

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5
Linthicum for Congress

ADDRESS (number and street) 40770 Highway 62
 Check if different than previously reported. (ACC) Chiloquin OR 97624

2. **FEC IDENTIFICATION NUMBER** C C00551457 CITY STATE ZIP CODE STATE DISTRICT
3. IS THIS REPORT NEW (N) OR AMENDED (A) OR 02

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 05 / 20 / 2014 in the State of OR

(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 04 / 01 / 2014 through 04 / 30 / 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 Lisa Emard

Signature of Treasurer Lisa Emard [Electronically Filed] Date 05 / 07 / 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									
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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))....	9002.00	28227.50
(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)).....	9002.00	28227.50
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	4243.39	21066.83
(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)).....	4243.39	21066.83
8. Cash on Hand at Close of Reporting Period (from Line 27).....	13160.67	
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).....	9221.46	

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).....	7600.00	15450.00
(ii) Unitemized.....	1402.00	12027.50
(iii) TOTAL of contributions from individuals ▶	9002.00	27477.50
(b) Political Party Committees.....	0.00	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))..	9002.00	28227.50
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	6500.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	6500.00
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)..... ▶	9002.00	34727.50

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	4243.39	21066.83
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	500.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	500.00
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) ▶	4243.39	21566.83

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	8402.06
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	9002.00
25. SUBTOTAL (add Line 23 and Line 24).....	17404.06
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	4243.39
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	13160.67

**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 12
	<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)
Ken 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
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 21 / 2014

Transaction ID : SA11AI.4580

Amount of Each Receipt this Period
1500.00

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
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 21 / 2014

Transaction ID : SA11AI.4581

Amount of Each Receipt this Period
1500.00

C. Full Name (Last, First, Middle Initial)
Stephen M. Greenleaf

Mailing Address 1850 Crater Lake Ave., Apt. 23

City Medford State OR Zip Code 97504-5444

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
 04 / 28 / 2014

Transaction ID : SA11AI.4587

Amount of Each Receipt this Period
2600.00

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

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

5600.00

**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 12
	<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	

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NAME OF COMMITTEE (In Full)
Linthicum for Congress

A. Full Name (Last, First, Middle Initial)
Charles V. Harreld

Mailing Address 25985 Modoc Point Rd.

City Chiloquin State OR Zip Code 97624-6755

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
 04 / 17 / 2014

Transaction ID : SA11AI.4566

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Beverly E. Layer

Mailing Address 2341 Gene Cameron Way

City Medford State OR Zip Code 97504

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
 04 / 02 / 2014

Transaction ID : SA11AI.4536

Amount of Each Receipt this Period
 300.00

C. Full Name (Last, First, Middle Initial)
Laura E. Little

Mailing Address 28888 Hwy. 97N

City Chiloquin State OR Zip Code 97624

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 20 / 2014

Transaction ID : SA11AI.4578

Amount of Each Receipt this Period
 250.00

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

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

800.00

**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 12
	<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	

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NAME OF COMMITTEE (In Full)
Linthicum for Congress

A. Full Name (Last, First, Middle Initial)
Peggy L. McNair

Mailing Address 4043 Valinda Way

City Klamath Falls State OR Zip Code 97603

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

Name of Employer Jeld Wen Occupation Purchasing Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 30 / 2014

Transaction ID : SA11AI.4592

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
Jane W. Newton

Mailing Address 31409 Petersen Rd.

City Philomath State OR Zip Code 97370-9511

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 **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 24 / 2014

Transaction ID : SA11AI.4582

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Darl A. Rector

Mailing Address P.O. Box 81

City Bonanza State OR Zip Code 97623

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
04 / 17 / 2014

Transaction ID : SA11AI.4557

Amount of Each Receipt this Period
250.00

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

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

900.00

**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 12
	<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	

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NAME OF COMMITTEE (In Full)
Linthicum for Congress

A. Full Name (Last, First, Middle Initial)
Elaine Smith

Mailing Address 30597 N. River Rd.

City State Zip Code
Prairie City OR 97869

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
300.00

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

Transaction ID : SA11AI.4542

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Earl W. Wiersma

Mailing Address P.O. Box 177

City State Zip Code
Bonanza OR 97623

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

Name of Employer Occupation
Self Farmer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 18 / 2014

Transaction ID : SA11AI.4571

Amount of Each Receipt this Period
200.00

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

Amount of Each Receipt this Period

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

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

300.00

7600.00

**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 9 OF 12
	<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)
Linthicum for Congress

Full Name (Last, First, Middle Initial) A. Anedot		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 5555 Hilton, Ste 106		Amount of Each Disbursement this Period 18.96
City Baton Rouge	State LA	Zip Code 70808
Purpose of Disbursement Processing Fees	Category/Type 001	
Candidate Name		Transaction ID : SB17.4576
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 04 / 30 / 2014
Mailing Address 5555 Hilton, Ste 106		Amount of Each Disbursement this Period 30.16
City Baton Rouge	State LA	Zip Code 70808
Purpose of Disbursement Processing Fees	Category/Type 001	
Candidate Name		Transaction ID : SB17.4593
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. Farmer's Building Supply		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 1741 Dowell Road		Amount of Each Disbursement this Period 235.00
City Grants Pass	State OR	Zip Code 97527
Purpose of Disbursement Yard Sign Stakes	Category/Type 004	
Candidate Name		Transaction ID : SB17.4596
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).....	284.12
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 10 OF 12	
	<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)
Linthicum for Congress

Full Name (Last, First, Middle Initial) A. Multi-Craft Plastics, Inc.		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 7298 SW Tech Center Drive		Amount of Each Disbursement this Period 924.00 Transaction ID : SB17.4606
City Tigard State OR Zip Code 97223-8046	Purpose of Disbursement Sign material 004 Category/Type	
Candidate Name	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) B. Towers Marketing Inc.		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 1015 Arrowsmith Street		Amount of Each Disbursement this Period 2873.00 Transaction ID : SB17.4574
City Eugene State OR Zip Code 97402	Purpose of Disbursement Signs 004 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. Vista Print		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 95 Hayden Ave.		Amount of Each Disbursement this Period 135.99 Transaction ID : SB17.4573
City Lexington State MA Zip Code 02421	Purpose of Disbursement Car Door Magnets 004 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).....	3932.99
TOTAL This Period (last page this line number only).....	4217.11

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Linthicum for Congress

Transaction ID : SC/10.4232

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

Dennis Linthicum

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
36590 Hwy 140E

City State ZIP Code
Beatty OR 97621

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
6500.00 500.00 6000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M M / D D / Y Y Y Y M M / D D / Y Y None 0.00 % (apr) Yes No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 6000.00
TOTALS This Period (last page in this line only)..... ▶ 6000.00

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

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
Dennis Linthicum

Nature of Debt (Purpose):
Advance for travel expenses-to be reimbursed

Mailing Address 36590 Hwy 140E

City State Zip Code
Beatty OR 97621

Outstanding Balance Beginning This Period
0.00

Transaction ID : SD10.4614

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
846.46 0.00 846.46

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

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

Mailing Address 404 Main St., Ste. 6

City State Zip Code
Klamath Falls OR 97601

Outstanding Balance Beginning This Period
2375.00

Transaction ID : SD10.4233

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 0.00 2375.00

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

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

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) ▶
- 2) **TOTALS** This Period (last page this line number only) ▶
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶
- 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

3221.46
3221.46
6000.00
9221.46