

**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
REPORTNEW
(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

M M / D D / Y Y Y Y

D D / Y Y Y Y

Y Y Y Y

in the
State of

C

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

D D / Y Y Y Y

Y Y Y Y

in the
State of

C

5. Covering Period

M M / D D / Y Y Y Y
01 / 01 / 2014

D D / Y Y Y Y

2014

through

M M / D D / Y Y Y Y
03 / 31 / 2014

D D / Y Y Y Y

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

M M / D D / Y Y Y Y
05 / 07 / 2014

D D / Y Y Y Y

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

FEC Form 3 (Revised 02/2003)

PAGE 2 / 25

Write or Type Committee Name

Linthicum for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

	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))....	13803.00	19225.50
(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))	13803.00	19225.50
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	13727.23	16823.44
(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))	13727.23	16823.44
8. Cash on Hand at Close of Reporting Period (from Line 27).....	8402.06	
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)	8375.00	

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)

PAGE 3 / 25

Write or Type Committee Name

Linthicum for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

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).....

5200.00

7850.00

(ii) Unitemized.....

7853.00

10625.50

(iii) TOTAL of contributions from individuals ▶

13053.00

18475.50

(b) Political Party Committees.....

750.00

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))..

13803.00

19225.50

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)..... ▶

13803.00

25725.50

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 25

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	13727.23	16823.44
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	500.00	500.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	500.00	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) ►	14227.23	17323.44

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	8826.29
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	13803.00
25. SUBTOTAL (add Line 23 and Line 24).....	22629.29
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	14227.23
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	8402.06

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 25

(check only one)

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

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) Bill Adams		Date of Receipt M M / D D / Y Y Y Y 01 / 11 / 2014	
Mailing Address 2810 Montelius		Transaction ID : SA11AI.4249	
City Klamath Falls	State OR	Zip Code 97601	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer One Stop Auto Wrecking	Occupation Owner		
Receipt For: 2014 ☒ Primary ☐ General ☐ Other (specify)	Election Cycle-to-Date 300.00		
B. Full Name (Last, First, Middle Initial) Bill Adams		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2014	
Mailing Address 2810 Montelius		Transaction ID : SA11AI.4369	
City Klamath Falls	State OR	Zip Code 97601	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer One Stop Auto Wrecking	Occupation Owner		
Receipt For: 2014 ☒ Primary ☐ General ☐ Other (specify)	Election Cycle-to-Date 400.00		
C. Full Name (Last, First, Middle Initial) Paul Castilleja		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2014	
Mailing Address 401 E. 7th. P.O. Box 204		Transaction ID : SA11AI.4372	
City Joseph	State OR	Zip Code 97846	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Wallowa County	Occupation County Commissioner		
Receipt For: 2014 ☒ Primary ☐ General ☐ Other (specify)	Election Cycle-to-Date 250.00		
SUBTOTAL of Receipts This Page (optional).....		550.00	
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:

PAGE 6 OF 25

(check only one)

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

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NAME OF COMMITTEE (In Full)
Linthicum for Congress

Full Name (Last, First, Middle Initial)

Diane Clary

Mailing Address 6916 Adams Rd.

City

Talent

State

OR

Zip Code

97540

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

1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		18		2014

Transaction ID : SA11AI.4272

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Diane Clary

Mailing Address 6916 Adams Rd.

City

Talent

State

OR

Zip Code

97540

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 M	/	D D D	/	Y Y Y Y Y Y
03		07		2014

Transaction ID : SA11AI.4364

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

William W. Clary III

Mailing Address 6916 Adams Rd.

City

Talent

State

OR

Zip Code

97540

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

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		28		2014

Transaction ID : SA11AI.4426

Amount of Each Receipt this Period

250.00

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

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

2250.00

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

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

FOR LINE NUMBER:

PAGE 7 OF 25

(check only one)

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

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NAME OF COMMITTEE (In Full)
Linthicum for Congress

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

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2014

Transaction ID : SA11AI.4308

Amount of Each Receipt this Period

500.00

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

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2014

Transaction ID : SA11AI.4360

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Dola J. Johnson

Mailing Address 22661 Hwy. 62

City

Shady Cove

State

OR

Zip Code

97539

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Business Manager

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		27		2014

Transaction ID : SA11AI.4423

Amount of Each Receipt this Period

500.00

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

1500.00

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 8 OF 25

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

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NAME OF COMMITTEE (In Full)
Linthicum for Congress

