FEC AND DI	FOF RECEIP SBURSEMEN Authorized Committee		RECEIVED
1. NAME OF TYPE OR PRIN COMMITTEE (in full)	T ▼ Example: If t over the line	yping, type 12FE4M s.	EC MAIL CENTER
Check if different		S:S:	
than previously reported. (ACC)		BR	[9.7.1.1.9]-[]
2. FEC IDENTIFICATION NUMBER V		STATE	ZIP CODE ▲ STATE ▼ DISTRICT
C 00525154		New Amen N) OR (A)	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1)	(b) 12-Day PRE-Election F	12P) general	• • • • • • • •
July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3)	Election on	unite de la companya de	in the State of
January 31 Year-End Report (YE)	(c) 30-Day POST -Election	Report for the:	.v *
Termination Report (TER)		<u> </u>	in the State of OR
5. Covering Period	2.6 / 2 through	gh 12/86	ŹĎĽŽ
I certify that I have examined this Report and to Type or Print Name of Treasurer	the best of my knowledge a LANCE MORG		nd complete.
Signature of Treasurer		41 a 1 1 1	- ' 06 ' žò j ž
NOTE: Submission of false, erroneous, or incomple	ete information may subject the	person signing this Report to	the penalties of 2 U.S.C. §437g.
			FEC FORM 3 (Revised 02/2003)

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Γ	- FEC Form 3 (Revised 02/2003)	SUMMARY PAGE of Receipts and Disbursements	. Page 2		
-	Write or Type Committee Name Delincla Morgan for Congress Report Covering the Period: From: 10 18 2012 To: 12 86 2612				
	,	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))	, 1,7,83.97	11.366.00		
	(b) Total Contribution Refunds (from Line 20(d))	۲۰۰۰ میں میں ۲۰۰۶ میں میں ۲۰۰۶ میں میں میں ۲۰۰۶ میں میں میں میں میں میں میں میں میں میں	ge staal geval aan oorden de strangeren gewoorde van de strangeren strangeren strangeren strangeren strangeren Ster mee was alleren Gewongto megeneerste de strangeren strangeren strangeren strangeren strangeren strangeren Ster mee was alleren Gewongto megeneerste de strangeren strangeren strangeren strangeren strangeren strangeren s		
	(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	1,7-8.3.97	, 11,366.00		
7.	Net Operating Expenditures				
	(a) Total Operating Expenditures (from Line 17)	adra faith a chuirean ann an 11 an 8 a 4 a Grai Anna Anna Anna Anna Anna Anna Anna An	, 21,7/21.05		
	(b) Total Offsets to Operating Expenditures (from Line 14)	san aga an aga an aga an	sa setter en		
	(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)	an and glume state and a fill of the state and a second			
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	ana an	· · · · · · · · · · · · · · · · · · ·		

For further information contact:

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

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

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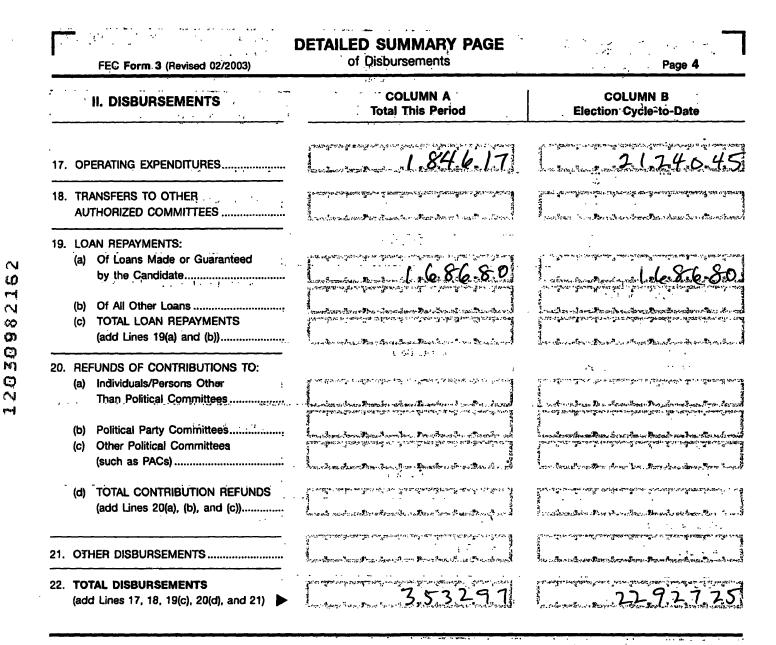
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FEC Form 3 (Revised 12/2003)	DETAILED SUMMARY PAGE of Receipts	Page 3
Write or Type Committee Name	gen for longress	
Report Covering the Period: From:	10 18 2012	To: (2, 0, 6, 2, 0, 1, 2
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM	и:	
 (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A) 	and the second	10.7.66.00
(ii) Uniternized (iii) TOTAL of contributions from individuals	ร้างการสารางเป็นของสีมีอาการส่วางเรียง ขสังหารสีการสารสาราช (การสาราช) การสาราฐานการการสาราช การสาราฐานการสูงการสุดภาพสาราชสุดภาพสาราช รู้ การสาราฐานสาราฐานสาราช การสาราชสาราชสาราช (การสาราชสาราชสาราช การสาราฐานสาราช การสุดภาพสาราช (การสาราชสาราชสาราชสาราชสาราชสาราช ภูมาสาราฐานสาราชการสาราช (การสาราชสาราชสาราชสาราชสาราชสาราชสาราชสา	สี่งสามสมัครเหลือ จำเป็น กระโทรงสูงร่างเป็นการป้องการีเม สร้างสามอาการ สุขภัพยุ่มหารป้องการปูกการปูกการประวาณสามอาการ คุณา เพราะการ การประวาณ เรื่อง เรื่องร่างก็อยู่ การประวาณสามอาการ คุณา เพราะการ อาการประวาณสามอาการประวาณอาการประวาณสามอาการประกาศสามอาการประวาณ ผู้แหน่ ผู้การประวาณอาการประวาณอาการประวาณสามอาการประวาณสามอาการประวาณอาการประวาณอาการประวาณอาการประวาณอาการประ
 (b) Political Party Committees (c) Other Political Committees (such as PACs) 	h. 0.000	855.00
 (d) The Candidate	an a loss don them to an inclusion in an Providence of the second s	(
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	and a standard and a	ger men fan en een een een een een een een een geste se gester een een een een een een een een een e
13. LOANS:(a) Made or Guarenteed by the Candidate		11,27876
(b) All Other Loans (c) TOTAL LOANS (add Lines 13(a) and (b))	and the second	(of 12-78-7.6
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	a magna shiri a wagami ja suya majana sarazitaniya a na nasina hiri a tana gami ja suya majana sarazitaniya a na	gant han an guinear from the the again to strong numbers of the second of the strong numbers of the second of the
15. OTHER RECEIPTS (Dividends, Interest, etc.)	genami in ja magannym czel ni genacyjnie i cin mywanymerzy w Proci k w Proci I i ci cin Rim dowadza Powiet cini ci	n na ana ana ang mang mang mang mang man
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	2,602.14	. 23,395.76

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III. CASH SUMMARY		and and a second se
	CASH ON HAND AT BEGINNING OF REPORTING PERIOD	
24	TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	2.6.0.2.1.4
25.	SUBTOTAL (add Line 23 and Line 24)	1,67,9,40
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	3,53,29.7
27.	CASH ON HAND AT CLOSE OF REPORTING PERIOD	-(1,853.57)

PAGE OF FOR LINE NUMBER: SCHEDULE A (FEC Form 3) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS X** 11a 11b 11c 110 Detailed Summary Page 12 13b 13a 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) ngress Full Name First, Middle Initia (Last. Mar ado-Date of Receipt A. Mailing ddress Ô 2 い (0 City State Zip Code FEC ID number of contributing Amount of Each Receipt this Period C federal political committee. 0.0.0.01 Name of Employer Occupation Ket **Receipt For: Election Cycle-to-Date** Primary X General 0.0.0.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt aster RACE В. Mailing Address 1.0 9 2012 City State Zip Code Ø ex FEC ID number of contributing С Amount of Each Receipt this Period federal political committee. STANGTER, MARAGERET, SARANGER เห็นระกรระหม เป็นเ 23 Name of Employer Occupation **Receipt For:** Election Cycle-to-Date Primary General 3.97 2 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt C. Mailing Address 10 30 2012 Citv State Zip Code ØR FEC ID number of contributing С Amount of Each Receipt this Period federal political committee. 0.0 Name of Employer Occupation Irea **Receipt For: Election Cycle-to-Date** Primary General Other (specify) 6.0.00 3 SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number only) have been to out another of some to we be sufficien derived

