

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

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1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. Delinda Morgan for Congress

ADDRESS (number and street) PO Box 16 23918 NE SPRINGHILL RD GASTON OR 97119

2. FEC IDENTIFICATION NUMBER 000525154 3. IS THIS REPORT NEW OR AMENDED (A) YES

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) Election on 05 20 2014 in the State of OR

5. Covering Period 04 01 2014 through 05 08 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 [Signature] Date 05 08 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.

Table with 8 columns for Office Use Only

FEC FORM 3 (Revised 02/2003)

14031241393

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Delinda Morgan for Congress

Report Covering the Period:

From:

04 01 2014

To:

05 08 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))

1,154.50

4,447.50

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

,

,

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

1,154.50

4,447.50

7. Net Operating Expenditures

(a) Total Operating Expenditures
(from Line 17)

1,709.88

5,484.64

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

,

,

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

,

,

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

1,099.50

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

14031241394

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:

04 01 2014

To:

05 08 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).....

1,154.50

4,447.50
~~*2,667.50*~~

(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))..

1,154.50

4,447.50

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

911.88

2,136.64

(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)..... ▶

2,066.38

6,584.14

14031241395

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	1,709.88	5,484.64
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) ▶	1,709.88	5,484.64

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	743.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2,066.38
25. SUBTOTAL (add Line 23 and Line 24).....	2,809.38
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1,709.88
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1,099.50

14031241396

**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 checked="" type="checkbox"/> 11a		2
<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. *Cast, Nancy E.*
Mailing Address

2818 NW Benlla Vista Terrace

City *Portland* State *OR* Zip Code *97210*

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
04 22 2014

Amount of Each Receipt this Period
50.00

B. *Delgado, Marie O.*
Full Name (Last, First, Middle Initial)

Mailing Address
PO Box 457

City *Yucaipa* State *CA* Zip Code *92399*

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

Name of Employer Occupation
Retired

Receipt For: Primary General
 Other (specify)

Election Cycle-to-Date *500.00*

Date of Receipt
04 25 2014

Amount of Each Receipt this Period
500.00

C. *ORBE, Lawrence*
Full Name (Last, First, Middle Initial)

Mailing Address
255 Evernia St

City *West Palm Beach* State *FL* Zip Code *33401*

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

Name of Employer Occupation
Retired

Receipt For: Primary General
 Other (specify)

Election Cycle-to-Date *484.50*

Date of Receipt
05 07 2014

Amount of Each Receipt this Period
484.50

SUBTOTAL of Receipts This Page (optional) *1,034.50*

TOTAL This Period (last page this line number only) *1,034.50*

14031241397

**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

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. Darm, Robert, W.

Mailing Address

22000 NW Coyote Dr

City

Yamhill

State

OR

Zip Code

97148

FEC ID number of contributing federal political committee.

C

Date of Receipt

04 / 07 / 2014

Amount of Each Receipt this Period

100.00

Name of Employer

Yamhill Co. Mushrooms

Occupation

OWNER

Receipt For:

Primary General

Other (specify)

Election Cycle-to-Date

100.00

Full Name (Last, First, Middle Initial)

B. Blankenbiller, Kathleen

Mailing Address

14955 NE Springbrook Rd

City

Newberg

State

OR

Zip Code

97132

FEC ID number of contributing federal political committee.

C

Date of Receipt

04 / 07 / 2014

Amount of Each Receipt this Period

20.00

Name of Employer

Occupation

Retired

Receipt For:

Primary General

Other (specify)

Election Cycle-to-Date

20.00

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Date of Receipt

Amount of Each Receipt this Period

Name of Employer

Occupation

Receipt For:

Primary General

Other (specify)

Election Cycle-to-Date

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

1,154.50

14031241398

**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	<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

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

Mailing Address
PO Box 16

City *Gaston* State *OK* Zip Code *97119*

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

Name of Employer Occupation
Candidate

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
05 08 2014

Amount of Each Receipt this Period
9.11 88

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)

Amount of Each Receipt this Period

14031241399

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
PO Box 16

Election:
 Primary
 General
 Other (specify) ▼

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>13,415.40</i>	<i>13,415.40</i>

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY	MM / DD / YYYY	% (apr)	<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:
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)..... ▶

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

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

14031241400

**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 2	
	<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. *Dormer's Embroidery*

Mailing Address: *112 S. Edwards*

City: *Newberg* State: *OR* Zip Code: *97132*

Purpose of Disbursement: *SIGNS*

Candidate Name: *Delinda Morgan* Category/Type: *004*

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: *OR* District: *01*

Date of Disbursement: *04 / 25 / 2014*

Amount of Each Disbursement this Period: *40.00*

B. *Highway Specialties LLC*

Mailing Address: *PO Box 9094*

City: *Brooks* State: *OR* Zip Code: *97305*

Purpose of Disbursement: *YARD SIGNS*

Candidate Name: *Delinda Morgan* Category/Type: *004*

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: *OR* District: *01*

Date of Disbursement: *04 / 25 / 2014*

Amount of Each Disbursement this Period: *690.00*

C. *Staples*

Mailing Address: *1150 NE HWY 99*

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

Purpose of Disbursement: *COPIES*

Candidate Name: *Delinda Morgan* Category/Type: *001*

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: *OR* District: *01*

Date of Disbursement: *04 / 30 / 2014*

Amount of Each Disbursement this Period: *5.00*

SUBTOTAL of Disbursements This Page (optional)..... *735.00*

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

14031241401

**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 2
	<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

Full Name (Last, First, Middle Initial) A. <i>Del Morgan, Delinda R</i>		Date of Disbursement <i>05 08 2014</i>
Mailing Address <i>PO Box 16</i>		Amount of Each Disbursement this Period <i>785.88</i>
City <i>Gaston</i>	State <i>OR</i>	
Zip Code <i>97119</i>		Category/Type <i>002</i>
Purpose of Disbursement <i>TRAVEL MILES 1416</i>		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

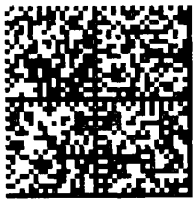
Full Name (Last, First, Middle Initial) B. <i>Morgan Delinda R.</i>		Date of Disbursement <i>05 08 2014</i>
Mailing Address <i>PO Box 16</i>		Amount of Each Disbursement this Period <i>126.00</i>
City <i>Gaston</i>	State <i>OR</i>	
Zip Code <i>97119</i>		Category/Type <i>002</i>
Purpose of Disbursement <i>MEALS</i>		
Candidate Name <i>Delinda Morgan</i>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <i>OR</i> District: <i>05</i>	

Full Name (Last, First, Middle Initial) C. <i>Fred Meyer</i>		Date of Disbursement <i>05 03 2014</i>
Mailing Address <i>Hwy 99</i>		Amount of Each Disbursement this Period <i>63.00</i>
City <i>Newberg</i>	State <i>OR</i>	
Zip Code <i>97132</i>		Category/Type <i>004</i>
Purpose of Disbursement <i>Money card for Media boost</i>		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	<i>974.88</i>
TOTAL This Period (last page this line number only).....	<i>1,709.88</i>

14031241402

14031212013



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<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


 PREPARER
 (8/2013)

5/22/14
 DATE PREPARED

14031241404