A. Full Name (Last, First, Middle Initial) Terry Linthicum		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2014	
Mailing Address 23365 Deming Ranch		Transaction ID : SA11AI.4427	
City Santa Ysabel	State CA	Zip Code 92070	Amount of Each Receipt this Period 250.00
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 750.00		
B. Full Name (Last, First, Middle Initial) Dennis Quam		Date of Receipt M M / D D / Y Y Y Y 01 / 04 / 2014	
Mailing Address P.O. Box 43		Transaction ID : SA11AI.4245	
City Beatty	State OR	Zip Code 97621	Amount of Each Receipt this Period 250.00
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		
C. Full Name (Last, First, Middle Initial) Dennis Quam		Date of Receipt M M / D D / Y Y Y Y 01 / 30 / 2014	
Mailing Address P.O. Box 43		Transaction ID : SA11AI.4289	
City Beatty	State OR	Zip Code 97621	Amount of Each Receipt this Period 25.00
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 275.00		
SUBTOTAL of Receipts This Page (optional).....		525.00	
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 9 OF 25

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

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NAME OF COMMITTEE (In Full)
Linthicum for Congress

Full Name (Last, First, Middle Initial)

Dennis Quam

A.

Mailing Address P.O. Box 43

City
 Beatty

State
 OR

Zip Code
 97621

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

375.00

Date of Receipt

M M / D D / Y Y Y Y
 02 12 2014

Transaction ID : SA11AI.4327

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

Dennis Quam

B.

Mailing Address P.O. Box 43

City
 Beatty

State
 OR

Zip Code
 97621

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

400.00

Date of Receipt

M M / D D / Y Y Y Y
 03 07 2014

Transaction ID : SA11AI.4361

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

Elizabeth Van Staaveren

C.

Mailing Address 1008 NW Cascade Way

City
 McMinnville

State
 OR

Zip Code
 97128-9512

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
 02 27 2014

Transaction ID : SA11AI.4351

Amount of Each Receipt this Period

250.00

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

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

375.00

5200.00

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 10 OF 25

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

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NAME OF COMMITTEE (In Full)
Linthicum for Congress

Full Name (Last, First, Middle Initial)
A. Oregon Republican Party

Mailing Address P.O. Box 1586

City	State	Zip Code
Lake Oswego	OR	97035-0786

FEC ID number of contributing
federal political committee.

C C00153031

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 01 / 2014

Transaction ID : SA11B.4603

Amount of Each Receipt this Period

750.00

In-kind - E-mail list

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 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 Y

Amount of Each Receipt this Period

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

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

750.00

750.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 25

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

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NAME OF COMMITTEE (In Full)

Linthicum for Congress

Full Name (Last, First, Middle Initial)

A. Anedot

Mailing Address 5555 Hilton, Ste 106

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		19		2014

City	State	Zip Code
Baton Rouge	LA	70808

Purpose of Disbursement
Processing Fees

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Amount of Each Disbursement this Period

32.65

Transaction ID : SB17.4470

B. Anedot

Full Name (Last, First, Middle Initial)

Mailing Address 5555 Hilton, Ste 106

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		29		2014

City	State	Zip Code
Baton Rouge	LA	70808

Purpose of Disbursement
Processing Fees

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Amount of Each Disbursement this Period

34.56

Transaction ID : SB17.4472

C. Anedot

Full Name (Last, First, Middle Initial)

Mailing Address 5555 Hilton, Ste 106

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

City	State	Zip Code
Baton Rouge	LA	70808

Purpose of Disbursement
Processing Fees

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Amount of Each Disbursement this Period

16.12

Transaction ID : SB17.4493

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

83.33

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 25

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

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NAME OF COMMITTEE (In Full)

Linthicum for Congress

Full Name (Last, First, Middle Initial)

A. Beachside Inn

Mailing Address 300 5th Ave.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		07		2014

City	State	Zip Code
Seaside	OR	97138

Amount of Each Disbursement this Period

276.86

Purpose of Disbursement
Lodging

002

Transaction ID : SB17.4465

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. Dorchester Conference

Mailing Address 4353 NW Tam O'Shanter Way

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		24		2014

City	State	Zip Code
Portland	OR	97229

Amount of Each Disbursement this Period

150.00

Purpose of Disbursement
Booth Fee

007

Transaction ID : SB17.4463

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. Lisa Emard

Mailing Address 40770 Hwy. 62

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

City	State	Zip Code
Chiloquin	OR	97624

Amount of Each Disbursement this Period

900.00

Purpose of Disbursement
Accounting Services

001

Transaction ID : SB17.4508

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify)	

