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Image# 14961551156

FEC FORM 3

FE5AN018

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An Authori	zed Committee	Offic	ce Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
Linthicum for Congres	SS		1 1 1 1 1 1 1	
APPERO	40770 Highway 62			
ADDRESS (number and street)				
Check if different than previously reported. (ACC)	Chiloquin		OR 9762	4
2. FEC IDENTIFICATION N	IUMBER ▼	CITY	STATE A	ZIP CODE A STATE ▼ DISTRICT
C C00551457		S THIS NEW (N) OR	× AMENDED (A)	OR 02
4. TYPE OF REPORT (C	hoose One) (b) 1:	2-Day PRE -Election Report for	the:	
(a) Quarterly Reports:	(2)			П
X April 15 Quarterly	Report (Q1)	Primary (12P)	General (12G)	Runoff (12R)
July 15 Quarterly	Report (O2)	Convention (12C)	Special (12S)	
October 15 Quarte		Election on	D / Y Y Y Y	in the State of
January 31 Year-E	End Report (YE) (c) 3	0-Day POST -Election Report for	r the:	
		General (30G)	Runoff (30R)	Special (30S)
Termination Repor	, ,	Election on	D / Y " Y " Y " Y	in the State of
5. Covering Period		through	M M M / D D / Y 31	2014 Y
I certify that I have examined t	this Report and to the be	st of my knowledge and belief i	t is true, correct and cor	mplete.
Type or Print Name of Treasure	er Lisa Emard			
Signature of Treasurer List	a Emard	[Electronically Filed]	Date 07	11 / Y Y Y Y Y 2014
NOTE: Submission of false, error	neous, or incomplete inform	nation may subject the person sig	gning this Report to the pe	enalties of 2 U.S.C. §437g.
Office Use Only				FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

PAGE 2 / 25

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name Linthicum for Congress

		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))	13803.00	19225.50
	(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))	13803.00	19225.50
	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	14227.23	17323.44
	(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
	(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	14227.23	17323.44
	Cash on Hand at Close of Reporting Period (from Line 27)	8402.06	
	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
).	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	2375.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

PAGE 3 / 25

25725.50

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

ī	inthicum	for	Conc	ırass
L	.iriti ilicum	101	COLIC	11622

01 2014 03 2014 01 31 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 5200.00 7850.00 (i) Itemized (use Schedule A)...... 7853.00 10625.50 (ii) Unitemized..... (iii) TOTAL of contributions 13053.00 18475.50 from individuals 750.00 750.00 Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs)..... 0.00 0.00 The Candidate..... TOTAL CONTRIBUTIONS (other than loans) 13803.00 19225.50 (add Lines 11(a)(iii), (b), (c), and (d)).. 12. TRANSFERS FROM OTHER 0.00 6500.00 AUTHORIZED COMMITTEES 13. LOANS: (a) Made or Guaranteed by the 0.00 0.00 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 0.00 0.00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 0.00 (Refunds, Rebates, etc.) 15. OTHER RECEIPTS 0.00 0.00 (Dividends, Interest, etc.) 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15)

13803.00

(Carry Total to Line 24, page 4).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 25

	II.	DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPEF	RATING EXPENDITURES	14227.23	17323.44
18.		ISFERS TO OTHER HORIZED COMMITTEES	0.00	0.00
19.	LOAN	I REPAYMENTS:		
	. ,	Of Loans Made or Guaranteed by the Candidate	0.00	0.00
	(b) (Of All Other Loans	0.00	0.00
	` '	FOTAL LOAN REPAYMENTS add Lines 19(a) and (b))	0.00	0.00
0.	REFU	INDS OF CONTRIBUTIONS TO:		
	` '	ndividuals/Persons Other Than Political Committees	0.00	0.00
			0.00	0.00
		Political Party Committees Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	` '	TOTAL CONTRIBUTION REFUNDS add Lines 20(a), (b), and (c))	0.00	0.00
1.	ОТНЕ	ER DISBURSEMENTS	0.00	0.00
22.		AL DISBURSEMENTS Lines 17, 18, 19(c), 20(d), and 21)	14227.23	17323.44
		III. CASH SUM	MMARY	
3.	CASH	I ON HAND AT BEGINNING OF REPOR	TING PERIOD	8826.29
4	TOTA	L RECEIPTS THIS PERIOD (from Line 16	6, page 3)	13803.00
5.	SUBT	OTAL (add Line 23 and Line 24)		22629.29
6.	TOTA	L DISBURSEMENTS THIS PERIOD (from	n Line 22)	14227.23
		ON HAND AT CLOSE OF REPORTING		8402.06