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FEC Schedule A (Form 3) (Revised 02/2009)

				FOR LINE NUMBER: PAGE 2 OF 2 (check only one) 11a 11b 11c 11d 12 13a 13b 14 15 person for the purpose of soliciting contributions to solicit, contributions from such committee.
\sum	NAME OF COMMITTEE (In Full) Delinda Morga	an fi	~ Congress	
Α.	Full Name (Last, First, Middle Initial) <u>Marehouse</u> , Prisci Mailing Address <u>7855</u> SW Willows City D U = 0	lla	Dr. Zip Code	Date of Receipt
	FEC ID number of contributing federal political committee.		เซต์เอาะาร์โลงรองเป็นรองเป็นรองเรียวสะคามักและหะไ	Amount of Each Receipt this Period
	Name of Employer Set F Receipt For: Primary X General Other (specify)		vcle-to-Date	Lunardon zu dama szeren barren szeren szeren szeren szeren szere a szere szere szere szere szere szere szere s
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		ะเสียงของโรงการเรื่องสารไปเหตุเป็นสารเหวิจากการ สารางการรับและและการสารางการเป็นสารเหวิจากการสา	Amount of Each Receipt this Period
	Receipt For: Primary General Other (specify)	li qui ti de caux de caux de caux Li qui ti de caux de caux de caux	ycle-to-Date มรูละะะรุดภาพรายมาตามสามารถสูงการสูงการสูงการสุดการกระ เป็นกระทั่งพระต้องการสืบทางกลับการสำนักเหตุกลับการส	
C.	Full Name (Last, First, Middle Initial) Mailing Address City	State	Zip Code	
	FEC ID number of contributing federal political committee.		ะรับทหม่านการสิทธรรม เป็นการรับ หารได้ สามารถของการสารราช เป็นการรับ ราย	Amount of Each Receipt this Period
	Name of Employer Receipt For: Primary General Other (specify)	Low for Eres	/cle-to-Date ເຫຼດາດງານແຫຼງກາະຫຼາຍການການສາສະຫາ ຊຸດ ແຫຼ ເກັດການີ້ການເຮັບ ການການການການສາມ ເປັນການ	levendrase. I machen allass allen stresselven arbertakaneskaran
F	UBTOTAL of Receipts This Page (optional) DTAL This Period (last page this line number c			1.1.8.3.9.7

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PAGE OF FOR LINE NUMBER: SCHEDULE A (FEC Form 3) Use separate schedule(s) (check only one) for each category of the X 11b **ITEMIZED RECEIPTS** 11a 11c 11d **Detailed Summary Page** 12 13a 13b 15 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) Draam RSS Full Name (Last, First, Middle Initial 4 ANA Date of Receipt A Mailing Address Ð City State Zip Code FEC ID number of contributing С ନ Amount of Each Receipt this Period federal political committee. 00 Name of Employer Occupation **Receipt For:** Election Cycle-to-Date X. General Primary 00 Other (specify) Full Name (Last, First, Middle Initial) OREGON Date of Receipt PUBLICAN ĸF В. Mailing Address 10 30 City State Zip Code ΔK FEC ID number of contributing С Amount of Each Receipt this Period federal political committee. Name of Employer Occupation 5<u>0,000</u> **Receipt For:** Election Cycle-to-Date General Primary Other (specify) 00.00 Full Name (Last, First, Middle Initial) Date of Receipt C. Mailing Address City State Zip Code FEC ID number of contributing С Amount of Each Receipt this Period federal political committee. 100 Stop (10 2 5 LINE 2 10 STOP Name of Employer Occupation **Receipt For: Election Cycle-to-Date** Primary General The second state of the se Other (specify) และวิวรณมโรกระวิวารมรโตแรกโกรระวรในการเรื่อนและในหารไ danalah pada manan mahanan kana kan SUBTOTAL of Receipts This Page (optional)..... .0.0.0.0 TOTAL This Period (last page this line number only)..... D

