

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

RECEIVED

2014 APR 21 AM 7:30
Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12 FEB 15 MAIL CENTER

Def Linda Morgan for Congress

ADDRESS (number and street)

Check if different
than previously
reported. (ACC)

P.O. Box 16

23918 NE SPRINGHILL

GASTON

OR

97119

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C

3. IS THIS
REPORT

NEW

OR

AMENDED
(A)

OR

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

X

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 M M / D D / Y Y Y Y

in the
State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on M M / D D / Y Y Y Y

in the
State of

5. Covering Period

01 01 2014

through

03 31 2014

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

Type or Print Name of Treasurer

Guy Lance Morgan

Signature of Treasurer

Guy Lance Morgan

Date

04 10 2014

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

Office
Use
Only

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

Delinda Morgan for Congress

Report Covering the Period:

From:

MM / DD / YYYY
01 / 01 / 2014

To:

MM / DD / YYYY
03 / 31 / 2014

COLUMN A

This Period

COLUMN B

Election Cycle-to-Date

6. Net Contributions (other than loans)

(a) Total Contributions
(other than loans) (from Line 11(e))

1,513.00

(b) Total Contribution Refunds
(from Line 20(d))
(c) Net Contributions (other than loans)
(subtract Line 6(b) from Line 6(a))

1,513.00

7. Net Operating Expenditures

(a) Total Operating Expenditures
(from Line 17)

1,994.76

(b) Total Offsets to Operating
Expenditures (from Line 14)
(c) Net Operating Expenditures
(subtract Line 7(b) from Line 7(a))

1,994.76

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

743.00

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

12,503.52

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

FEC Form 3 (Revised 12/2003)

of Receipts

Page 3

Write or Type Committee Name

Delinda Morgan for Congress

Report Covering the Period:

From:

01 01 2014

To:

03 31 2014

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)

3293.00
~~1,513.00~~

(ii) Unitemized

(iii) TOTAL of contributions
from individuals

3293.00
~~1,513.00~~

(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))

3293.00
~~1,513.00~~

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

13. LOANS:

(a) Made or Guaranteed by the
Candidate

1,224.76

(b) All Other Loans

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

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

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

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

4517.76
~~21737.76~~

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	3,774.76 1,994.76	
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....		
(b) Of All Other Loans		
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs)		
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....		
21. OTHER DISBURSEMENTS		
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	3,774.76 1,994.76	

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	4,517.76 2,737.76
25. SUBTOTAL (add Line 23 and Line 24).....	4,517.76 2,737.76
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3,774.76 1,994.76
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	7.43.00

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 1 OF 4

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

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

NAME OF COMMITTEE (In Full)

Delinda Morgan for Congress

Full Name (Last, First, Middle Initial)

A. Rivero, Roger

Mailing Address

50333 SW ERIN PL

City

Aloha

State

OR

Zip Code

97006

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bustos Media

Occupation

Broadcaster

Receipt For:

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

100.00

Date of Receipt

02 / 13 / 2014

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Amendt, Nancy

Mailing Address

7590 S. Hwy 211

City

Canby

State

OR

Zip Code

97013

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

50.00

Date of Receipt

02 / 13 / 2014

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Ferrell, Jeani

Mailing Address

1518 E. 3rd St Unit B

City

Newberg

State

OR

Zip Code

97132

FEC ID number of contributing
federal political committee.

C

Name of Employer

Helping Hands

Occupation

Development Director

Receipt For:

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3.00

Date of Receipt

02 / 13 / 2014

Amount of Each Receipt this Period

3.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

153.00

14031224187

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 5

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

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NAME OF COMMITTEE (In Full)

Delinda Morgan for Congress

Full Name (Last, First, Middle Initial)

A. Hein, Lauri

Mailing Address

20630 NW Rockspring Ln
City Beaverton State OR Zip Code 97006

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

02 / 13 / 2014

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Palacios, Kim

Mailing Address

202 SW Bills St
City McMinnville State OR Zip Code 97128

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Housewife

Receipt For:

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

100.00

Date of Receipt

02 / 13 / 2014

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Schlechter, Roberta

Mailing Address

2341 SE 53rd Ave
City Portland State OR Zip Code 97215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Presbyterian Deaconess Ch Program Staff

Receipt For:

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

25.00

Date of Receipt

02 / 13 / 2014

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

175.00

14031224188

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 3 OF 4

☒ 11a ☐ 11b ☐ 11c ☐ 11d
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NAME OF COMMITTEE (In Full)

Delinda Morgan for Congress

Full Name (Last, First, Middle Initial)

A. O'BRIEN, LOIS, E.

Mailing Address

3785 NW 183rd Ave

City

Portland

State

OR

Zip Code

97229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Homemaker

Receipt For:

☒ Primary
☐ Other (specify)

☐ General

Election Cycle-to-Date

50.00

Date of Receipt

03 20 2014

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Schlechter, Roberta, L'Esperance

Mailing Address

2341 SE 53rd Ave

City

Portland

State

OR

Zip Code

97215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Presbyterian Uterine Church

Program Staff

Receipt For:

☒ Primary
☐ Other (specify)

☐ General

Election Cycle-to-Date

100.00

Date of Receipt

03 08 2014

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. Morehouse, Priscilla, J.

