

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Linthicum 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))....	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
7. 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
8. Cash on Hand at Close of Reporting Period (from Line 27).....	8402.06	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. 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

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Linthicum 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).....	5200.00	7850.00
(ii) Unitemized.....	7853.00	10625.50
(iii) TOTAL of contributions from individuals ▶	13053.00	18475.50
(b) Political Party Committees.....	750.00	750.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	13803.00	19225.50
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	6500.00
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)..... ▶	13803.00	25725.50

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	14227.23	17323.44
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	14227.23	17323.44

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	8826.29
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	13803.00
25. SUBTOTAL (add Line 23 and Line 24).....	22629.29
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	14227.23
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	8402.06

**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 25
	<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)
Linthicum for Congress

A. Full Name (Last, First, Middle Initial)
Bill Adams

Mailing Address 2810 Montelius

City State Zip Code
Klamath Falls OR 97601

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

Name of Employer Occupation
One Stop Auto Wrecking Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 11 / 2014

Transaction ID : SA11AI.4249

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Bill Adams

Mailing Address 2810 Montelius

City State Zip Code
Klamath Falls OR 97601

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

Name of Employer Occupation
One Stop Auto Wrecking Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 13 / 2014

Transaction ID : SA11AI.4369

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Paul Castilleja

Mailing Address 401 E. 7th.
P.O. Box 204

City State Zip Code
Joseph OR 97846

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

Name of Employer Occupation
Wallowa County County Commissioner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 13 / 2014

Transaction ID : SA11AI.4372

Amount of Each Receipt this Period
250.00

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

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

550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 25
	<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)
Linthicum for Congress

A. Full Name (Last, First, Middle Initial)
Diane Clary

Mailing Address 6916 Adams Rd.

City Talent State OR Zip Code 97540

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

Name of Employer N/A Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1600.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 18 / 2014

Transaction ID : SA11AI.4272

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Diane Clary

Mailing Address 6916 Adams Rd.

City Talent State OR Zip Code 97540

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

Name of Employer N/A Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 07 / 2014

Transaction ID : SA11AI.4364

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
William W. Clary III

Mailing Address 6916 Adams Rd.

City Talent State OR Zip Code 97540

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

Name of Employer N/A Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11AI.4426

Amount of Each Receipt this Period
250.00

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 25
	<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)
Linthicum for Congress

A. Full Name (Last, First, Middle Initial)
Lana Fawcett

Mailing Address 55 Scenic Dr.

City Ashland State OR Zip Code 97520

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

Name of Employer N/A Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 31 / 2014

Transaction ID : SA11AI.4308

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Lana Fawcett

Mailing Address 55 Scenic Dr.

City Ashland State OR Zip Code 97520

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

Name of Employer N/A Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 04 / 2014

Transaction ID : SA11AI.4360

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Dola J. Johnson

Mailing Address 22661 Hwy. 62

City Shady Cove State OR Zip Code 97539

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

Name of Employer Self Occupation Business Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 27 / 2014

Transaction ID : SA11AI.4423

Amount of Each Receipt this Period
 500.00

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 8 OF 25
	<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)
Linthicum for Congress

A. Full Name (Last, First, Middle Initial)
Terry Linthicum

Mailing Address 23365 Deming Ranch

City Santa Ysabel	State CA	Zip Code 92070
----------------------	-------------	-------------------

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

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11AI.4427

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dennis Quam

Mailing Address P.O. Box 43

City Beatty	State OR	Zip Code 97621
----------------	-------------	-------------------

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

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 04 / 2014

Transaction ID : SA11AI.4245

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dennis Quam

Mailing Address P.O. Box 43

City Beatty	State OR	Zip Code 97621
----------------	-------------	-------------------

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

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
275.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 30 / 2014

Transaction ID : SA11AI.4289

Amount of Each Receipt this Period
25.00

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

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

525.00

**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 25
	<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)
Linthicum for Congress

A. Full Name (Last, First, Middle Initial)
Dennis Quam

Mailing Address P.O. Box 43

City State Zip Code
Beatty OR 97621

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

Name of Employer Occupation
N/A Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
375.00

