 53rd Avenue		Amount of Each Disbursement this Period 245.00 <b>Transaction ID : SB17.7318</b>
City Bettendorf	State IA Zip Code 52722	
Purpose of Disbursement Event - Food & Beverage	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).....	445.00
<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 103 OF 114			
	<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. Richardson Consulting, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>08 / 05 / 2010</b>
Mailing Address 1610 Walden Dr.		Amount of Each Disbursement this Period <b>2000.00</b> <b>Transaction ID : SB17.5413</b>
City McLean	State VA	
Zip Code 22101	Purpose of Disbursement Campaign Research	Category/ Type <b>001</b>
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. Richardson Consulting, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>09 / 07 / 2010</b>
Mailing Address 1610 Walden Dr.		Amount of Each Disbursement this Period <b>2349.27</b> <b>Transaction ID : SB17.6372</b>
City McLean	State VA	
Zip Code 22101	Purpose of Disbursement Campaign Consulting	Category/ Type <b>001</b>
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. Laura Sandoval</b>		Date of Disbursement M M / D D / Y Y Y Y <b>09 / 08 / 2010</b>
Mailing Address 6401 Utical Rd. #19		Amount of Each Disbursement this Period <b>245.00</b> <b>Transaction ID : SB17.7317</b>
City Davenport	State IA	
Zip Code 52807	Purpose of Disbursement In-kind - Food/Beverage	Category/ Type <b>001</b>
Candidate Name	Office Sought: <input 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: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>4594.27</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 104 OF 114	
	<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. Scott Co. Republican Central Committee</b>		Date of Disbursement MM / DD / YYYY 08 / 19 / 2010
Mailing Address P.O. Box 534		Amount of Each Disbursement this Period 200.00 <b>Transaction ID : SB17.5962</b>
City Bettendorf	State IA	
Zip Code 52722	Purpose of Disbursement Office Space	Category/ Type 001
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) <b>B. Greg R. Torgerson</b>		Date of Disbursement MM / DD / YYYY 07 / 06 / 2010
Mailing Address 606 13th Ave. NE		Amount of Each Disbursement this Period 1552.43 <b>Transaction ID : SB17.5165</b>
City Independence	State IA	
Zip Code 50644	Purpose of Disbursement Payroll Expense / Campaign Cell	Category/ Type 001
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) <b>c. Greg R. Torgerson</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2010
Mailing Address 606 13th Ave. NE		Amount of Each Disbursement this Period 27.20 <b>Transaction ID : SB17.5383</b>
City Independence	State IA	
Zip Code 50644	Purpose of Disbursement Binders and Paper	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).....	1779.63
<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 105 OF 114			
	<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. U.S. Treasury</b>		Date of Disbursement MM / DD / YYYY 07 / 11 / 2010
Mailing Address 1500 Pennsylvania Avenue, NW		Amount of Each Disbursement this Period 4138.90 <b>Transaction ID : SB17.5241</b>
City Washington State DC Zip Code 20220	Purpose of Disbursement Payroll 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>B. U.S. Treasury</b>		Date of Disbursement MM / DD / YYYY 09 / 15 / 2010
Mailing Address 1500 Pennsylvania Avenue, NW		Amount of Each Disbursement this Period 2784.18 <b>Transaction ID : SB17.6682</b>
City Washington State DC Zip Code 20220	Purpose of Disbursement Payroll 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. U.S. Treasury</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2010
Mailing Address 1500 Pennsylvania Avenue, NW		Amount of Each Disbursement this Period -2069.45 <b>Transaction ID : SB17.6662</b>
City Washington State DC Zip Code 20220	Purpose of Disbursement Refund of Overpayments 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).....	4853.63
<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 106 OF 114			
	<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. Victory Enterprises</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2010
Mailing Address 5200 SW 30th St. Ste. 7		Amount of Each Disbursement this Period 489.22
City Davenport	State IA Zip Code 52802	
Purpose of Disbursement Shirts, Stickers	Category/Type 004	<b>Transaction ID : SB17.5270</b>
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. Victory Enterprises</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2010
Mailing Address 5200 SW 30th St. Ste. 7		Amount of Each Disbursement this Period 7712.87
City Davenport	State IA Zip Code 52802	
Purpose of Disbursement Signs, stickers, shirts	Category/Type 004	<b>Transaction ID : SB17.5289</b>
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. Victory Enterprises</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2010
Mailing Address 5200 SW 30th St. Ste. 7		Amount of Each Disbursement this Period 377.40
City Davenport	State IA Zip Code 52802	
Purpose of Disbursement Campaign Promo - Stickers	Category/Type 004	<b>Transaction ID : SB17.5382</b>
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).....	8579.49
<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 107 OF 114	
	<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. Victory Enterprises</b>		Date of Disbursement MM / DD / YYYY 08 / 09 / 2010
Mailing Address 5200 SW 30th St. Ste. 7		Amount of Each Disbursement this Period 6,106.73 <b>Transaction ID : SB17.5449</b>
City Davenport State IA Zip Code 52802	Purpose of Disbursement Sign materials 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. Victory Enterprises</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2010
Mailing Address 5200 SW 30th St. Ste. 7		Amount of Each Disbursement this Period 60,666.61 <b>Transaction ID : SB17.7291</b>
City Davenport State IA Zip Code 52802	Purpose of Disbursement Palm Cards & Media 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>c. Visa</b>		Date of Disbursement MM / DD / YYYY 07 / 12 / 2010
Mailing Address P.O. Box 8999		Amount of Each Disbursement this Period 2.14 <b>Transaction ID : SB17.5255</b>
City San Francisco State CA Zip Code 94128	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 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).....	61736.08
<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 108 OF 114			
	<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 MM / DD / YYYY 07 / 19 / 2010
Mailing Address P.O. Box 8999		Amount of Each Disbursement this Period 58.92 <b>Transaction ID : SB17.5291</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	

