

**FEC FORM 3**

**REPORT OF RECEIPTS AND DISBURSEMENTS**  
For An Authorized Committee

RECEIVED  
FEC MAIL CENTER  
2016 APR 18 AM 7:50  
Office Use Only

NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Delinda Morgan for Congress

ADDRESS (number and street)

123918 NE SPRINGHILL RD  
PO BOX 16  
GASTON OR 97119-1

Check if different than previously reported. (ACC)

FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N) OR

AMENDED (A)

OR OR

TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

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

- Primary (12P)      General (12G)      Runoff (12R)
- Convention (12C)      Special (12S)

Election on 05 17 2016 in the State of OR

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

- General (30G)      Runoff (30R)      Special (30S)

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

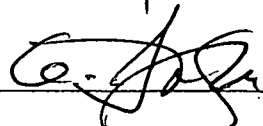
Covering Period

01 01 2016 through 03 31 2016

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

Signature or Print Name of Treasurer Guy LANCE MORGAN

Signature of Treasurer



Date 04 13 2016

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

Office Use Only

FEC FORM 3  
(Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

*Delinda Morgan for Congress*

Report Covering the Period: From: *01 01 2016* To: *03 31 2016*

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	, 250.00	, 4,697.50
(b) Total Contribution Refunds (from Line 20(d)).....		
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....		
Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	, 491.25	, 7,217.39
(b) Total Offsets to Operating Expenditures (from Line 14).....		
Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....		
Cash on Hand at Close of Reporting Period (from Line 27).....		
Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	, 14,857.54	
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....		

**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 Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	491.25	7,217.39
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....		
(b) Of All Other Loans .....		
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....		
21. OTHER DISBURSEMENTS .....		
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	491.25	7,217.39

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	250.00
25. SUBTOTAL (add Line 23 and Line 24).....	250.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	491.25
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	⑤ 241.25



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

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)  
*Delinda Morgan for Congress*

Full Name (Last, First, Middle Initial) <i>Delinda Morgan for Congress</i>		Date of Disbursement <i>03 08 2016</i>
A. Mailing Address <i>See of State OR Elections</i> <i>255 Capitol St. NE</i>		Amount of Each Disbursement this Period  <i>100.00</i>
City <i>Salem</i>	State <i>OR</i>	
Purpose of Disbursement <i>Candidate Filing</i>	Zip Code <i>97310</i>	
Candidate Name <i>Delinda Morgan</i>	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <i>OR</i>	District: <i>01</i>	

Full Name (Last, First, Middle Initial) <i>Delinda Morgan</i>		Date of Disbursement <i>03 31 2016</i>
Mailing Address <i>PO Box 16</i>		Amount of Each Disbursement this Period  <i>391.25</i>
City <i>Gaston</i>	State <i>OR</i>	
Purpose of Disbursement <i>TRAVEL + Meals 03/08/16 - 03/31/16</i>	Zip Code <i>97119</i>	
Candidate Name <i>Delinda Morgan</i>	Category/ Type <i>002</i>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <i>OR</i>	District: <i>01</i>	

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

SUBTOTAL of Disbursements This Page (optional).....  
TOTAL This Period (last page this line number only)..... *491.25*