Date of Receipt
 M M / D D / Y Y Y Y
02 / 12 / 2014

Transaction ID : SA11AI.4327

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Dennis Quam

Mailing Address P.O. Box 43

City State Zip Code
Beatty OR 97621

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

Name of Employer Occupation
N/A Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 07 / 2014

Transaction ID : SA11AI.4361

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
Elizabeth Van Staaveren

Mailing Address 1008 NW Cascade Way

City State Zip Code
McMinnville OR 97128-9512

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

Name of Employer Occupation
N/A Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
02 / 27 / 2014

Transaction ID : SA11AI.4351

Amount of Each Receipt this Period
250.00

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

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

375.00

5200.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 OF 25
(check only one)
 11a 12 11b 13a 11c 13b 11d 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

A. Full Name (Last, First, Middle Initial)
Oregon Republican Party

Mailing Address P.O. Box 1586

City Lake Oswego State OR Zip Code 97035-0786

FEC ID number of contributing federal political committee. **C** C00153031

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 01 / 2014

Transaction ID : SA11B.4603

Amount of Each Receipt this Period
750.00

In-kind - E-mail list

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

750.00

750.00

**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 11 OF 25			
	<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)
Linthicum for Congress

Full Name (Last, First, Middle Initial) A. Anedot		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address 5555 Hilton, Ste 106		Amount of Each Disbursement this Period 32.65
City Baton Rouge	State LA	Zip Code 70808
Purpose of Disbursement Processing Fees	Category/Type 001	
Candidate Name		Transaction ID : SB17.4470
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) B. Anedot		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2014
Mailing Address 5555 Hilton, Ste 106		Amount of Each Disbursement this Period 34.56
City Baton Rouge	State LA	Zip Code 70808
Purpose of Disbursement Processing Fees	Category/Type 001	
Candidate Name		Transaction ID : SB17.4472
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) C. Anedot		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 5555 Hilton, Ste 106		Amount of Each Disbursement this Period 16.12
City Baton Rouge	State LA	Zip Code 70808
Purpose of Disbursement Processing Fees	Category/Type 001	
Candidate Name		Transaction ID : SB17.4493
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).....	83.33
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 12 OF 25			
	<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)
Linthicum for Congress

Full Name (Last, First, Middle Initial) A. Beachside Inn		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 300 5th Ave.		Amount of Each Disbursement this Period 276.86 Transaction ID : SB17.4465
City Seaside State OR Zip Code 97138	Purpose of Disbursement Lodging Category/Type 002	
Candidate Name	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) B. Dorchester Conference		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address 4353 NW Tam O'Shanter Way		Amount of Each Disbursement this Period 150.00 Transaction ID : SB17.4463
City Portland State OR Zip Code 97229	Purpose of Disbursement Booth Fee Category/Type 007	
Candidate Name	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) c. Lisa Emard		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 40770 Hwy. 62		Amount of Each Disbursement this Period 900.00 Transaction ID : SB17.4508
City Chiloquin State OR Zip Code 97624	Purpose of Disbursement Accounting Services Category/Type 001	
Candidate Name	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).....	1326.86
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 13 OF 25			
	<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)
Linthicum for Congress

Full Name (Last, First, Middle Initial) A. Dennis Linthicum		Date of Disbursement MM / DD / YYYY 02 / 07 / 2014
Mailing Address 36590 Hwy 140E		Amount of Each Disbursement this Period 1650.05 Transaction ID : SB17.4495
City Beatty	State OR	
Zip Code 97621	Purpose of Disbursement Travel Expenses	Category/ Type 002
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: OR	District: 02	

Full Name (Last, First, Middle Initial) B. Dennis Linthicum		Date of Disbursement MM / DD / YYYY 02 / 07 / 2014
Mailing Address 36590 Hwy 140E		Amount of Each Disbursement this Period 608.20 Transaction ID : SB17.4496
City Beatty	State OR	
Zip Code 97621	Purpose of Disbursement Mllege	Category/ Type 002
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: OR	District: 02	

Full Name (Last, First, Middle Initial) C. Dennis Linthicum		Date of Disbursement MM / DD / YYYY 02 / 07 / 2014
Mailing Address 36590 Hwy 140E		Amount of Each Disbursement this Period 97.10 Transaction ID : SB17.4497
City Beatty	State OR	
Zip Code 97621	Purpose of Disbursement Postage	Category/ Type 001
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General	
State: OR	District: 02	