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:				PAGE	:	5	OF		25	
(check only one)										
×	11a		11b		11c		11	d		
	12		13a		13b		14	. [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) Linthicum for Congress Full Name (Last, First, Middle Initial) Bill Adams Date of Receipt Mailing Address 2810 Montelius 2014 11 City State Zip Code Transaction ID: SA11AI.4249 OR 97601 Klamath Falls FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 200.00 Name of Employer Occupation One Stop Auto Wrecking Owner Receipt For: 2014 Election Cycle-to-Date Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) Bill Adams Date of Receipt Mailing Address 2810 Montelius M M / D D / Y Y Y Y

		03	13	2014		
City Klamath Falls	Transaction ID : SA11AI.4369					
FEC ID number of contributing federal political committee.	С	Amount o	f Each Recei	pt this Period		
Name of Employer	Occupation		,	100.00	J	
One Stop Auto Wrecking	Owner					
Receipt For: 2014 Primary General Other (specify)	Election Cycle-to-Date 400.00					
Full Name (Last, First, Middle Initial) Paul Castilleia		Date of R	eceipt			

Mailing Address 401 E. 7th. 03 13 2014 P.O. Box 204 City State Zip Code Transaction ID: SA11AI.4372 OR 97846 Joseph FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation Wallowa County County Commissioner Receipt For: 2014 Election Cycle-to-Date Primary General 250.00 Other (specify)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) (check of potalled Summary Page (check of potalled Summary Page)

FOR LINE NUMBER:				PAGE		6	OF	25
(check only one)								
X 11a		11b		11c		110	d	
12	-	13a		13b		14	Γ	15

Δ.	ny information conied from such Reports and	Statements may not be sold or used by any pe	
		e name and address of any political committee	
	NAME OF COMMITTEE (In Full) Linthicum for Congress		
<u></u>	Full Name (Last, First, Middle Initial)		
A.	Diane Clary Mailing Address 6916 Adams Rd.		Date of Receipt
	Walling Address 6916 Addres Rd.		01 18 2014
	City	State Zip Code	Transaction ID : SA11AI.4272
	Talent	OR 97540	-
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer N/A	Occupation Retired	1000.00
	Receipt For: 2014	Election Cycle-to-Date	
	Primary General Other (specify)	1600.00	
— В.	Full Name (Last, First, Middle Initial) Diane Clary		Date of Receipt
٥.	Mailing Address 6916 Adams Rd.	03 07 2014	
	City Talent	State Zip Code OR 97540	Transaction ID : SA11AI.4364
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period
	Name of Employer	Occupation	1000.00
	N/A	Retired	
	Receipt For: 2014	Election Cycle-to-Date	
	Primary General Other (specify)	2600.00	
_	Full Name (Last, First, Middle Initial) William W. Clary III		Date of Receipt
C.	Mailing Address 6916 Adams Rd.		03 28 2014
	City	State Zip Code	Transaction ID : SA11AI.4426
	Talent	OR 97540	_
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer N/A	Occupation Retired	250.00
	Receipt For: 2014	Election Cycle-to-Date	-
	Primary General Other (specify)	350.00	
Г	SUBTOTAL of Receipts This Page (optional)		2250.00
1 1	'OTAL This Period (last page this line number	Officy)	

N/A

Receipt For: 2014

Primary

Other (cn/

General

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LIN	PAGE	:	1	OF		25			
(check only one)									
X 118	a _	11b		11c		11	d		
12		13a		13b		14			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) Linthicum for Congress Full Name (Last, First, Middle Initial) Lana Fawcett Date of Receipt Mailing Address 55 Scenic Dr. 2014 31 City State Zip Code Transaction ID: SA11AI.4308 OR 97520 Ashland FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 500.00 Name of Employer Occupation N/A Retired Receipt For: 2014 Election Cycle-to-Date Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) Lana Fawcett Date of Receipt Mailing Address 55 Scenic Dr. 04 2014 City State Zip Code Transaction ID: SA11AI.4360 Ashland OR 97520 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 500.00 Name of Employer

	Cuter (specify)		
c.	Full Name (Last, First, Middle Initial) Dola J. Johnson Mailing Address 22661 Hwy. 62 City	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Shady Cove	OR 97539	Transaction ID : SA11AI.4423
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer	Occupation	500.00
	Self	Business Manager	,
	Receipt For: 2014 Primary General Other (specify)	Election Cycle-to-Date 500.00	