State:

District:

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

1326.86

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 PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 25

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

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NAME OF COMMITTEE (In Full)
Linthicum for Congress

Full Name (Last, First, Middle Initial)

A. Dennis Linthicum

Mailing Address 36590 Hwy 140E

City	State	Zip Code
Beatty	OR	97621

Purpose of Disbursement
Travel Expenses

002

Candidate Name

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: OR District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		07		2014

Amount of Each Disbursement this Period

1650.05

Transaction ID : SB17.4495

B. Dennis Linthicum

Mailing Address 36590 Hwy 140E

City	State	Zip Code
Beatty	OR	97621

Purpose of Disbursement
Travel Expenses

002

Candidate Name

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: OR District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		07		2014

Amount of Each Disbursement this Period

608.20

Transaction ID : SB17.4496

C. Dennis Linthicum

Mailing Address 36590 Hwy 140E

City	State	Zip Code
Beatty	OR	97621

Purpose of Disbursement
Postage

001

Candidate Name

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State: OR District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		07		2014

Amount of Each Disbursement this Period

97.10

Transaction ID : SB17.4497

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

2355.35

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 25

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

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NAME OF COMMITTEE (In Full)

Linthicum for Congress

Full Name (Last, First, Middle Initial)

A. Dennis Linthicum

Mailing Address 36590 Hwy 140E

City	State	Zip Code
Beatty	OR	97621

Purpose of Disbursement
Fundraising supplies

003

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State: OR District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		07		2014

Amount of Each Disbursement this Period

12345678901234567890	6.00
----------------------	------

Transaction ID : SB17.4498

B. Dennis Linthicum

Mailing Address 36590 Hwy 140E

City	State	Zip Code
Beatty	OR	97621

Purpose of Disbursement
Travel Expense Reimbursement

002

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State: OR District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		07		2014

Amount of Each Disbursement this Period

12345678901234567890	680.80
----------------------	--------

Transaction ID : SB17.4499

C. Dennis Linthicum

Mailing Address 36590 Hwy 140E

City	State	Zip Code
Beatty	OR	97621

Purpose of Disbursement
Expense ReimbursementCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State: OR District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		03		2014

Amount of Each Disbursement this Period

12345678901234567890	610.13
----------------------	--------

Transaction ID : SB17.4503

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

1296.93

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 25

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

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NAME OF COMMITTEE (In Full)
Linthicum for Congress

Full Name (Last, First, Middle Initial)

A. Dennis Linthicum

Mailing Address 36590 Hwy 140E

City	State	Zip Code
Beatty	OR	97621

Purpose of Disbursement
Travel Expense

002

Category/
Type

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: OR District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		03		2014

Amount of Each Disbursement this Period

353.34

Transaction ID : SB17.4503.0

[MEMO ITEM]

B. Dennis Linthicum

Mailing Address 36590 Hwy 140E

City	State	Zip Code
Beatty	OR	97621

Purpose of Disbursement
Fundraiser-rental

003

Category/
Type

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: OR District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		03		2014

Amount of Each Disbursement this Period

50.00

Transaction ID : SB17.4503.1

[MEMO ITEM]

C. Dennis Linthicum

Mailing Address 36590 Hwy 140E

City	State	Zip Code
Beatty	OR	97621

Purpose of Disbursement
Dinner Event Fees

007

Category/
Type

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: OR District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		03		2014

Amount of Each Disbursement this Period

190.00

Transaction ID : SB17.4503.2

[MEMO ITEM]

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

0.00

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 25

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

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NAME OF COMMITTEE (In Full)

Linthicum for Congress

Full Name (Last, First, Middle Initial)

A. Dennis Linthicum

Mailing Address 36590 Hwy 140E

City	State	Zip Code
Beatty	OR	97621

Purpose of Disbursement
Postage

001

Category/
Type

Candidate Name

Office Sought:	☒ House
	☐ Senate
	☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify)	

State: OR District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		03		2014

Amount of Each Disbursement this Period

10.84

Transaction ID : SB17.4503.3

[MEMO ITEM]

B. Dennis Linthicum

Mailing Address 36590 Hwy 140E

City	State	Zip Code
Beatty	OR	97621

Purpose of Disbursement
Pens

006

Category/
Type

Candidate Name

Office Sought:	☒ House
	☐ Senate
	☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify)	