Mailing Address

1855 SW Willowmere Dr

City

Portland

State

OR

Zip Code

97225

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Private investor

Receipt For:

☒ Primary
☐ Other (specify)

☐ General

Election Cycle-to-Date

50.00

Date of Receipt

03 17 2014

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

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 4 OF 5

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

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NAME OF COMMITTEE (In Full)

Delinda Morgan for Congress

Full Name (Last, First, Middle Initial)

A. *Peifer, Margo*

Mailing Address

2121 NE 28th

City

Portland

State

OR

Zip Code

97212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Homemaker

Receipt For:

☒ Primary
☐ Other (specify)

☐ General

Election Cycle-to-Date

25.00

Date of Receipt

03 / 20 / 2014

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. *MORENO, Malcolm, E.*

Mailing Address

12405 SW Poppy Dr.

City

Gaston, OR

State

97119

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☒ Primary
☐ Other (specify)

☐ General

Election Cycle-to-Date

1,000.00

Date of Receipt

03 / 20 / 2014

Amount of Each Receipt this Period

1,000.00

Full Name (Last, First, Middle Initial)

C. *FISCHER, Elizabeth*

Mailing Address

15500 SW Farmington Rd

City

Beaverton

State

OR

Zip Code

97007

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☒ Primary
☐ Other (specify)

☐ General

Election Cycle-to-Date

25.00

Date of Receipt

03 / 30 / 2014

Amount of Each Receipt this Period

25.00

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

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

1050.00

17513.00

14031224190

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 5

☒ 11a ☐ 11b ☐ 11c ☐ 11d
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NAME OF COMMITTEE (In Full)

Delinda Morgan for Congress

Full Name (Last, First, Middle Initial)

A. *Sunset Cove Vacation Rentals / Yo Marci Vellutini*

Mailing Address

2957 Sunset Blvd

City

Seaside

State

CA

Zip Code

97138

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☒ Primary
☐ Other (specify)

☐ General

Election Cycle-to-Date

1780

Date of Receipt

03 / 06 / 2014

Amount of Each Receipt this Period

1,780.00

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
☐ Other (specify)

☐ General

Election Cycle-to-Date

Date of Receipt

M M / D D / 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
☐ Other (specify)

☐ General

Election Cycle-to-Date

Date of Receipt

M M / D D / 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)

3,293.00

14031224191

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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12 ☒ 13a 13b 14 15

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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

Date of Receipt

03/31/2014

Amount of Each Receipt this Period

1,224.76

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

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

Amount of Each Receipt this Period

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

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

1,224.76

14031224192

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 1

☒ 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

02/28/2014

A. *Downtown Republican Women*

Mailing Address

4731 SW FAIRHAVEN DR

City

Portland

State

OR

Zip Code

97221

Purpose of Disbursement

Lunch

Amount of Each Disbursement this Period

20.00

Candidate Name

Delinda Morgan

002
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

03/05/2014

B. *Dunaway Women Forum*

Mailing Address

3550 SW Bond Ave #1 603

City

Portland

State

OR

Zip Code

97239

Purpose of Disbursement

Luncheon

Amount of Each Disbursement this Period

20.00

Candidate Name

Delinda Morgan

002
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

03/24/2014

C. *US Postmaster*

Mailing Address

City

Gaston

State

OR

Zip Code

97119

Purpose of Disbursement

Postage

Amount of Each Disbursement this Period

20.61

Candidate Name

Delinda Morgan

001
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).....

60.61

14031224193

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

☒ 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)

A. *Self-Mileage Cost*

Mailing Address

City

State

Zip Code

Purpose of Disbursement

TRAVEL - VEHICLE EXPENSE

Candidate Name

Delinda Morgan

002
Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
☐ Other (specify)

State: *OR*

District: *1*

Date of Disbursement

03 / 31 / 2014

Amount of Each Disbursement this Period

985.15

B. *Rock Creek Country Club*

Mailing Address

5100 NW Neakahnie Ave

City

State

Zip Code

Purpose of Disbursement

Campaign Kick off event

Candidate Name

Delinda Morgan

007
Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
☐ Other (specify)

State: *OR*

District: *1*

Date of Disbursement

03 / 19 / 2014

Amount of Each Disbursement this Period

770.00

C. *Oregon Stationers*

Mailing Address

217 NE 3rd ST

City

State

Zip Code

Purpose of Disbursement

Copies

Candidate Name

Delinda Morgan

003
Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
☐ Other (specify)

State: *OR*

District: *1*

Date of Disbursement

03 / 19 / 2014

Amount of Each Disbursement this Period

6.00

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

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

1,761.15

14031224194

**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

☒ 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)

A. Downtown Rep. Women

Mailing Address 4731 SW FAIRHAVEN DR.

