

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED

2014 JUL 14 PM 11:17

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

1234 MAIL CENTER

Delinda MORGAN FOR CONGRESS

ADDRESS (number and street)

23918 NE SPRINGHILL

PO Box 16

GASTON

OR

97119

Check if different than previously reported. (ACC)

FEC IDENTIFICATION NUMBER

C00525154

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

OR

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

X July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on M M / D D / Y Y Y Y in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period

07 09 2014

through

06 30 2014

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 Guy Lance Morgan

Signature of Treasurer

[Handwritten Signature]

Date

07 08 2014

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:

*04 04 2014*

To:

*06 30 2014*

	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))....	<i>0.00</i>	<i>4,447.50</i>
(b) Total Contribution Refunds (from Line 20(d)).....		
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....		<i>4,447.50</i>
Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	<i>405.00</i>	<i>5,889.64</i>
(b) Total Offsets to Operating Expenditures (from Line 14).....		
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	<i>405.00</i>	<i>5,889.64</i>
8. Cash on Hand at Close of Reporting Period (from Line 27).....	<i>836.50</i>	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<i>15,694.04</i>	
10. 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 Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

*Delinda Morgan for Congress*

Report Covering the Period: From:

*05' 09' 2014*

To:

*06' 30' 2014*

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

11-00000-10041

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

*0.00*

*4,447.50*

(ii) Unitemized.....

(iii) TOTAL of contributions from individuals ▶

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

*4,447.50*

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

*142.00*

*2,278.64*

(b) All Other Loans.....

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

*142.00*

*2,278.64*

**DETAILED SUMMARY PAGE**  
of Disbursements

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	, 405.00	, 5,889.64
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) ▶	, 405.00	, 5,889.64

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	, 1,099.50
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	, 142.00
25. SUBTOTAL (add Line 23 and Line 24).....	, 1,241.50
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	, 405.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	, 836.50

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

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)  
*Delinda Morgan*

A. Mailing Address  
*23918 NE Springhill Rd*

City *Gaston* State *OR* Zip Code *97119*

Date of Receipt  
*08 20 2014*

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

Amount of Each Receipt this Period  
*1,420.00*

Name of Employer  
*Self*

Occupation  
*Candidate*

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
*2,278,64*

Full Name (Last, First, Middle Initial)

Date of Receipt

Mailing Address

City State Zip Code

Amount of Each Receipt this Period

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

Name of Employer

Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Full Name (Last, First, Middle Initial)

Date of Receipt

Mailing Address

City State Zip Code

Amount of Each Receipt this Period

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

Name of Employer

Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

*1,420.00*

11-00000-01

**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 1 OF 2

17  
20a  18  
20b  19a  
20c  19b  
21

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NAME OF COMMITTEE (In Full)

*Delinda Morgan for Congress*

Full Name (Last, First, Middle Initial)

A. *Christian News Northwest*

Mailing Address

*PO Box 974*

City *Newberg* State *OR* Zip Code *97132*

Purpose of Disbursement  
*Print Advertisement*

Candidate Name  
*Delinda Morgan*

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: *OR* District: *01*

Full Name (Last, First, Middle Initial)

Date of Disbursement

*05 27 2014*

Amount of Each Disbursement this Period

*108.00*

B. *Oregon Stationers*

Mailing Address

*217 NE 3RD ST.*

City *McMinnville* State *OR* Zip Code *97128*

Purpose of Disbursement  
*Hinting mailers*

Candidate Name  
*Delinda Morgan*

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: *OR* District: *01*

Full Name (Last, First, Middle Initial)

Date of Disbursement

*05 27 2014*

Amount of Each Disbursement this Period

*155.00*

C. *Delinda Morgan*

Mailing Address

*23918 NE Springhill Rd*

City *Gaston* State *OR* Zip Code *97119*

Purpose of Disbursement  
*TRAVEL - mileage*

Candidate Name  
*Delinda Morgan*

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: *OR* District: *01*

Full Name (Last, First, Middle Initial)

Date of Disbursement

*05 20 2014*

Amount of Each Disbursement this Period

*77.00*

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

*360.00*

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE <u>2</u> OF <u>2</u>			
	<input checked="" type="checkbox"/> 7 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

A. Full Name (Last, First, Middle Initial) <u>Delinda Morgan</u>		Date of Disbursement MM/DD/YYYY <u>05/14/2014</u>
Mailing Address <u>23918 NE Springhill Rd</u>		Amount of Each Disbursement this Period <u>20.00</u>
City <u>Gaston</u>	State <u>OR</u> Zip Code <u>97119</u>	
Purpose of Disbursement <u>Travel meals -</u>	Candidate Name <u>Delinda Morgan</u>	Category/Type <u>002</u>
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: <u>OR</u> District: <u>01</u>	Full Name (Last, First, Middle Initial)	

B. Full Name (Last, First, Middle Initial) <u>Delinda Morgan</u>		Date of Disbursement MM/DD/YYYY <u>05/20/2014</u>
Mailing Address <u>23918 NE Springhill Rd</u>		Amount of Each Disbursement this Period <u>25.00</u>
City <u>Gaston</u>	State <u>OR</u> Zip Code <u>97119</u>	
Purpose of Disbursement <u>Election night dinner</u>	Candidate Name <u>Delinda Morgan</u>	Category/Type <u>007</u>
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: <u>OR</u> District: <u>01</u>	Full Name (Last, First, Middle Initial)	

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

SUBTOTAL of Disbursements This Page (optional).....	<u>45.00</u>
TOTAL This Period (last page this line number only).....	<u>405.00</u>

**SCHEDULE C (FEC Form 3)  
LOANS**

NAME OF COMMITTEE (In Full)  
*Delinda Morgan for Congress*

LOAN SOURCE Full Name (Last, First, Middle Initial)  
*Morgan, Delinda, R.*

Election:  
 Primary  
 General  
 Other (specify) *Includes 2012 election cycle*

Mailing Address  
*PO Box 16*

City State ZIP Code  
*Gaston OR 97119*

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<i>7,018.90</i>	<i>15,694.04</i>	<i>15,694.04</i>

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	% (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

**SUBTOTALS** This Period This Page (optional)..... ▶

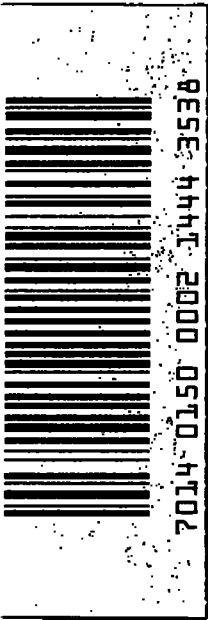
**TOTALS** This Period (last page in this line only)..... ▶ *15,694.04*

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

CONFIDENTIAL



97119



7014 0150 0002 1444 3538

UNITED STATES POSTAL SERVICE



20463



1000

U.S. POSTAGE  
PAID  
MCMINNVILLE, OR  
97128  
JUL 08 '14  
AMOUNT

\$7.40

00052125-02

**RETURN RECEIPT  
REQUESTED**

FEDERAL ELECTION Commission  
999 "E" STREET, NW  
Washington, D.C. 20463

RECEIVED  
2014 JUL 14 AM 11:17  
FEC MAIL CENTER

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand.Delivered	Date of Receipt
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<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 7/8/14
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*[Handwritten Signature]*

PREPARER  
(8/2013)

7/14/14

DATE PREPARED

14-00000-1000