State: OR District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		03		2014

Amount of Each Disbursement this Period

5.95

Transaction ID : SB17.4503.4

[MEMO ITEM]

C. Dennis Linthicum

Mailing Address 36590 Hwy 140E

City	State	Zip Code
Beatty	OR	97621

Purpose of Disbursement
Expense ReimbursementCategory/
Type

Candidate Name

Office Sought:	☒ House
	☐ Senate
	☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify)	

State: OR District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

Amount of Each Disbursement this Period

3669.89

Transaction ID : SB17.4509

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

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

3669.89

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 25

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

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NAME OF COMMITTEE (In Full)
Linthicum for Congress

Full Name (Last, First, Middle Initial)

A. Dennis Linthicum

Mailing Address 36590 Hwy 140E

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

City	State	Zip Code
Beatty	OR	97621

Purpose of Disbursement
Travel Expenses

002

Amount of Each Disbursement this Period

493.55

Transaction ID : SB17.4509.0

[MEMO ITEM]

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: OR District: 02

Full Name (Last, First, Middle Initial)

B. Dennis Linthicum

Mailing Address 36590 Hwy 140E

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

City	State	Zip Code
Beatty	OR	97621

Purpose of Disbursement
Fundraiser-Meal

007

Amount of Each Disbursement this Period

30.00

Transaction ID : SB17.4509.1

[MEMO ITEM]

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: OR District: 02

Full Name (Last, First, Middle Initial)

C. Dennis Linthicum

Mailing Address 36590 Hwy 140E

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

City	State	Zip Code
Beatty	OR	97621

Purpose of Disbursement
Envelopes

001

Amount of Each Disbursement this Period

17.58

Transaction ID : SB17.4509.2

[MEMO ITEM]

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: OR District: 02

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

0.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 25

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

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NAME OF COMMITTEE (In Full)
Linthicum for Congress

Full Name (Last, First, Middle Initial)

A. Dennis Linthicum

Mailing Address 36590 Hwy 140E

City	State	Zip Code
Beatty	OR	97621

Purpose of Disbursement
Signs

004

Category/
Type

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: OR District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

Amount of Each Disbursement this Period

508.76

Transaction ID : SB17.4509.3

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Dennis Linthicum

Mailing Address 36590 Hwy 140E

City	State	Zip Code
Beatty	OR	97621

Purpose of Disbursement
Ballot fee

001

Category/
Type

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: OR District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.4509.4

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Dennis Linthicum

Mailing Address 36590 Hwy 140E

City	State	Zip Code
Beatty	OR	97621

Purpose of Disbursement
Ink for printing

003

Category/
Type

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: OR District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

Amount of Each Disbursement this Period

120.00

Transaction ID : SB17.4509.5

[MEMO ITEM]

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

0.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 25

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

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NAME OF COMMITTEE (In Full)

Linthicum for Congress

Full Name (Last, First, Middle Initial)

A. Oregon Republican Party

Mailing Address P.O. Box 1586

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		01		2014

City	State	Zip Code
Lake Oswego	OR	97035-0786

Amount of Each Disbursement this Period

750.00

Purpose of Disbursement
In-kind - E-mail listCategory/
Type

Transaction ID : SB17.4605

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		☒ Primary ☐ General
		☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. Print Runner

Mailing Address 8000 Haskell Ave.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		20		2014

City	State	Zip Code
Van Nuys	CA	91406

Amount of Each Disbursement this Period

220.00

Purpose of Disbursement
Door hangers

004

Transaction ID : SB17.4456

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
		☐ Primary ☐ General
		☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. PsPrint

Mailing Address 2861 Mandela Parkway

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		17		2014

City	State	Zip Code
Oakland	CA	94608

Amount of Each Disbursement this Period

203.90

Purpose of Disbursement
Stickers

006

Transaction ID : SB17.4442

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
		☐ Primary ☐ General
		☐ Other (specify)

State: District:

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

1173.90

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 PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 25

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

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NAME OF COMMITTEE (In Full)
Linthicum for Congress

Full Name (Last, First, Middle Initial)

A. Super Cheap Signs

Mailing Address 9804 Gray Blvd.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		09		2014

City	State	Zip Code
Austin	TX	78758

Amount of Each Disbursement this Period

180.87

Purpose of Disbursement
Signs

004

Transaction ID : SB17.4438

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

B. Vista Print

Mailing Address 95 Hayden Ave.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		15		2014

City	State	Zip Code
Lexington	MA	02421

Amount of Each Disbursement this Period

52.50

Purpose of Disbursement
Business cards

004

Transaction ID : SB17.4440

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

c. Wrangler Dani, Corp.