City Portland State OR Zip Code 97221

Purpose of Disbursement

Luncheon

Candidate Name

Delinda Morgan

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
☐ Other (specify)

State: OR District: 01

Full Name (Last, First, Middle Initial)

Date of Disbursement

03/12/2014

Amount of Each Disbursement this Period

20.00

002
Category/
Type

B. Tigard/King City Rep. Women % Sue Miller

Mailing Address PO Box 1537

City SEASIDE State OR Zip Code 97140

Purpose of Disbursement

Luncheon

Candidate Name

Delinda Morgan

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
☐ Other (specify)

State: OR District: 01

Full Name (Last, First, Middle Initial)

Date of Disbursement

03/11/2014

Amount of Each Disbursement this Period

18.00

002
Category/
Type

C. Dunwoody Forum

Mailing Address 3550 SW Bond Ave #603

City Portland State OR Zip Code 97239

Purpose of Disbursement

Luncheon

Candidate Name

Delinda Morgan

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
☐ Other (specify)

State: OR District: 01

Date of Disbursement

03/19/2014

Amount of Each Disbursement this Period

20.00

002
Category/
Type

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

58.00

14031224195

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)

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

PAGE 4 OF 5

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NAME OF COMMITTEE (In Full)

Delinda Morgan for Congress

Full Name (Last, First, Middle Initial)

Date of Disbursement

02 / 12 / 2014

A.

Downtown Republican Women

Mailing Address

4731 SW Fairhaven Dr

City

Portland

State

OR

Zip Code

97221

Purpose of Disbursement

Luncheon

Candidate Name

Delinda Morgan

002
Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
☐ Other (specify)

State: *OR*

District: *1*

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

B.

Yamhill County Republican Women Julie Lockhart

Mailing Address

945 E. Main St

City

YAMHILL

State

OR

Zip Code

97148

Purpose of Disbursement

Lunch

Candidate Name

Delinda Morgan

002
Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
☐ Other (specify)

State: *OR*

District: *1*

Date of Disbursement

02 / 13 / 2014

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

C.

Downtown Republican Women

Mailing Address

4731 SW Fairhaven Dr

City

Portland

State

OR

Zip Code

97221

Purpose of Disbursement

Luncheon

Candidate Name

Delinda Morgan

002
Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
☐ Other (specify)

State: *OR*

District: *1*

Date of Disbursement

02 / 28 / 2014

Amount of Each Disbursement this Period

20.00

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

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

60.00

1,439.76

14031224196

**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 5 OF 5

☒ 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

A. *Eleventh Hour Prod., LLC*

03 / 31 / 2014

Mailing Address

PO Box 513

City

Yamhill

State

OR

Zip Code

97148

Purpose of Disbursement

Campaign Video

Candidate Name

Delinda Morgan

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
☐ Other (specify)

State: *OR*

District: *01*

Amount of Each Disbursement this Period

55.00

Full Name (Last, First, Middle Initial)

B. *Sunset Cove Vacation Rentals c/o Marci Vellutini*

Date of Disbursement

03 / 07 / 2014

Mailing Address

2957 Sunset Blvd

City

Seaside

State

OR

Zip Code

97138

Purpose of Disbursement

In Kind: Lodging

Candidate Name

Delinda Morgan

002
Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
☐ Other (specify)

State: *OR*

District: *01*

Amount of Each Disbursement this Period

1,780.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

MM / DD / YYYY

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Amount of Each Disbursement this Period

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

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

3774.76

1,994.76

14031224197

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 1 OF 1

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Delinda Morgan for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Morgan, Delinda, R.

Mailing Address

23918 NE Springhill

City

Gaston

State

OR

ZIP Code

97119

Election:

☒ Primary

☐ General

☐ Other (specify) ▼

Original Amount of Loan

7,018.90

Cumulative Payment To Date

12,503.52

Balance Outstanding at Close of This Period

12,503.52

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (apr)

☐

Yes

☐

No

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

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

Self

Name of Employer

Mailing Address

Occupation

Candidate

Amount

Guaranteed

Outstanding:

City

State

ZIP Code

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

Name of Employer

Mailing Address

Occupation

Amount

Guaranteed

Outstanding:

City

State

ZIP Code

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

Name of Employer

Mailing Address

Occupation

Amount

Guaranteed

Outstanding:

City

State

ZIP Code

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

Name of Employer

Mailing Address

Occupation

Amount

Guaranteed

Outstanding:

City

State

ZIP Code

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

TOTALS This Period (last page in this line only).....

12,503.52

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

14031224198

Oregon for Oregon
150 Box 161
97119

14031224199

U.S. POSTAGE
PAID
97005
APR 15, 14
AMOUNT
\$7.61
0006582-15



20463



1000

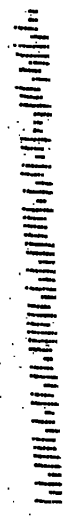


RETURN RECEIPT
REQUIRED

F.E.C.

c/o Federal Election Commission
999 E street NW
Washington, D.C. 20463

RECEIVED
2014 APR 21 AM 7:30
FEC MAIL CENTER



Federal Election Commission
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<input type="checkbox"/> No Postmark	
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	Next Business Day Delivery <input type="checkbox"/>
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PREPARER
(8/2013)

4/21/14
DATE PREPARED

14031224200