1000.00

Occupation Retired

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

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

Election Cycle-to-Date

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	25			
(check only one)								
X 11a	11b	11c	11	d				
12	13a	13b	14	. [15			

		Statements may not be sold or used by any penter name and address of any political committee	
	NAME OF COMMITTEE (In Full) Linthicum for Congress		
Α.	Full Name (Last, First, Middle Initial) Terry Linthicum Mailing Address 23365 Deming Ranch	Date of Receipt	
	City Santa Ysabel	State Zip Code CA 92070	03 28 2014 Transaction ID : SA11AI.4427
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer N/A	Occupation Retired	250.00
	Receipt For: 2014 Primary General Other (specify)	Election Cycle-to-Date	
В.	Full Name (Last, First, Middle Initial) Dennis Quam Mailing Address P.O. Box 43		Date of Receipt
	City	01 04 2014 Transaction ID : SA11AI.4245	
	FEC ID number of contributing federal political committee.	OR 97621	Amount of Each Receipt this Period
	Name of Employer N/A	Occupation Retired	250.00
	Receipt For: 2014 Primary General Other (specify)	Election Cycle-to-Date	
<u> </u>	Full Name (Last, First, Middle Initial) Dennis Quam		Date of Receipt
Ο.	Mailing Address P.O. Box 43 City	State Zip Code	01 30 / 2014
	Beatty	OR 97621	Transaction ID : SA11AI.4289
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer N/A	Occupation Retired	25.00
	Receipt For: 2014 Primary General Other (specify)	Election Cycle-to-Date 275.00	
Г	SUBTOTAL of Receipts This Page (optional)		525.00
[т	OTAL This Period (last page this line number		

SCHEDULE A (FEC Form 3)

FOR LINE NUMBER: PAGE 9 OF (check only one) 11a 11b 11c

25

Use separate schedule(s) for each category of the ITEMIZED RECEIPTS 11d Detailed Summary Page 12 13a 13b 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) Linthicum for Congress Full Name (Last, First, Middle Initial) Dennis Quam Date of Receipt Mailing Address P.O. Box 43 2014 12 City State Zip Code Transaction ID: SA11AI.4327 OR 97621 Beatty FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 100.00 Name of Employer Occupation N/A Retired Receipt For: 2014 Election Cycle-to-Date Primary General 375.00 Other (specify) Full Name (Last, First, Middle Initial) Dennis Quam Date of Receipt Mailing Address P.O. Box 43 07 2014 City State Zip Code Transaction ID: SA11AI.4361 Beatty OR 97621 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 25.00 Name of Employer Occupation Retired N/A Receipt For: 2014 Election Cycle-to-Date | Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) Elizabeth Van Staaveren Date of Receipt Mailing Address 1008 NW Cascade Way 2014 27 City Zip Code State Transaction ID: SA11AI.4351 OR McMinnville 97128-9512 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation N/A Retired Receipt For: 2014 Election Cycle-to-Date | Yrimary General Other (specify) 250.00 375.00 SUBTOTAL of Receipts This Page (optional)..... 5200.00 TOTAL This Period (last page this line number only).....

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

Image# 14961551165	
CCHEDIII E A leec form 2)	
NAME OF COMMITTEE (In Full) Linthicum for Congress	
Full Name (Last, First, Middle Initial) Oregon Republican Party Mailing Address P.O. Box 1586 City State Zip Code OR 97035-0786 FEC ID number of contributing federal political committee. Name of Employer C C00153031 C C00153031 Receipt For: 2014 Primary General Other (specify) Full Name (Last, First, Middle Initial)	Date of Receipt M M M / D D / 2014 Transaction ID: SA11B.4603 Amount of Each Receipt this Period 750.00 In-kind - E-mail list

	Receipt For: 2014 Primary General Other (specify)	Election Cycle-to-Date 750.00	
В.	Full Name (Last, First, Middle Initial) Mailing Address City	State Zip Code	Date of Receipt
	FEC ID number of contributing federal political committee. Name of Employer	Occupation	Amount of Each Receipt this Period
	Receipt For: Primary General Other (specify)	Election Cycle-to-Date	
C.	Full Name (Last, First, Middle Initial) Mailing Address City	State Zip Code	Date of Receipt
	FEC ID number of contributing federal political committee. Name of Employer	Occupation	Amount of Each Receipt this Period
	Receipt For: Primary General Other (specify)	Election Cycle-to-Date	
s	SUBTOTAL of Receipts This Page (optional)		750.00 750.00

