

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED

Office Use Only 2012 DEC 17 AM 8:06

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

FEC MAIL CENTER

Delinda Morgan for Congress

ADDRESS (number and street)

P.O. Box 16

23918 NE SPRINGHILL RD

GASTON

OR

97119

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

C 00525154

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

OR

1011

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

MM/DD/YYYY

in the State of

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

X

General (30G)

Runoff (30R)

Special (30S)

Election on

MM/DD/YYYY

in the State of

OR

5. Covering Period

10/18/2012

through

12/06/2012

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

Type or Print Name of Treasurer

Guy LANCE MORGAN

Signature of Treasurer

[Handwritten Signature]

Date

12/06/2012

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

12030982159

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Delinda Morgan for Congress

Report Covering the Period: From:

10 18 2012

To:

12 06 2012

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))....

1,783.97

11,366.00

(b) Total Contribution Refunds
(from Line 20(d))

0.00

(c) Net Contributions (other than loans)
(subtract Line 6(b) from Line 6(a))

1,783.97

11,366.00

7. Net Operating Expenditures

(a) Total Operating Expenditures
(from Line 17)

1,846.17

21,721.05

(b) Total Offsets to Operating
Expenditures (from Line 14)

(c) Net Operating Expenditures
(subtract Line 7(b) from Line 7(a))

1,846.17

21,721.05

8. Cash on Hand at Close of
Reporting Period (from Line 27)

-(1,853.57)

9. Debts and Obligations Owed TO
the Committee (Itemize all on
Schedule C and/or Schedule D)

10. Debts and Obligations Owed BY
the Committee (Itemize all on
Schedule C and/or Schedule D)

For further information contact:

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

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

12030982160

**DETAILED SUMMARY PAGE
of Receipts**

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

Delinda Morgan for Congress

Report Covering the Period: From:

MM ' DD ' YYYY
10 ' 18 ' 2012

To:

MM ' DD ' YYYY
12 ' 06 ' 2012

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)
 - (ii) Unitemized
 - (iii) TOTAL of contributions from individuals ▶
- (b) Political Party Committees
- (c) Other Political Committees (such as PACs)
- (d) The Candidate
- (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

1,183.97

600.00

1,783.97

10,768.00

855.00
500.00

12,121.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

13. LOANS:

- (a) Made or Guaranteed by the Candidate
- (b) All Other Loans
- (c) TOTAL LOANS (add Lines 13(a) and (b))

818.17

818.17

11,278.76

11,278.76

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

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

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

2,602.14

23,399.76

12030982161

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....

1,846.17

2,1240.45

18. TRANSFERS TO OTHER
AUTHORIZED COMMITTEES.....

19. LOAN REPAYMENTS:
(a) Of Loans Made or Guaranteed
by the Candidate.....
(b) Of All Other Loans.....
(c) TOTAL LOAN REPAYMENTS
(add Lines 19(a) and (b)).....

1,686.80

1,686.80

20. REFUNDS OF CONTRIBUTIONS TO:
(a) Individuals/Persons Other
Than Political Committees.....
(b) Political Party Committees.....
(c) Other Political Committees
(such as PACs).....
(d) TOTAL CONTRIBUTION REFUNDS
(add Lines 20(a), (b), and (c)).....

21. OTHER DISBURSEMENTS.....

22. TOTAL DISBURSEMENTS
(add Lines 17, 18, 19(c), 20(d), and 21) ▶

3,532.97

22,927.25

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

-(922.74)

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

2602.14

25. SUBTOTAL (add Line 23 and Line 24).....

1,679.40

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

3,532.97

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD
(subtract Line 26 from Line 25).....

-(1,853.57)

12030982162

**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 1 OF 2

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Delinda Morgan for Congress

Full Name (Last, First, Middle Initial)

A. *Delgado-Matich, Paulette M.*

Mailing Address

12624 17th St.

City

Yucaipa

State

CA

Zip Code

92399

FEC ID number of contributing federal political committee.

