

**FEC
FORM 3**

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

RECEIVED
2012 OCT 26 AM 11:49
FEDERAL ELECTION CENTER

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

Delinda Morgan for Congress

ADDRESS (number and street) P.O. Box 16
23918 NE SPRINGHILL RD.
 Check if different than previously reported. (ACC) GASTON OR 27119

2. FEC IDENTIFICATION NUMBER ▼ C00525154

CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) OR AMENDED (A) OR 011

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 M M / D D / Y Y Y Y in the State of

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

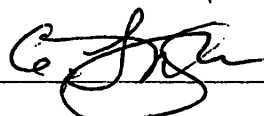
General (30G) Runoff (30R) Special (30S)

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 03 / 01 / 2012 through 06 / 30 / 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  Date 10 / 22 / 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.

12030934246

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Delinda Morgan for Congress

Report Covering the Period:

From:

03 01 2012

To:

06 30 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))

1,389.57

1,389.57

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

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

1,389.57

1,389.57

7. Net Operating Expenditures

(a) Total Operating Expenditures
(from Line 17)

7,018.90

7,018.90

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

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

7,018.90

7,018.90

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

1,389.57

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

12030934247

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:

03 01 2012

To:

06 30 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))..

1,389.57

1,389.57

1,389.57

1,389.57

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)).....

7,018.90

7,018.90

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)..... ▶

8,408.47

8,408.47

12030934248

**DETAILED SUMMARY PAGE
of Disbursements**

FEC Form 3 (Revised 02/2003)

Page 4

12030934249

II. DISBURSEMENTS

**COLUMN A
Total This Period**

**COLUMN B
Election Cycle-to-Date**

17. OPERATING EXPENDITURES.....	7,018.90	7,018.90
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) ▶	7,018.90	7,018.90

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	8,408.47
25. SUBTOTAL (add Line 23 and Line 24).....	8,408.47
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	7,018.90
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1,389.57

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

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

FOR LINE NUMBER: PAGE 1 OF 4
(check only one)
 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

A. Full Name (Last, First, Middle Initial)
Mayer Christiana

Mailing Address
2746 16th Place

City Forest Grove State OR Zip Code 97116

FEC ID number of contributing federal political committee.
Not yet assigned C

Name of Employer Occupation
Student

Receipt For: Primary General Other (specify)

Election Cycle-to-Date
10000

Date of Receipt
M M / D D / Y Y Y Y
05 / 25 / 2012

Amount of Each Receipt this Period
10000

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

Mailing Address
1625 7th

City Columbia City State OR Zip Code 97018

FEC ID number of contributing federal political committee.
Not yet assigned C

Name of Employer Occupation
Self Radiologist

Receipt For: Primary General Other (specify)

Election Cycle-to-Date
19457

Date of Receipt
M M / D D / Y Y Y Y
05 / 29 / 2012

Amount of Each Receipt this Period
19457

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

Mailing Address
2337 Margaret NW

City Salem State OR Zip Code 97304

FEC ID number of contributing federal political committee.
Not yet assigned C

Name of Employer Occupation
Carroll Consulting Consultant

Receipt For: Primary General Other (specify)

Election Cycle-to-Date
10000

Date of Receipt
M M / D D / Y Y Y Y
06 / 15 / 2012

Amount of Each Receipt this Period
10000

SUBTOTAL of Receipts This Page (optional).....
39457

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

12030934250

**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 <u>2</u> OF <u>4</u>		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Delinda Morgan For Congress

A. HOFFMAN CARA B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
7608 E. WING SHADOW RD
 City State Zip Code
SCOTTSDALE AZ 85255
 Date of Receipt
06'15'2012
 Amount of Each Receipt this Period
99.00
 FEC ID number of contributing federal political committee.
0
 Name of Employer
NA
 Occupation
STAY HOME MOM
 Receipt For:
 Primary General
 Other (specify)
 Election Cycle-to-Date
99.00