PAGE 11 25 FOR LINE NUMBER: SCHEDULE B (FEC Form 3) Use separate schedule(s) (check only one) for each category of the ITEMIZED DISBURSEMENTS X 17 18 19b 19a Detailed Summary Page 20a 20b 20c 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) Linthicum for Congress Full Name (Last, First, Middle Initial) Date of Disbursement Anedot 2014 Mailing Address 5555 Hilton, Ste 106 03 19 City State Zip Code Amount of Each Disbursement this Period LA **Baton Rouge** 70808 Purpose of Disbursement 32.65 Processing Fees 001 Transaction ID: SB17.4470 Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) President District: State: Full Name (Last, First, Middle Initial) Anedot Date of Disbursement Mailing Address 5555 Hilton, Ste 106 03 29 2014 City State Zip Code Amount of Each Disbursement this Period LA 70808 Baton Rouge 34.56 Purpose of Disbursement Processing Fees 001 Transaction ID: SB17.4472 Candidate Name Category/ Type Disbursement For: Office Sought: House Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement c. Anedot Mailing Address 5555 Hilton, Ste 106 03 2014 City State Zip Code Amount of Each Disbursement this Period 70808 **Baton Rouge** LA Purpose of Disbursement 16.12 Processing Fees 001 Transaction ID: SB17.4493 Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary

Other (specify)

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

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

State:

President

District:

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

25 FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) (check only one) for each category of the X 17 18 19a 19b Detailed Summary Page 20c 20a 20b 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

or	for commercial pu	urposes, other than u	ising the name and address of any pol	ticai committee	to solicit contributions from such committee.
	NAME OF COMM	IITTEE (In Full)			
\rangle	Linthicum fo	r Congress			
		3			
	Full Name (Last, F	First, Middle Initial)			
Δ	Beachside I	nn			Date of Disbursement
Α.					M M / D D / Y Y Y Y
	Mailing Address	300 5th Ave.			03 07 2014
	City		State Zip Code		Amount of Each Disbursement this Period
	Seaside		OR 97138		Amount of East Biobardement this Ferrod
	Purpose of Disbur	rsement			276.86
	Lodging			002	Transaction ID : SB17.4465
	Candidate Name			Catagony	Transaction iD . 3B17.4403
				Category/ Type	
	Office Sought:	House	Disbursement For:	.,,,,,	-
	omoo coagmi	Senate	Primary General		
		President	Other (specify)		
	State:	District:	Cirior (opeony)		
		First, Middle Initial)			
	Dorchester				Date of Disbursement
В.	Doronostor	Oomerenee			Date of Disbursement
	Mailing Address	4050 NIM T OIOI	-1		M M / D D / Y Y Y
	Mailing Address 4353 NW Tam O'Shanter Way				02 24 2014
	City State Zip Code				
	Portland OR 97229				Amount of Each Disbursement this Period
	Purpose of Disbursement				150.00
	Booth Fee			007	
	Candidate Name				Transaction ID : SB17.4463
	oundate Hand			Category/ Type	
	Office Sought:	House	Disbursement For:	Туре	_
	Office Sought.	Senate	Primary General		
		President	Other (specify)		
	State:	District:	Other (specify)		
	•	First, Middle Initial)			Date of Disbursement
C.	Lisa Emard				Date of Disbursement
	Mailing Address	M. P Add			M M / D D / Y Y Y
	Mailing Address 40770 Hwy. 62				03 31 2014
	City		State Zip Code		
	Chiloquin OR 97624				Amount of Each Disbursement this Period
	Purpose of Disbursement				900.00
	Accounting Servi	ces		001	
	Candidata Nama			0.1	Transaction ID : SB17.4508
				Category/ Type	
	Office Sought:	House	Disbursement For:	.,,,,,	-
		Senate	Primary General		
		President	Other (specify)		
	State:	District:			
		2.50100			
					1326.86
S	SUBTOTAL of Disb	ursements This Page	(optional)		
Т	OTAL This Period	(last page this line n	umber only)		