C

Name of Employer

Retired

Occupation

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

100000

Date of Receipt

10 23 2012

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. *Masterson, Chance*

Mailing Address

75377 Apiary Rd

City

Rainier

State

OR

Zip Code

97048

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Trucking

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

23.97

Date of Receipt

10 29 2012

Amount of Each Receipt this Period

23.97

Full Name (Last, First, Middle Initial)

C. *Wicher, Donald*

Mailing Address

PO Box 1938

City

North Plains

State

OR

Zip Code

97133

FEC ID number of contributing federal political committee.

C

Name of Employer

Retired

Occupation

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

60.00

Date of Receipt

10 30 2012

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)

1083.97

TOTAL This Period (last page this line number only)

12030982163

**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 2 OF 2

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Delinda Morgan for Congress

Full Name (Last, First, Middle Initial)

A. Morehouse, Priscilla

Mailing Address

7855 SW Willowmere Dr.

City

Portland

State

OR

Zip Code

97225

Date of Receipt

10 / 31 / 2012

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

1,000.00

Name of Employer

Self

Occupation

Investor

Receipt For:

Primary
 Other (specify)

General

Election Cycle-to-Date

1,000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Date of Receipt

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

Name of Employer

Occupation

Receipt For:

Primary
 Other (specify)

General

Election Cycle-to-Date

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Date of Receipt

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

Name of Employer

Occupation

Receipt For:

Primary
 Other (specify)

General

Election Cycle-to-Date

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

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

1,000.00
1,183.97

12030982164

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

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

FOR LINE NUMBER:
(check only one)

PAGE / OF /

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

Detinda Morgan for Congress

Full Name (Last, First, Middle Initial)

A. *Multnomah County Republicans*

Mailing Address

PO Box 2241

City

Portland

State

OR

Zip Code

97208

FEC ID number of contributing federal political committee.

C193-0232382

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

35500

Date of Receipt

10 / 30 / 2012

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. *OREGON REPUBLICAN PARTY*

Mailing Address

PO Box 1586

City

Lake Oswego

State

OR

Zip Code

97035

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

5.00.00

Date of Receipt

10 / 30 / 2012

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. 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

Amount of Each Receipt this Period

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

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

600.00

12030982165

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

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

FOR LINE NUMBER:
(check only one)

PAGE | OF |

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)

Delinda Morgan for Congress

Full Name (Last, First, Middle Initial)

Morgan, Delinda, R.

Mailing Address

23918 NE Springhill

City

Gaston

State

OR

Zip Code

97119

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Candidate

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

1079816

Date of Receipt

11 / 07 / 2012

Amount of Each Receipt this Period

818.17

Full Name (Last, First, Middle Initial)

B.

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

Full Name (Last, First, Middle Initial)

C.

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).....

12030982166

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1 OF 4
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b
	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Delinda Morgan for Congress

A. *Deluxe Billiards*
 Mailing Address: *711 NE 3rd St*
 City: *McMinnville* State: *OR* Zip Code: *97128*
 Purpose of Disbursement: *Candidate fundraiser*
 Candidate Name: *Delinda Morgan*
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)
 State: *OR* District: *01*

Date of Disbursement: *09/14/2012*
 Amount of Each Disbursement this Period: *135.00*
 Category/Type: *003*

B. *Oregon Stationers*
 Mailing Address: *217 NE 3rd St.*
 City: *McMinnville* State: *OR* Zip Code: *97128*
 Purpose of Disbursement: *Printing*
 Candidate Name: *Delinda Morgan*
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)
 State: *OR* District: *01*

Date of Disbursement: *10/31/2012*
 Amount of Each Disbursement this Period: *20.00*
 Category/Type: *003*

C. *USPS*
 Mailing Address: *2nd St.*
 City: *McMinnville* State: *OR* Zip Code: *97119*
 Purpose of Disbursement: *Postage*
 Candidate Name: *Delinda Morgan*
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)
 State: *OR* District: *01*

Date of Disbursement: *10/24/2012*
 Amount of Each Disbursement this Period: *16.05*
 Category/Type: *003*

SUBTOTAL of Disbursements This Page (optional) *171.05*
 TOTAL This Period (last page this line number only)

12030982167

**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 2 OF 4

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

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NAME OF COMMITTEE (In Full)