B. SMITH J. MICHAEL
 Full Name (Last, First, Middle Initial)
 Mailing Address
4766 AUSTIN TRACE
 City State Zip Code
ZIONSVILLE IN 46077
 Date of Receipt
06'15'2012
 Amount of Each Receipt this Period
99.00
 FEC ID number of contributing federal political committee.
0
 Name of Employer
SELF EMPLOYED
 Occupation
INVESTOR
 Receipt For:
 Primary General
 Other (specify)
 Election Cycle-to-Date
99.00

C. SMITH J. KATHLEEN
 Full Name (Last, First, Middle Initial)
 Mailing Address
4766 AUSTIN TRACE
 City State Zip Code
ZIONSVILLE IN 46077
 Date of Receipt
06'15'2012
 Amount of Each Receipt this Period
99.00
 FEC ID number of contributing federal political committee.
0
 Name of Employer
Home maker
 Occupation
Home maker
 Receipt For:
 Primary General
 Other (specify)
 Election Cycle-to-Date
99.00

SUBTOTAL of Receipts This Page (optional).....
297.00
TOTAL This Period (last page this line number only).....

12030934251

**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**

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

Brown Debbie

A.

Mailing Address

700 E. Redlands Blvd Suite 409

City

Redlands

State

CA

Zip Code

92373

FEC ID number of contributing federal political committee.

C

Name of Employer

N/A

Occupation

Volunteer

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

9900

Date of Receipt

06 15 2012

Amount of Each Receipt this Period

99.00

Full Name (Last, First, Middle Initial)

Brown Jack

B.

Mailing Address

301 S. TIPPECANOE AVE.

City

San Bernardino

State

CA

Zip Code

92408

FEC ID number of contributing federal political committee.

C

Name of Employer

Stater Bros.

Occupation

Executive

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

200.00

Date of Receipt

06 15 2012

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

Hoffman Scott

C.

Mailing Address

7608 E. Wingshadow Rd

City

Scottsdale

State

AZ

Zip Code

85255

FEC ID number of contributing federal political committee.

C

Name of Employer

Fazic Golf Course

Occupation

Designer

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

99.00

Date of Receipt

06 15 2012

Amount of Each Receipt this Period

99.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

398.00

12030934252

**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)
 11a 11b 11c 11d
 12 13a 13b 14 15
 PAGE **4** OF **4**

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NAME OF COMMITTEE (In Full)

Delinda Morgan for Congress

Full Name (Last, First, Middle Initial)

A. Makin Gayle

Mailing Address

25563 SW Baker Rd

City

Sherwood

State

OR

Zip Code

97140

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Farmer

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

5000

Date of Receipt

06 / 15 / 2012

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Hammer Thomas

Mailing Address

2490 Church Street SE

City

Salem

State

OR

Zip Code

97302

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Farmer

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

25000

Date of Receipt

06 / 15 / 2012

Amount of Each Receipt this Period

25000

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).....

30000
138957

12030934253

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

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

FOR LINE NUMBER:		PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)

Delinda Morgan for Congress

Full Name (Last, First, Middle Initial)

A. *Morgan, Delinda, R.*

Mailing Address

23918 NE Springhill Rd.

City

Gaston

State

OR

Zip Code

97119

Date of Receipt

06 / 30 / 2012

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

7018.90

Name of Employer

Self

Occupation

Candidate

Receipt For:

Primary
 Other (specify)

General

Election Cycle-to-Date

701890

Full Name (Last, First, Middle Initial)

B. Mailing Address

City

State

Zip Code

Date of Receipt

MM / DD / YYYY

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

MM / DD / YYYY

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).....