IT	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS y information copied from such Reports and Statements in for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full) Linthicum for Congress Full Name (Last, First, Middle Initial) Dennis Linthicum		nedule(s) y of the y Page used by any pe	e to solicit contributions from such committee. Date of Disbursement
	Mailing Address 36590 Hwy 140E			02 07 2014
	City State Beatty OR	Zip Code 97621		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Expenses		002	1650.05 Transaction ID : SB17.4495
	Candidate Name		Category/ Type	Transaction ib . 3617.4493
	Office Sought: House Disbursement Formary	General		
B.	Full Name (Last, First, Middle Initial) Dennis Linthicum Mailing Address 36590 Hwy 140E			Date of Disbursement O2 07 7 2014
	City State Beatty OR	Zip Code 97621		Amount of Each Disbursement this Period
	Purpose of Disbursement Mileage		002	608.20 Transaction ID : SB17.4496
	Candidate Name		Category/ Type	
	Office Sought: Senate Disbursement Formary	General		
c.	Full Name (Last, First, Middle Initial) Dennis Linthicum			Date of Disbursement
	Mailing Address 36590 Hwy 140E			02 07 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	•	ip Code 97621		Amount of Each Disbursement this Period
	Purpose of Disbursement Postage Candidate Name	37021	001 Category/	97.10 Transaction ID : SB17.4497
	Office Sought: Senate	General	Type	
1				

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

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

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summar	nedule(s) (d of the	FOR LINE NUMBER: PAGE 14 OF 25 check only one) X 17			
	ny information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions r for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.						
\rangle	NAME OF COMMITTEE (In Full) Linthicum for Congress						
۱.	Full Name (Last, First, Middle Initial) Dennis Linthicum			Date of Disbursement			
	Mailing Address 36590 Hwy 140E			02 07 2014			
	City State Beatty OR	Zip Code 97621		Amount of Each Disbursement this Period			
	Purpose of Disbursement Fundraising supplies		003	6.00 Transaction ID : SB17.4498			
	Candidate Name		Category/ Type	Transaction B : 65 Transaction			
	Office Sought: House Disbursement Formation		.,,,,,				
3.	Full Name (Last, First, Middle Initial) Dennis Linthicum			Date of Disbursement			
	Mailing Address 36590 Hwy 140E			02 07 2014			
	City State Beatty OR	Zip Code 97621		Amount of Each Disbursement this Period			
	Purpose of Disbursement Travel Expense Reimbursement		002	680.80			
	Candidate Name		Category/ Type	Transaction ID : SB17.4499			
	Office Sought: Yama		Турс	_			
	State: OR District: 02 Full Name (Last, First, Middle Initial)						
).	Dennis Linthicum			Date of Disbursement			
	Mailing Address 36590 Hwy 140E			02 07 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	•	Zip Code 97621		Amount of Each Disbursement this Period			
	Purpose of Disbursement Repayment of transfer/loan from candidate	37021		500.00			
	Candidate Name		Category/ Type	Transaction ID : SB17.4717			
	Office Sought: House Disbursement Formation						
	State: OR District: 02						
				1186.80			

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

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

1mage# 14961551170 PAGE 15 / 25

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SB17 Transaction ID: SB17.4717

This was partial repayment of \$6,500 transfer intended as loan from the candidate.

Form/Schedule: Transaction ID:

ITEMIZED DISBURSEMENTS

PAGE 16 25 FOR LINE NUMBER: SCHEDULE B (FEC Form 3) Use separate schedule(s) (check only one) for each category of the X 17 19b 18 19a Detailed Summary Page 20a 20b 20c 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) Linthicum for Congress Full Name (Last, First, Middle Initial) Date of Disbursement Dennis Linthicum 2014 Mailing Address 36590 Hwy 140E 03 03 City State Zip Code Amount of Each Disbursement this Period OR Beatty 97621 610.13 Purpose of Disbursement Expense Reimbursement Transaction ID: SB17.4503 Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) President OR State: District: Full Name (Last, First, Middle Initial) Dennis Linthicum Date of Disbursement Mailing Address 36590 Hwy 140E 03 03 2014 City State Zip Code Amount of Each Disbursement this Period OR 97621 Beatty 353.34 Purpose of Disbursement Travel Expense 002 Transaction ID: SB17.4503.0 Candidate Name Category/ [MEMO ITEM] Type Disbursement For: Office Sought: House 2014 Senate Primary General Other (specify) President State: OR District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Dennis Linthicum Mailing Address 36590 Hwy 140E 03 03 2014 City State Zip Code Amount of Each Disbursement this Period Beatty OR 97621 Purpose of Disbursement 50.00 Fundraiser-rental 003 Transaction ID: SB17.4503.1 Candidate Name Category/ Type [MEMO ITEM] Office Sought: Disbursement For: House General Senate Primary President Other (specify)

OR

District:

02

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

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

State:

SCHEDULE B (FEC Form 3)