SUBTOTAL of Disbursements This Page (optional).....	2355.35
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 14 OF 25			
	<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)
Linthicum for Congress

Full Name (Last, First, Middle Initial) A. Dennis Linthicum		Date of Disbursement MM / DD / YYYY 02 / 07 / 2014
Mailing Address 36590 Hwy 140E		Amount of Each Disbursement this Period 6.00 Transaction ID : SB17.4498
City Beatty	State OR	
Purpose of Disbursement Fundraising supplies		Category/ Type 003
Candidate Name		
Office Sought: <input checked="" 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: OR	District: 02	

Full Name (Last, First, Middle Initial) B. Dennis Linthicum		Date of Disbursement MM / DD / YYYY 02 / 07 / 2014
Mailing Address 36590 Hwy 140E		Amount of Each Disbursement this Period 680.80 Transaction ID : SB17.4499
City Beatty	State OR	
Purpose of Disbursement Travel Expense Reimbursement		Category/ Type 002
Candidate Name		
Office Sought: <input checked="" 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: OR	District: 02	

Full Name (Last, First, Middle Initial) C. Dennis Linthicum		Date of Disbursement MM / DD / YYYY 02 / 07 / 2014
Mailing Address 36590 Hwy 140E		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4717
City Beatty	State OR	
Purpose of Disbursement Repayment of transfer/loan from candidate		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OR	District: 02	

SUBTOTAL of Disbursements This Page (optional).....	1186.80
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

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:

**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 16 OF 25			
	<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)
Linthicum for Congress

Full Name (Last, First, Middle Initial) A. Dennis Linthicum		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 36590 Hwy 140E		Amount of Each Disbursement this Period 610.13
City Beatty	State OR	
Zip Code 97621	Purpose of Disbursement Expense Reimbursement	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: OR District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Dennis Linthicum		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 36590 Hwy 140E		Amount of Each Disbursement this Period 353.34
City Beatty	State OR	
Zip Code 97621	Purpose of Disbursement Travel Expense	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: OR District: 02	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. Dennis Linthicum		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 36590 Hwy 140E		Amount of Each Disbursement this Period 50.00
City Beatty	State OR	
Zip Code 97621	Purpose of Disbursement Fundraiser-rental	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: OR District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	610.13
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 17 OF 25			
	<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)
Linthicum for Congress

Full Name (Last, First, Middle Initial) A. Dennis Linthicum		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 36590 Hwy 140E		Amount of Each Disbursement this Period 190.00
City Beatty	State OR	
Zip Code 97621	Purpose of Disbursement Dinner Event Fees	Transaction ID : SB17.4503.2 [MEMO ITEM]
Candidate Name	Category/Type 007	
Office Sought: <input checked="" 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: OR District: 02		

Full Name (Last, First, Middle Initial) B. Dennis Linthicum		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 36590 Hwy 140E		Amount of Each Disbursement this Period 10.84
City Beatty	State OR	
Zip Code 97621	Purpose of Disbursement Postage	Transaction ID : SB17.4503.3 [MEMO ITEM]
Candidate Name	Category/Type 001	
Office Sought: <input checked="" 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: OR District: 02		

Full Name (Last, First, Middle Initial) C. Dennis Linthicum		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 36590 Hwy 140E		Amount of Each Disbursement this Period 5.95
City Beatty	State OR	
Zip Code 97621	Purpose of Disbursement Pens	Transaction ID : SB17.4503.4 [MEMO ITEM]
Candidate Name	Category/Type 006	
Office Sought: <input checked="" 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: OR District: 02		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 18 OF 25			
	<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)
Linthicum for Congress

Full Name (Last, First, Middle Initial) A. Dennis Linthicum		Date of Disbursement MM / DD / YYYY 03 / 31 / 2014
Mailing Address 36590 Hwy 140E		Amount of Each Disbursement this Period 3669.89
City Beatty	State OR	
Zip Code 97621	Purpose of Disbursement Expense Reimbursement	Transaction ID : SB17.4509
Candidate Name	Category/Type	
Office Sought: <input checked="" 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: OR	District: 02	