Mailing Address 21285 Highway 20, #143

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		07		2014

City	State	Zip Code
Bend	OR	97701

Amount of Each Disbursement this Period

390.00

Purpose of Disbursement
Media work

004

Transaction ID : SB17.4454

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

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

623.37

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 25

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

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NAME OF COMMITTEE (In Full)

Linthicum for Congress

Full Name (Last, First, Middle Initial)

A. wrinkledog, inc.

Mailing Address 404 Main St., Ste. 6

City	State	Zip Code
Klamath Falls	OR	97601

Purpose of Disbursement
Website services

001

Category/
Type

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		12		2014

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.4477

B. wrinkledog, inc.

Mailing Address 404 Main St., Ste. 6

City	State	Zip Code
Klamath Falls	OR	97601

Purpose of Disbursement
Logo/business card design

004

Category/
Type

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		12		2014

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.4522

C. wrinkledog, inc.

Mailing Address 404 Main St., Ste. 6

City	State	Zip Code
Klamath Falls	OR	97601

Purpose of Disbursement
Market research

003

Category/
Type

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		12		2014

Amount of Each Disbursement this Period

375.00

Transaction ID : SB17.4523

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

2375.00

12904.63

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 25

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

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NAME OF COMMITTEE (In Full)

Linthicum for Congress

Full Name (Last, First, Middle Initial)

A. Dennis Linthicum

Mailing Address 36590 Hwy 140E

City	State	Zip Code
Beatty	OR	97621

Purpose of Disbursement
Loan repayment

Candidate Name

Office Sought:	☒ House
	☐ Senate
	☐ President

State: OR District: 02

Disbursement For:

☐ Primary	☐ General
☐ Other (specify)	

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		07		2014

Amount of Each Disbursement this Period

500.00

Transaction ID : SB19A.4494

009

Category/
Type**B.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:

☐ Primary	☐ General
☐ Other (specify)	

Date of Disbursement

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Disbursement this Period

--

Category/
Type**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:

☐ Primary	☐ General
☐ Other (specify)	

Date of Disbursement

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Disbursement this Period

--

Category/
Type**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

500.00

500.00

SCHEDULE C (FEC Form 3)
LOANS

PAGE 23 OF 25

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME 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

6500.00

Cumulative Payment To Date

500.00

Balance Outstanding at Close of This Period

6000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
10 / 15 / 2013

Date Due

M M / D D / Y Y Y Y

None

Interest Rate

0.00

% (apr)

Secured:

☐ 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)

PAGE 24 OF 25

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 office expense--to be reimbursed

Mailing Address 36590 Hwy 140E

City State

Zip Code

Beatty

OR

97621

Outstanding Balance Beginning This Period

103.10

Transaction ID : SD10.4234

Amount Incurred This Period

0.00

Payment This Period

103.10

Outstanding Balance at Close of This Period

0.00

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

Dennis Linthicum

Nature of Debt (Purpose):

Advance for travel expenses--to be reimbursed
(within time limit)

Mailing Address 36590 Hwy 140E

City State

Zip Code

Beatty

OR

97621

Outstanding Balance Beginning This Period

1650.05

Transaction ID : SD10.4236

Amount Incurred This Period

0.00

Payment This Period

1650.05

Outstanding Balance at Close of This Period

0.00

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

Dennis Linthicum

Nature of Debt (Purpose):

Advance for travel expenses--to be reimbursed
(outside time limit)

Mailing Address 36590 Hwy 140E

City

State

Zip Code

Beatty

OR

97621

Outstanding Balance Beginning This Period

608.20

Transaction ID : SD10.4235

Amount Incurred This Period

0.00

Payment This Period

608.20

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional) ▶

0.00

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

0.00

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 25 OF 25

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Linthicum for CongressA. 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

4750.00

Transaction ID : SD10.4233

Amount Incurred This Period

0.00

Payment This Period

2375.00

Outstanding Balance at Close of This Period

2375.00

B. 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

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) ▶

2375.00

2) **TOTALS** This Period (last page this line number only) ▶

2375.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

6000.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

8375.00