

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED 2012 OCT 26 AM 11:49 FEC MAIL 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)

PO BOX 16 23918 NE SPRINGHILL RD GASTON OR 97119

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER

C00525154

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

OR

01

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 11/06/2012 in the State of OR

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

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

Election on in the State of

5. Covering Period

10/01/2012 through 10/17/2012

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 10/20/2012

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

Table with 10 columns and 1 row for Office Use Only.

FEC FORM 3 (Revised 02/2003)

12030934281

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Definda Morgan for Congress

Report Covering the Period: From:

10 ' 01 ' 2012

To:

10 ' 01 ' 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)) ... | 50,625.9 | 9,582.03 |
| (b) Total Contribution Refunds (from Line 20(d)) | | |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) | 50,625.9 | 9,582.03 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 6,193.05 | 19,894.88 |
| (b) Total Offsets to Operating Expenditures (from Line 14) | 0.00 | |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) | 6,193.05 | 19,894.88 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27) | (9,227.4) | |
| 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

12030934282

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:

10 ' **01** ' **2012**

To:

10 ' **17** ' **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))..

50,625.59

50,625.59

9,582.03

255.00

500.00

10,337.03

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))

63,046

63,046

10,460.59

~~9,979.99~~

~~9,979.99~~

10,460.59

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)

56,930.5

20,797.62

12030934283

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..... | 6,193.05 | 19,394.28 |
| 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) ► | 6,193.05 | 19,394.28 |

III. CASH SUMMARY

| | |
|--|------------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 1,422.74 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 5,693.05 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 7,115.79 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 6,193.05 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | - (922.74) |

12030934284

**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"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 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)

Delinda Morgan for Congress

Full Name (Last, First, Middle Initial)

A. *Perri, Anne, C.*

Mailing Address

4975 SW 65th Ave.

City

Portland

State

OR

Zip Code

97221

FEC ID number of contributing federal political committee.

C

Name of Employer

Best Buy

Occupation

Secy - TREASURER

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

10 / 16 / 2012

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. *Fiddes, R., Gordon*

Mailing Address

10454 SW Kent St

City

Tigard

State

OR

Zip Code

97224

FEC ID number of contributing federal political committee.

C

Name of Employer

self

Occupation

Claims Analyst

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

100.00

Date of Receipt

10 / 08 / 2012

Amount of Each Receipt this Period

100.00

IN kind

Full Name (Last, First, Middle Initial)

C. *Davina, Doug and Paula*

Mailing Address

23819 SW Red Fern Dr

City

Sherwood

State

OR

Zip Code

97140

FEC ID number of contributing federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

1093.19

Date of Receipt

10 / 08 / 2012

Amount of Each Receipt this Period

193.19

IN kind

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

793.19

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

793.19

12030934285

**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. *Collett, Gordon*

Mailing Address

12755 SW. NIGHT HERON LN #102

City State Zip Code

Beaverton OR 97007

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Web designer

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

226940

Date of Receipt

10 / 15 / 2012

Amount of Each Receipt this Period

226940

IN KIND

Full Name (Last, First, Middle Initial)

B. *Aiello, Anthony*

Mailing Address

13978 Westcott Ct

City State Zip Code

Lake Oswego OR 97035

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Software Eng.

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

200000

Date of Receipt

10 / 16 / 2012

Amount of Each Receipt this Period

200000

IN KIND

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).....

426940

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

506259

12030934286

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

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NAME OF COMMITTEE (In Full)
Delinda Morgan for Congress

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

Mailing Address
23918 NE Springhill Rd

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
997999

Date of Receipt
10 / 17 / 2012

Amount of Each Receipt this Period
630.46

B. 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

Amount of Each Receipt this Period

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

630.46

12030934287

**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

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NAME OF COMMITTEE (In Full)
Delinda Morgan for Congress

A. USPS McMinville
 Mailing Address: 650 NE 2nd ST
 City: McMinville State: OR Zip Code: 97128
 Purpose of Disbursement: Postage Category/Type: 001
 Candidate Name: Delinda Morgan
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)
 State: OR District: 1

Date of Disbursement: 10/01/2012
 Amount of Each Disbursement this Period: 900.00

B. Oregonian
 Mailing Address: 1320 SW Broadway
 City: Portland State: OR Zip Code: 97201
 Purpose of Disbursement: Information Category/Type: 001
 Candidate Name: Delinda Morgan
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)
 State: OR District: 1

Date of Disbursement: 10/04/2012
 Amount of Each Disbursement this Period: 2400

C. Merklin, Aubrey
 Mailing Address: 525 NE Baker ST
 City: McMinville State: OR Zip Code: 97128
 Purpose of Disbursement: Appearance Category/Type: 007
 Candidate Name: Delinda Morgan
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)
 State: OR District: 1

Date of Disbursement: 10/03/2012
 Amount of Each Disbursement this Period: 185.00

SUBTOTAL of Disbursements This Page (optional) 299.00
 TOTAL This Period (last page this line number only)

12030934288

**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 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. *Hale's Restaurant*

Mailing Address
2755 SE. Tualatin Valley Hwy

City *Hillsboro* State *OR* Zip Code *97123*

Purpose of Disbursement
Meal

Candidate Name
Delinda Morgan

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: *OR* District: *1*

Date of Disbursement
M M ' D D ' Y Y Y Y
10 09 2012

Amount of Each Disbursement this Period
8.50

Category/Type
002

B. *Yamhill County Republicans*

Mailing Address
734 Baker St.