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FEC Schedule A (Form 3) (Revised 02/2009)

	CHEDULE A (FEC Form 3) EMIZED RECEIPTS	tatements m	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE OF / (check only one) 11a 11b 11c 11d 12 13a 13b 14 15 person for the purpose of soliciting contributions the to solicit contributions from such committee.
	NAME OF COMMITTEE (IN Full) Delinda Morga	M	- Congress	
Α.	Full Name (Last, First, Middle Initial) Morpon Definda Mailing Address 23918 NE Spring City	R hill State	Zip Code	Date of Receipt
	FEC ID number of contributing federal political committee.		97119	Amount of Each Receipt this Period
	Primary A General Other (specify)	Election C	wildate Cycle-to-Date	
в.	Full Name (Last, First, Middle Initial) Mailing Address City	State	Zip Code	
	FEC ID number of contributing federal political committee.	C. Occupatio		Amount of Each Receipt this Period
	Receipt For: Primary General Other (specify)		Cycle-to-Date	
с.	Full Name (Last, First, Middle Initial) Mailing Address City	State	Zip Code	
	FEC ID number of contributing federal political committee. Name of Employer	C Occupatio		Amount of Each Receipt this Period
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F	SUBTOTAL of Receipts This Page (optional)		······································	

FEC Schedule A (Form 3) (Revised 02/2009)

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SCHEDULE B (FEC Form 3) FOR LINE NUMBER PAGE OF, Use separate schedule(s) (check only one) for each calegory of the **ITEMIZED DISBURSEMENTS X**17 19b 48 19a Detailed Summary Page 201 209 20c 21 Any information copied from such Reports and Statements may not be sold of 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) 317 St. Oak Sa. Full Name (Last, First, Middle Initial) 1. 1. 11 1.1 Date of Disbursement A. Ï Mailing Address City Zip Code State Amount of Each Disbursement this Period the set of the set 00 Purpose Ø Candidate Name Category/ ለ Type Vhan **Disbursement For:** Office Sought: House 22 Senate Primary General Other (specify) President Notati St State District: 01 Full Name (Last, First, Middle Initial) Children Hart AV 1 1 1 m a. . Date of Disbursement В. me <u>ን</u>(Ĩ Mailing Ad 0 City State Zip Code Amount of Each Disbursement this Period anternational post part participants of 🗕 Purpose 0:0 003 Level & Level Candidate I Name 3 • Category/ 11.00 1. Orga Type ø Office Sought: **Disbursement For:** House Primary (Seneral Other (specify) Senate President District: 01 State: P14 Full Name (Last, First, Middle Initial) Date of Disbursement C. Ő Ø Mailing Address Š, iA City State Zip Code Amount of Each Disbursement this Period R) [ଚ The second second second Purpose of Disbursement 0. an stand states in the D03 Candidate Name Category/ . . . May Type le. Disbursement For: Office Sought: House 2 . 1. 11 General Senate Primary ine la President Other (specify) State: DR District: Ø SUBTOTAL of Disbursements This Page (optional)..... TOTAL This Period (last page this line number only) N. Br. Branch maine of americante

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FEC Schedule B (Form 3) (Revised 02/2009)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 2 OF (check only one) 17 20a 20b 20a 20b
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A. <u>STAPLES</u> Mailing Address		Date of Disbursement
City <u>City</u> State Purpose of Disbursement <u>Printing</u> Candidate Name <u>Delinda</u> <u>Morgan</u> Office Sought: X House Disbursement For:		Amount of Each Disbursement this Period
State: OR District: Q / Full Name (Last, First, Middle Initial) B. Delinda Morgan	pecify)	Date of Disbursement
Mailing Address 23915 NE Spring Kill Rd. City Gaston Purpose of Disbursement Candidate Name	Zip Code 97119 0.0.9 Category/	bander Marsham Laudden Mail and add Said
Office Sought: V House Disbursement For Senate Primary President Other (s) State: OR District: O I Full Name (Last, First, Middle Initial)	General	_
C. Burke, Richard Mailing Address 18220 NIN CORALELL Re	General	Date of Disbursement Date of Disbursement Amount of Each Disbursement this Period Amount of Each Disbursement this Period
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TOTAL This Period (last page this line number only)		no en loca desse fanosherantes farmadara dara dara dara dara d