Full Name (Last, First, Middle Initial) B. Dennis Linthicum		Date of Disbursement MM / DD / YYYY 03 / 31 / 2014
Mailing Address 36590 Hwy 140E		Amount of Each Disbursement this Period 493.55
City Beatty	State OR	
Zip Code 97621	Purpose of Disbursement Travel Expenses	Transaction ID : SB17.4509.0
Candidate Name	Category/Type 002	
Office Sought: <input checked="" 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)	[MEMO ITEM]
State: OR	District: 02	

Full Name (Last, First, Middle Initial) C. Dennis Linthicum		Date of Disbursement MM / DD / YYYY 03 / 31 / 2014
Mailing Address 36590 Hwy 140E		Amount of Each Disbursement this Period 30.00
City Beatty	State OR	
Zip Code 97621	Purpose of Disbursement Fundraiser-Meal	Transaction ID : SB17.4509.1
Candidate Name	Category/Type 007	
Office Sought: <input checked="" 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)	[MEMO ITEM]
State: OR	District: 02	

SUBTOTAL of Disbursements This Page (optional).....	3669.89
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 19 OF 25			
	<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)
Linthicum for Congress

Full Name (Last, First, Middle Initial) A. Dennis Linthicum		Date of Disbursement MM / DD / YYYY 03 / 31 / 2014
Mailing Address 36590 Hwy 140E		Amount of Each Disbursement this Period 17.58
City Beatty	State OR	
Zip Code 97621	Purpose of Disbursement Envelopes	Transaction ID : SB17.4509.2
Candidate Name	Category/Type 001	
Office Sought: <input checked="" 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)	[MEMO ITEM]
State: OR District: 02		

Full Name (Last, First, Middle Initial) B. GetPaper.com		Date of Disbursement MM / DD / YYYY 03 / 18 / 2014
Mailing Address 3942 W. Burnham St.		Amount of Each Disbursement this Period 508.76
City Milwaukie	State WI	
Zip Code 53215	Purpose of Disbursement Signs	Transaction ID : SB17.4509.3
Candidate Name	Category/Type 004	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Oregon Secretary of State		Date of Disbursement MM / DD / YYYY 03 / 12 / 2014
Mailing Address 255 Capitol St. NE		Amount of Each Disbursement this Period 2500.00
City Salem	State OK	
Zip Code 97310	Purpose of Disbursement Ballot fee	Transaction ID : SB17.4509.4
Candidate Name	Category/Type 001	
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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 20 OF 25			
	<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)
Linthicum for Congress

Full Name (Last, First, Middle Initial) A. Dennis Linthicum		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 36590 Hwy 140E		Amount of Each Disbursement this Period 120.00
City Beatty	State OR	
Zip Code 97621	Purpose of Disbursement Ink for printing	Transaction ID : SB17.4509.5
Candidate Name	Category/ Type 003	
Office Sought: <input checked="" 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)	[MEMO ITEM]
State: OR District: 02		

Full Name (Last, First, Middle Initial) B. Oregon Republican Party		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014
Mailing Address P.O. Box 1586		Amount of Each Disbursement this Period 750.00
City Lake Oswego	State OR	
Zip Code 97035-0786	Purpose of Disbursement In-kind - E-mail list	Transaction ID : SB17.4605
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Print Runner		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2014
Mailing Address 8000 Haskell Ave.		Amount of Each Disbursement this Period 220.00
City Van Nuys	State CA	
Zip Code 91406	Purpose of Disbursement Door hangers	Transaction ID : SB17.4456
Candidate Name	Category/ Type 004	
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).....	970.00
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 21 OF 25			
	<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)
Linthicum for Congress