Full Name (Last, First, Middle Initial) <b>B. Visa</b>		Date of Disbursement MM / DD / YYYY 07 / 23 / 2010
Mailing Address P.O. Box 8999		Amount of Each Disbursement this Period 1.90 <b>Transaction ID : SB17.5350</b>
City San Francisco	State CA	
Zip Code 94128	Purpose of Disbursement Transaction Fees	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>c. Visa</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2010
Mailing Address P.O. Box 8999		Amount of Each Disbursement this Period 5.36 <b>Transaction ID : SB17.5395</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).....	66.18
<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 109 OF 114			
	<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 MM / DD / YYYY 08 / 14 / 2010
Mailing Address P.O. Box 8999		Amount of Each Disbursement this Period 2.98
City San Francisco	State CA	
Zip Code 94128	Purpose of Disbursement 003	<b>Transaction ID : SB17.5813</b>
Candidate Name <b>Lange for Congress</b>		Category/ Type
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. Visa</b>		Date of Disbursement MM / DD / YYYY 08 / 24 / 2010
Mailing Address P.O. Box 8999		Amount of Each Disbursement this Period 26.32
City San Francisco	State CA	
Zip Code 94128	Purpose of Disbursement Transaction Fees 003	<b>Transaction ID : SB17.6118</b>
Candidate Name <b>Lange for Congress</b>		Category/ Type
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 MM / DD / YYYY 08 / 28 / 2010
Mailing Address P.O. Box 8999		Amount of Each Disbursement this Period 32.97
City San Francisco	State CA	
Zip Code 94128	Purpose of Disbursement Transaction Fees 003	<b>Transaction ID : SB17.6217</b>
Candidate Name <b>Lange for Congress</b>		Category/ Type
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).....	62.27
<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 110 OF 114			
	<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 09 / 07 / 2010
Mailing Address P.O. Box 8999		Amount of Each Disbursement this Period 6.41 <b>Transaction ID : SB17.6337</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	

Full Name (Last, First, Middle Initial) <b>B. Visa</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2010
Mailing Address P.O. Box 8999		Amount of Each Disbursement this Period 6.53 <b>Transaction ID : SB17.6522</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	

Full Name (Last, First, Middle Initial) <b>c. Visa</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2010
Mailing Address P.O. Box 8999		Amount of Each Disbursement this Period 16.09 <b>Transaction ID : SB17.6806</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).....	27.03
<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 111 OF 114			
	<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 09 / 27 / 2010
Mailing Address P.O. Box 8999		Amount of Each Disbursement this Period 34.52 <b>Transaction ID : SB17.7053</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	

Full Name (Last, First, Middle Initial) <b>B. Winfrey &amp; Co.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2010
Mailing Address 228 S. Washington St.		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.5195</b>
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Consulting	Category/ Type 003
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) <b>c. Winfrey &amp; Co.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2010
Mailing Address 228 S. Washington St.		Amount of Each Disbursement this Period 1112.89 <b>Transaction ID : SB17.5384</b>
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Consulting Fee	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).....	2147.41
<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 112 OF 114			
	<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. Winfrey &amp; Co.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2010
Mailing Address 228 S. Washington St.		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.6196</b>
City Alexandria	State VA Zip Code 22314	
Purpose of Disbursement Consulting Fee	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	
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.</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	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 M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
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).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	138125.46



**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): Payroll Expense
Mailing Address P.O. Box 4	
City State Zip Code Independence IA 50644	

Outstanding Balance Beginning This Period <input type="text" value="3015.05"/>	<b>Transaction ID : SD10.5074</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="3015.05"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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

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

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="1926.50"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
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 <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 <input style="width:100%;" type="text" value="1117.00"/>	<b>Transaction ID : SD10.4638</b>
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="1117.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Benjamin Michael Lange</b>	Nature of Debt (Purpose): Mileage 6/30/10
Mailing Address 319 6th St. SE	
City State Zip Code Independence IA 50644	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="326.00"/>	<b>Transaction ID : SD10.5243</b>
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="326.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" 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 owed
Mailing Address 319 6th St. SE	
City State Zip Code Independence IA 50644	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="0.00"/>	<b>Transaction ID : SD10.7304</b>
Amount Incurred This Period <input style="width:100%;" type="text" value="909.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="909.00"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional) ..... ▶	<input style="width:100%;" type="text" value="2026.00"/>
<b>2) TOTALS</b> This Period (last page this line number only) ..... ▶	<input style="width:100%;" type="text" value="3952.50"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only)..... ▶	<input style="width:100%;" type="text" value="0.00"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input style="width:100%;" type="text" value="3952.50"/>