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 3 OF 4 (check only one) 2017 20a 20b
Any information copied from such Reports and Statements m or tor commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full) Delincle Moracu for	ay not be sold or used by any address of any political commit	person for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) A. Washington County Ele Mailing Address 3700 SW Murray Blvd City Beaverton DR Purpose of Disbursement <u>Election lists</u> Candidate Name <u>Delinda Morgan</u> Office Sought: A House Senate President Primary Other (s)	Ctions Stell Zip Code 7005 Category, Type	Date of Disbursement
State: OR District: O Full Name (Last, First, Middle Initial) B. <u>Alpine Cleaners</u> Mailing Address <u>IYO NE ISTA</u> City <u>State</u> <u>M - MINNUILE</u> Purpose of Disbursement <u>Candidate Name</u> <u>Uelinda Morpan</u> Office Sought: <u>N House</u> <u>Delinda Morpan</u> Office Sought: <u>N House</u> <u>Delinda Morpan</u> <u>Delinda Morpan</u> <u>Office Sought:</u> <u>N House</u> <u>Disbursement For</u> <u>Senate</u> <u>President</u> State: O(2 District: O]	Zip Code 97/28 - Category/ Type General	3 Construction of the set of the
Full Name (Last, First, Middle Initial) C. Columbia County Republic Mailing Address	Code	Date of Disbursement
Purpose of Disbursement Candidate Name Delinda Morgan Office Sought: Morgan Office Sought: Primary President State: OR District: DI	Category/ Type Category/ Type General ecify)	
SUBTOTAL of Disbursements This Page (optional)		÷12-0.53

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 4 OF 4 (check only one) 17 17 18 19a 19b
Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full) Deline(G, MAYTEA, A, F, (9))	ay not be sold or used by any	20a 20b 20c 21 person for the purpose of soliciting contributions se to solicit contributions from such committee.
V Verindu Morgan Puiling Full Name (Last, First, Middle Initial) A. Morgan Puindu R. Mailing Address 23918 NE Springhill Rd. City Gaston OR Purpose of Disbursement OR Muleage - Fuel expense Candidate Name De (indu Morgan Office Sought: House Disbursement For Senate Primary Other (state) State: District: O/	Zip Code 97119 Category, Type	and the second
Full Name (Last, First, Middle Initial) B. Mailing Address		
City State Purpose of Disbursement Candidate Name Office Sought: House Disbursement For	Zip Code Category, Type	Amount of Each Disbursement this Period
State: District: Full Name (Last, First, Middle Initial)	General	
Mailing Address City State Zig	o Code	Amount of Each Disbursement this Period
Purpose of Disbursement	Same of Base of Same	
Office Sought: House Disbursement For Senate Primary President Other (s	General	
SUBTOTAL of Disbursements This Page (optional)		5-2-6-1-4

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) (cf for each category of the Detailed Summary Page ay not be sold or used by any per	
Delinda Morgan for	Congress	
Full Name (Last, First, Middle Initial) A. <u>Morgan</u> , Delinda, R. Mailing Address <u>23918</u> NE Springhill [2d]. City	Zip Code	Date of Disbursement
Candidate Name Del MC Morgan Office Sought: X House Disbursement For President Other (s	General	Anount of Each Disoursement this Period
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Office Sought: House Disbursement For Senate Primary President District:	General	
Full Name (Last, First, Middle Initial) C.		
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City State Z Purpose of Disbursement	Category/ Type	Amount of Each Disbursement this Period
City State Z Purpose of Disbursement Candidate Name Office Sought: House Disbursement Fo Senate Primary Other (s	Category/ Type General specify)	Amount of Each Disbursement this Period

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMIN The FEC added this page to the end of this filing to indica	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation [™] or Signature Con	firmation [™] Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busin	ess Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Date of Other (Specify):	f Receipt or Postmarked
Amis	12/17/12
PREPARER (3/2005)	DATE PREPARED