Full Name (Last, First, Middle Initial) A. PsPrint		Date of Disbursement MM / DD / YYYY 01 / 17 / 2014
Mailing Address 2861 Mandela Parkway		Amount of Each Disbursement this Period 203.90 Transaction ID : SB17.4442
City Oakland	State CA	
Purpose of Disbursement Stickers		Category/ Type 006
Candidate Name		
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) B. Super Cheap Signs		Date of Disbursement MM / DD / YYYY 01 / 09 / 2014
Mailing Address 9804 Gray Blvd.		Amount of Each Disbursement this Period 180.87 Transaction ID : SB17.4438
City Austin	State TX	
Purpose of Disbursement Signs		Category/ Type 004
Candidate Name		
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) C. Vista Print		Date of Disbursement MM / DD / YYYY 01 / 15 / 2014
Mailing Address 95 Hayden Ave.		Amount of Each Disbursement this Period 52.50 Transaction ID : SB17.4440
City Lexington	State MA	
Purpose of Disbursement Business cards		Category/ Type 004
Candidate Name		
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).....	437.27
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 22 OF 25			
	<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)
Linthicum for Congress

Full Name (Last, First, Middle Initial) A. Wrangler Dani, Corp.			Date of Disbursement MM / DD / YYYY 02 / 07 / 2014	
Mailing Address 21285 Highway 20, #143			Amount of Each Disbursement this Period 390.00	
City Bend	State OR	Zip Code 97701	Transaction ID : SB17.4454	
Purpose of Disbursement Media work		Category/ Type 004		
Candidate Name				
Office Sought:	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) B. wrinkledog, inc.			Date of Disbursement MM / DD / YYYY 02 / 12 / 2014	
Mailing Address 404 Main St., Ste. 6			Amount of Each Disbursement this Period 1500.00	
City Klamath Falls	State OR	Zip Code 97601	Transaction ID : SB17.4477	
Purpose of Disbursement Website services		Category/ Type 001		
Candidate Name				
Office Sought:	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) c. wrinkledog, inc.			Date of Disbursement MM / DD / YYYY 02 / 12 / 2014	
Mailing Address 404 Main St., Ste. 6			Amount of Each Disbursement this Period 500.00	
City Klamath Falls	State OR	Zip Code 97601	Transaction ID : SB17.4522	
Purpose of Disbursement Logo/business card design		Category/ Type 004		
Candidate Name				
Office Sought:	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).....	2390.00
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 23 OF 25			
	<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)
Linthicum for Congress

Full Name (Last, First, Middle Initial) A. wrinkledog, inc.			Date of Disbursement MM / DD / YYYY 02 / 12 / 2014		
Mailing Address 404 Main St., Ste. 6			Amount of Each Disbursement this Period 375.00		
City Klamath Falls	State OR	Zip Code 97601	Transaction ID : SB17.4523		
Purpose of Disbursement Market research	Category/ Type 003				
Candidate Name					
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) B.			Date of Disbursement MM / DD / YYYY		
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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) C.			Date of Disbursement MM / DD / YYYY		
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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	375.00
TOTAL This Period (last page this line number only).....	13404.63

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

NAME OF COMMITTEE (In Full)
Linthicum for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Dennis Linthicum	Nature of Debt (Purpose): Advance for office expense--to be reimbursed
Mailing Address 36590 Hwy 140E	
City State Zip Code Beatty OR 97621	

Outstanding Balance Beginning This Period <input type="text" value="103.10"/>	Transaction ID : SD10.4234	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="103.10"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Dennis Linthicum	Nature of Debt (Purpose): Advance for travel expenses--to be reimbursed (within time limit)
Mailing Address 36590 Hwy 140E	
City State Zip Code Beatty OR 97621	

Outstanding Balance Beginning This Period <input type="text" value="1650.05"/>	Transaction ID : SD10.4236	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1650.05"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Dennis Linthicum	Nature of Debt (Purpose): Advance for travel expenses--to be reimbursed (outside time limit)
Mailing Address 36590 Hwy 140E	
City State Zip Code Beatty OR 97621	

Outstanding Balance Beginning This Period <input type="text" value="608.20"/>	Transaction ID : SD10.4235	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="608.20"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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

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)

Linthicum for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
wrinkledog, inc.

Mailing Address 404 Main St., Ste. 6

City State Zip Code
 Klamath Falls OR 97601

Nature of Debt (Purpose):
 Market research, website, promo

Outstanding Balance Beginning This Period **Transaction ID : SD10.4233**

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

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

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

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

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

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="2375.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="2375.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="2375.00"/>