12030934254

**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 4

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

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NAME OF COMMITTEE (In Full)

Delinda Morgan for Congress

Full Name (Last, First, Middle Initial)

A. *OREGON SECY OF STATE*

Mailing Address
255 Capitol St. NE STE. 501

City *Salem* State *OR* Zip Code *97310-1306*

Purpose of Disbursement
Filing Fee

Candidate Name
Delinda Morgan

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: *OR* District: *01*

Date of Disbursement

03 / 06 / 2012

Amount of Each Disbursement this Period

2,600.00

001
Category/
Type

B. *self*

Mailing Address

City State Zip Code

Purpose of Disbursement
OPEN Campaign Bank Acct

Candidate Name
Delinda Morgan

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: *OR* District: *01*

Date of Disbursement

03 / 02 / 2012

Amount of Each Disbursement this Period

500.00

001
Category/
Type

C. *Oregon Stationers*

Mailing Address
217 NE 3rd St

City *Mc Minnville* State *OR* Zip Code *97128*

Purpose of Disbursement
Printing Political Ad. Cards

Candidate Name
Delinda Morgan

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: *OR* District: *01*

Date of Disbursement

05 / 18 / 2012

Amount of Each Disbursement this Period

7,111.00

004
Category/
Type

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

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

3,811.00

12030934255

**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)

Date of Disbursement

04 / 24 / 2012

A. *Dorchester Conference*

Mailing Address

4353 NW Tam O'Shanter

City

Portland

State

OR

Zip Code

97229

Amount of Each Disbursement this Period

5,206.00

Purpose of Disbursement

Campaign Appearances + Travel

002

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

06 / 11 / 2012

B. *Johnstone + Goodfellow Law OFFICES*

Mailing Address

1215 NW ADAMS

City

McMinnville

State

OR

Zip Code

97128

Amount of Each Disbursement this Period

~~225.00~~
225.00

Purpose of Disbursement

Legal Council

001

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

06 / 06 / 2012

C. *Prause, Carol*

Mailing Address

408 SE Baker

City

McMinnville

State

OR

Zip Code

97128

Amount of Each Disbursement this Period

75.00

Purpose of Disbursement

Legal Fee

001

Candidate Name

Delinda Morgan

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).....

6,706.00

12030934256

**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
 20a

18
 20b

19a
 20c

19b
 21

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NAME OF COMMITTEE (In Full)

Delinda Morgan for Congress

Full Name (Last, First, Middle Initial)

Date of Disbursement

06/28/2012

A. Self - Credit Card

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

3,07.08

Purpose of Disbursement

Travel meals

002

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

05/31/2012

B. Alpine Cleaners

Mailing Address

140 NE 19th St

City State Zip Code

McMinnville OR 97128

Amount of Each Disbursement this Period

1,04.75

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

06/20/2012

C. Republican Women of Downtown Portland

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

50.00

Purpose of Disbursement

Party Fee

001

Candidate Name

Delinda Morgan

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)

461.83

12030934257

**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	<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

06 / 21 / 2012

A. *Washington County Elections*

Mailing Address

3700 SW Murray BLVD STE 101

City

Beaverton

State

OR

Zip Code

97005

Amount of Each Disbursement this Period

17.20

Purpose of Disbursement

Recant

001

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

06 / 22 / 2012

B. *Oregon Stationers*

Mailing Address

217 NE 3rd ST

City

M=Minville

State

OR

Zip Code

97128

Amount of Each Disbursement this Period

11.98

Purpose of Disbursement

Printing cost

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

06 / 30 / 2012

C. *Self - mileage cost*

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Travel - fuel

002

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

2046.29

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

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

2075.47
491.01
7018.90

12030934258

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full)
Delinda Morgan for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)
Morgan, Delinda, R.

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address
PO Box 16, 23918 NE Springhill Rd.

City State ZIP Code
Gaston OR 97119

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<i>7,018.90</i>	<i>7,018.90</i>	<i>7,018.90</i>

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<i>06/30/2012</i>	<i>MM/DD/YYYY</i>	<i>% (apr)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> 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: <i>[]</i>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <i>[]</i>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <i>[]</i>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <i>[]</i>

SUBTOTALS This Period This Page (optional) ▶ *7,018.90*

TOTALS This Period (last page in this line only) ▶ *7,018.90*

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

12030934259

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
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Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

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10/22/12
Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
Next Business 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

Other (Specify): Date of Receipt or Postmarked

Jmp
PREPARER
(3/2005)

10/26/12
DATE PREPARED

12030934260