PAGE 17 25 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the ITEMIZED DISBURSEMENTS X 17 19b 18 19a Detailed Summary Page 20a 20b 20c 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) Linthicum for Congress Full Name (Last, First, Middle Initial) Date of Disbursement Dennis Linthicum 2014 Mailing Address 36590 Hwy 140E 03 03 City State Zip Code Amount of Each Disbursement this Period OR Beatty 97621 Purpose of Disbursement 190.00 Dinner Event Fees 007 Transaction ID: SB17.4503.2 Candidate Name Category/ Type [MEMO ITEM] Office Sought: House Disbursement For: Senate Primary General Other (specify) President OR State: District: Full Name (Last, First, Middle Initial) Dennis Linthicum Date of Disbursement Mailing Address 36590 Hwy 140E 03 03 2014 City State Zip Code Amount of Each Disbursement this Period OR 97621 Beatty 10.84 Purpose of Disbursement Postage 001 Transaction ID: SB17.4503.3 Candidate Name Category/ [MEMO ITEM] Type Disbursement For: Office Sought: House Senate Primary General Other (specify) President State: OR District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Dennis Linthicum Mailing Address 36590 Hwy 140E 03 03 2014 City State Zip Code Amount of Each Disbursement this Period Beatty OR 97621 5.95 Purpose of Disbursement 006 Transaction ID: SB17.4503.4 Candidate Name Category/ Type [MEMO ITEM] Office Sought: Disbursement For: House General Senate Primary President Other (specify) OR State: District: 02

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

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS Any information copied from such Reports and Statement or for commercial purposes, other than using the name a NAME OF COMMITTEE (In Full) Linthicum for Congress Full Name (Last, First, Middle Initial) A. Dennis Linthicum Mailing Address 36590 Hwy 140E		
State: OR District: 02	97621 Category Type For:	Amount of Each Disbursement this Period 3669.89 Transaction ID: SB17.4509
Full Name (Last, First, Middle Initial) Dennis Linthicum Mailing Address 36590 Hwy 140E City State Beatty OR Purpose of Disbursement Travel Expenses Candidate Name Office Sought: House Disbursement Senate Prim President State: OR District: 02	97621 002 Category Type For:	Date of Disbursement M M M / D D / Y Y Y Y Y Amount of Each Disbursement this Period 493.55 Transaction ID: SB17.4509.0 [MEMO ITEM]
Full Name (Last, First, Middle Initial) C. Dennis Linthicum Mailing Address 36590 Hwy 140E City State Beatty OR Purpose of Disbursement Fundraiser-Meal Candidate Name Office Sought: House Senate Prim President State: OR District: 02		Date of Disbursement M M J D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

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

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

ITEMIZED DISBURSEMENTS

PAGE 19 25 FOR LINE NUMBER: SCHEDULE B (FEC Form 3) Use separate schedule(s) (check only one) for each category of the X 17 19b 18 19a Detailed Summary Page 20a 20b 20c 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) Linthicum for Congress Full Name (Last, First, Middle Initial) Date of Disbursement Dennis Linthicum 2014 Mailing Address 36590 Hwy 140E 03 31 City State Zip Code Amount of Each Disbursement this Period OR Beatty 97621 Purpose of Disbursement 17.58 Envelopes 001 Transaction ID: SB17.4509.2 Candidate Name Category/ Type [MEMO ITEM] Office Sought: House Disbursement For: Senate Primary General Other (specify) President OR State: District: Full Name (Last, First, Middle Initial) GetPaper.com Date of Disbursement Mailing Address 3942 W. Burnham St. 03 18 2014 City State Zip Code Amount of Each Disbursement this Period WI 53215 Milwaukie 508.76 Purpose of Disbursement Signs 004 Transaction ID: SB17.4509.3 Candidate Name Category/ [MEMO ITEM] Type Disbursement For: Office Sought: House Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Oregon Secretary of State Mailing Address 255 Capitol St. NE 03 2014 City State Zip Code Amount of Each Disbursement this Period Salem OK 97310 2500.00 Purpose of Disbursement 001 Transaction ID: SB17.4509.4 Candidate Name Category/ Type [MEMO ITEM] Office Sought: Disbursement For: House General Senate Primary

Other (specify)

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

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

State:

President

District:

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	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate scho for each category Detailed Summary	edule(s) (of the	FOR LINE NUMBER: PAGE 20 OF 25 (check only one) X 17
	y information copied from such Reports and Statements m for commercial purposes, other than using the name and a			
\rangle	NAME OF COMMITTEE (In Full) Linthicum for Congress			
Full Name (Last, First, Middle Initial) A. Dennis Linthicum				Date of Disbursement
	Mailing Address 36590 Hwy 140E			03 31 2014
	City State Beatty OR	Zip Code 97621		Amount of Each Disbursement this Period
	Purpose of Disbursement Ink for printing Candidate Name		003 Category/	120.00 Transaction ID : SB17.4509.5
	Office Sought: House Senate President State: OR Disbursement For Primary Other (s	General	Type	[MEMO ITEM]
3.	Full Name (Last, First, Middle Initial) Oregon Republican Party Mailing Address P.O. Box 1586			Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State Lake Oswego OR	Zip Code 97035-0786		Amount of Each Disbursement this Period
	Purpose of Disbursement In-kind - E-mail list Candidate Name		Category/ Type	750.00 Transaction ID : SB17.4605
	Office Sought: House Senate President Disbursement For Primary Other (s	General	турс	
	Full Name (Last, First, Middle Initial)			
Э.	Print Runner			Date of Disbursement
	Mailing Address 8000 Haskell Ave.			02 / D D / Y Y Y Y Y 2014
	•	p Code 1406		Amount of Each Disbursement this Period
	Purpose of Disbursement Door hangers CA 91406 O04			220.00
	Candidate Name		Category/ Type	Transaction ID : SB17.4456
	Office Sought: House Disbursement For Senate Primary Other (s	General		

State:

District:

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

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

		3 (FEC Form SBURSEMENT	-	Use separate sch for each category Detailed Summar	of the	FOR LINE NUMBER: (check only one) X 17
						person for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMM	•	, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,		
Α.	Full Name (Last, First, Middle Initial) PSPrint			Date of Disbursement		
	Mailing Address	2861 Mandela Parkwa	ay			01 17 2014
	City Oakland		State CA	Zip Code 94608		Amount of Each Disbursement this Period
	Purpose of Disbu Stickers	ursement			006	203.90 Transaction ID : SB17.4442
	Candidate Name				Category/ Type	
	Office Sought:	House Senate President	Disbursement For Primary Other (s	General		
	State:	District:				
В.	Full Name (Last, First, Middle Initial) Super Cheap Signs Mailing Address 9804 Gray Blvd.				Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City Austin		State TX	Zip Code 78758		Amount of Each Disbursement this Period
	Purpose of Disbu Signs				004	180.87 Transaction ID : SB17.4438
					Category/ Type	
	Office Sought: State:	House Senate President District:	Disbursement For Primary Other (s	General		
		First, Middle Initial)				
C.	Vista Print	The state in the s				Date of Disbursement
	Mailing Address 95 Hayden Ave.			01 / D D / Y Y Y Y Y 15 2014		
	City State Zip Code Lexington MA 02421				Amount of Each Disbursement this Period	
	Purpose of Disbursement			004	52.50	
	Candidate Name				Category/ Type	Transaction ID : SB17.4440
	Office Sought:	House Senate President	Disbursement For Primary Other (s	General		
_	State:	District:				

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

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Image# 14961551177						
SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS Any information copied from such Reports and Statements or for commercial purposes, other than using the name and		edule(s) of the Page sed by any pe				
NAME OF COMMITTEE (In Full) Linthicum for Congress						
Full Name (Last, First, Middle Initial) Wrangler Dani, Corp. Mailing Address 21285 Highway 20, #143			Date of Disbursement O2 07 2014			
City State Bend OR Purpose of Disbursement Media work Candidate Name Office Sought: House Senate Primary Other (State: District:		004 Category/ Type	Amount of Each Disbursement this Period 390.00 Transaction ID : SB17.4454			
Full Name (Last, First, Middle Initial) Wrinkledog, inc.			Date of Disbursement			

02

Transaction ID : SB17.4522

004

Category/ Type

Othe President District: State: Full Name (Last, First, Middle Initial) wrinkledog, inc. Mailing Address 404 Main St., Ste. 6 02 2014 City Zip Code State Amount of Each Disbursement this Period OR 97601 Klamath Falls 1500.00 Purpose of Disbursement Website services 001 Transaction ID: SB17.4477 Candidate Name Category/ Type Office Sought: Disbursement For: House Senate Primary General President Other (specify) State: District: Full Name (Last, First, Middle Initial) Date of Disbursement c. wrinkledog, inc. Mailing Address 404 Main St., Ste. 6

Zip Code

97601

State

OR

Disbursement For:

Primary

Other (specify)

State: District: 2390.00 SUBTOTAL of Disbursements This Page (optional)..... TOTAL This Period (last page this line number only).....