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

Purpose of Disbursement
Fundraiser Dinner

Candidate Name
Delinda Morgan

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: *OR* District: *1*

Date of Disbursement
M M ' D D ' Y Y Y Y
10 11 2012

Amount of Each Disbursement this Period
40.00

Category/Type
007

C. *Beaverton Rotary Club*

Mailing Address
8544 NE Apple Way

City *Beaverton* State *OR* Zip Code *97225*

Purpose of Disbursement
Travel expense - meal

Candidate Name
Delinda Morgan

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: *OR* District: *1*

Date of Disbursement
M M ' D D ' Y Y Y Y
10 17 2012

Amount of Each Disbursement this Period
1.600

Category/Type
002

SUBTOTAL of Disbursements This Page (optional)..... *64.50*

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

12030934289

**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

10 / 17 / 2012

A. Morgan, Delinda R.

Mailing Address

23918 NE Springhill Rd.

City

Gaston

State

OR

Zip Code

97119

Amount of Each Disbursement this Period

266.96

Purpose of Disbursement

Mileage

002

Candidate Name

Delinda Morgan

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify)

State: OR

District: 1

Full Name (Last, First, Middle Initial)

Date of Disbursement

10 / 15 / 2012

B. Collett, Gordon

Mailing Address

12755 SW NIGHT HERON LN. #102

City

Beaverton

State

OR

Zip Code

57007

Amount of Each Disbursement this Period

2269.40

Purpose of Disbursement

Campaign Website

004

Candidate Name

Delinda Morgan

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify)

State: OR

District: 1

Full Name (Last, First, Middle Initial)

Date of Disbursement

10 / 16 / 2012

C. Aiello, Anthony

Mailing Address

13978 Westcott Ct.

City

Lake Oswego

State

OR

Zip Code

97035

Amount of Each Disbursement this Period

2,000.00

Purpose of Disbursement

Campaign Advertising

004

Candidate Name

Delinda Morgan

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify)

State: OR

District: 1

IN KIND

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

4536.36

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

4899.86

12030934290

**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) <i>Delinda Morgan for Congress</i> | | Full Name (Last, First, Middle Initial) | |
| A. <i>Burke, Richard</i> | | Date of Disbursement <i>10/01/2012</i> | |
| Mailing Address <i>18220 NW Cornell Rd Apt B</i> | | Amount of Each Disbursement this Period <i>1,000.00</i> | |
| City <i>Beaverton</i> | State <i>OR</i> | Zip Code <i>97006</i> | Category/ Type <i>003</i> |
| Purpose of Disbursement <i>Professional Fee</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>1</i> | |
| B. <i>Fiddes, R. Gordon</i> | | Date of Disbursement <i>10/08/2012</i> | |
| Mailing Address <i>10454 SW Kent St.</i> | | Amount of Each Disbursement this Period <i>100.00</i> | |
| City <i>Tigard</i> | State <i>OR</i> | Zip Code <i>97224</i> | Category/ Type <i>003</i> |
| Purpose of Disbursement <i>IN KIND: Voter MAPS</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>1</i> | |
| C. <i>DAVINA Doug and Paula</i> | | Date of Disbursement <i>10/08/2012</i> | |
| Mailing Address <i>23819 SW Red Fern Dr.</i> | | Amount of Each Disbursement this Period <i>193.19</i> | |
| City <i>Sherwood</i> | State <i>OR</i> | Zip Code <i>97140</i> | Category/ Type <i>001</i> |
| Purpose of Disbursement <i>in kind: Postage - Palm Cards</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>1</i> | |
| SUBTOTAL of Disbursements This Page (optional)..... | | <i>1,293.19</i> | |
| TOTAL This Period (last page this line number only)..... | | <i>6,193.05</i> | |

12030934291

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>10,460.59</i> | <i>1,0460.59</i> |

TERMS
 Date Incurred: *10/17/2012* Date Due: Interest Rate: Secured: Yes No

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

| | |
|---|---|
| 1. Full Name (Last, First, Middle Initial) <i>Self</i> | 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)..... | <i>[]</i> |
| TOTALS This Period (last page in this line only)..... | <i>1,0460.59</i> |

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

12030934292

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
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

[Signature]
 PREPARER

10/26/12
 DATE PREPARED

12030934293