Delinda Morgan for Congress

Full Name (Last, First, Middle Initial)

Date of Disbursement

10 24 2012

A. *STAPLES*

Mailing Address

Amount of Each Disbursement this Period

2899

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

Purpose of Disbursement

Printing

004

Candidate Name

Delinda Morgan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: *OR* District: *01*

Full Name (Last, First, Middle Initial)

Date of Disbursement

10 31 2012

B. *Delinda Morgan*

Mailing Address

23918 NE Springkill Rd

Amount of Each Disbursement this Period

1686.80

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

Purpose of Disbursement

Loan Repayment

009

Candidate Name

Delinda Morgan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: *OR* District: *01*

Full Name (Last, First, Middle Initial)

Date of Disbursement

11 02 2012

C. *Burke, Richard*

Mailing Address

18220 NW CORNELL Rd Apt B

Amount of Each Disbursement this Period

1000.00

City *Beaverton* State *OR* Zip Code *97006*

Purpose of Disbursement

Professional fee

003

Candidate Name

Delinda Morgan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: *OR* District: *01*

Full Name (Last, First, Middle Initial)

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

102899

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

12030982168

**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 3 OF 4

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)

Delinda Morgan for Congress

Full Name (Last, First, Middle Initial)

Date of Disbursement

09 / 19 / 2012

A. Washington County Elections

Mailing Address

3700 SW Murray Blvd Ste 101

City: Beaverton OR State: OR Zip Code: 97005

Amount of Each Disbursement this Period

3038

Purpose of Disbursement

Election lists

003

Candidate Name

Delinda Morgan

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: OR District: 01

Full Name (Last, First, Middle Initial)

Date of Disbursement

10 / 25 / 2012

B. Alpine Cleaners

Mailing Address

140 NE 15th

City: M=Minneapolis OR State: OR Zip Code: 97128

Amount of Each Disbursement this Period

42.15

Purpose of Disbursement

Campaign Appearance

007

Candidate Name

Delinda Morgan

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: OR District: 01

Full Name (Last, First, Middle Initial)

Date of Disbursement

10 / 26 / 2012

C. Columbia County Republicans

Mailing Address

City: State: Zip Code:

Amount of Each Disbursement this Period

48.00

Purpose of Disbursement

Candidate Name

Delinda Morgan

007
Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: OR District: 01

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

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

12053

12030982169

**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 4 OF 4

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Delinda Morgan for Congress

Full Name (Last, First, Middle Initial) <i>A. Morgan, Delinda, R.</i>		Date of Disbursement <i>11 / 07 / 2012</i>
Mailing Address <i>23918 NE Springhill Rd.</i>		Amount of Each Disbursement this Period <i>526.14</i>
City <i>Gaston</i>	State <i>OR</i>	
Zip Code <i>97119</i>		Category/ Type
Purpose of Disbursement <i>Mileage - Fuel expense</i>		
Candidate Name <i>Delinda Morgan</i>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: <i>OR</i>	District: <i>01</i>	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		Category/ Type
Purpose of Disbursement		
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
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		Category/ Type
Purpose of Disbursement		
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).....	<i>526.14</i>
TOTAL This Period (last page this line number only).....	<i>1846.71</i>

12030982170

**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 | OF |
 17
 18
 19a
 19b
 20a
 20b
 20c
 21

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NAME OF COMMITTEE (In Full)

Delinda Morgan for Congress

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY
 10 / 31 / 2012

A. *Morgan, Delinda, R.*

Mailing Address

23518 NE Springhill Rd.

City

Gaston

State

OR

Zip Code

97119

Amount of Each Disbursement this Period

1,686.80

Purpose of Disbursement

Loan repayment

009

Candidate Name

Delinda Morgan

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: *OR*

District: *D1*

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY

B.

Mailing Address

City

State

Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY

C.

Mailing Address

City

State

Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

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

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

1,686.80

12030982171

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input checked="" type="checkbox"/> USPS Priority Mail	Postmarked 12/10/14
Delivery Confirmation™ or Signature Confirmation™ Label	<input checked="" type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

Amid
 PREPARER
 (3/2005)

12/17/14
 DATE PREPARED

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