General

City

Klamath Falls

Candidate Name

Office Sought:

Purpose of Disbursement

Logo/business card design

House

Senate

President

2014

500.00

Amount of Each Disbursement this Period

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS		-	Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: PAGE 23 OF 25 (check only one)
					20a 20b 20c 21 erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Linthicum for Congress		, ,		
Α.	Full Name (Last, First, Middle Initial) wrinkledog, inc.				Date of Disbursement
	Mailing Address 404 Main St., Ste. 6				02 12 2014
	City Klamath Falls Purpose of Disbursement Market research	State OR	Zip Code 97601	003	Amount of Each Disbursement this Period 375.00
	Candidate Name			Category/ Type	Transaction ID : SB17.4523
	Office Sought: House Senate President	Disbursement For Primary Other (s	General		
_	State: District: Full Name (Last, First, Middle Initial)				
В.	Mailing Address				Date of Disbursement
	City	State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement				
	Candidate Name			Category/ Type	
	Office Sought: House Senate President State: District:	Disbursement For Primary Other (s	General		
	Full Name (Last, First, Middle Initial)				
C.					Date of Disbursement
	Mailing Address				M M / D D / Y Y Y
	City	State Zi	p Code		Amount of Each Disbursement this Period
	Purpose of Disbursement				
	Candidate Name			Category/ Type	
	Office Sought: House Senate President	Disbursement For Primary Other (s	General		
	State: District:		1 - 27		

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

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

375.00

SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 24 OF
FOR LINE NUMBER:
(check only one)

	9
X	10

25

NAME OF COMMITTEE (In Full)

Linthicum for Congress

Linthicum for Congress					
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of Debt (Purpose):			
Dennis Linthicum		Advance for office expense-to be reimbursed			
Mailing Address 36590 Hwy 140E		_			
Walling Addiess 36590 Hwy 140E					
City State	Zip Code				
Beatty	OR 97621				
Outstanding Balance Beginning This Period		Transaction ID : SD10.4234			
103.10					
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period			
0.00	103.10	0.00			
0.00	100.10	0.00			
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Purpose):			
Dennis Linthicum		Advance for travel expensesto be reimbursed (within time limit)			
Mailing Address					
Mailing Address 36590 Hwy 140E					
City State	Zip Code				
Beatty	OR 97621				
Outstanding Balance Beginning This Period		Transaction ID : SD10.4236			
1650.05					
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period			
0.00	1650.05	0.00			
7	7 7	7			
C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of Debt (Purpose):			
Dennis Linthicum		Advance for travel expensesto be reimbursed (outside time limit)			
Mailing Address 36590 Hwy 140E		-			
00000 TIMY 140E					
City	State Zip Code OR 97621				
Beatty	OK 97621	Transaction ID : SD10.4235			
Outstanding Balance Beginning This Period		Hallsaction ID . 3D10.4233			
608.20					
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period			
0.00	608.20	0.00			
		, , , , , , , , , , , , , , , , , , ,			
		0.00			
1) SUBTOTALS This Period This Page (optional)		3.30			
2) TOTALS This Period (last page this line number	only)				
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only)	, , , , , , , , , , , , , , , , , , , ,			

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

Excluding Loans

NAME OF COMMITTEE (In Full)

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

PAGE 25 OF FOR LINE NUMBER: (check only one)

	9
X	10

25

Linthic	um for	Congress
---------	--------	----------

Linthicum for Congress		
A. Full Name (Last, First, Middle Initial) of Debto	Nature of Debt (Purpose): Market research, website, promo	
wrinkledog, inc.	Warket research, website, promo	
Mailing Address 404 Main St., Ste. 6		
City State	Zip Code	
Klamath Falls	OR 97601	
Outstanding Balance Beginning This Period		Transaction ID : SD10.4233
4750.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	2375.00	2375.00
3.00	7 7	, , , , ,
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Purpose):
Mailing Address		
City State	Zip Code	
	p	
Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
7 thealt incured This Felica	r dyllion. This i ched	Cutotariang Educated at Globe of This Foriou
C. Full Name (Last, First, Middle Initial) of Debto	Nature of Debt (Purpose):	
Mailing Address		
011	7: 0	
City	State Zip Code	
Outstanding Balance Beginning This Period		
Amount Incurred This Deviced	Dowmant This Davied	Outstanding Release at Class of This Paris
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
		, , , , , , , , , , , , , , , , , , , ,
		. 2375.00
) SUBTOTALS This Period This Page (optional)	2010.00	
2) TOTALS This Period (last page this line number	2375.00	
s) TOTAL OUTSTANDING LOANS from Schedule	0.00	
	2375.00	
4) ADD 2) and 3) and carry forward to appropriate		