

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Linthicum for Congress

ADDRESS (number and street)

40770 Highway 62

Check if different than previously reported. (ACC)

Chiloquin

OR

97624

2. FEC IDENTIFICATION NUMBER ▼

C C00551457

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

OR

02

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

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

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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

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

Write or Type Committee Name
Linthicum for Congress

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	2850.00	31077.50
(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)).....	2850.00	31077.50
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	14090.49	35657.32
(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)).....	14090.49	35657.32
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1920.18	
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).....	0.00	

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)

Write or Type Committee Name

Linthicum for Congress

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1800.00	17250.00
(ii) Unitemized.....	1050.00	13077.50
(iii) TOTAL of contributions from individuals ▶	2850.00	30327.50
(b) Political Party Committees.....	0.00	750.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	2850.00	31077.50
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	6500.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
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)..... ▶	2850.00	37577.50

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	14090.49	35657.32
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
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) ►	14090.49	35657.32

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	13160.67
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2850.00
25. SUBTOTAL (add Line 23 and Line 24).....	16010.67
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	14090.49
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1920.18

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 15
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Linthicum for Congress

A. Full Name (Last, First, Middle Initial)
Ginny L. Reschke

Mailing Address 22157 Drazil Rd.

City Malin State OR Zip Code 97632

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

Name of Employer wrinkledog, inc. Occupation Graphic designer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 18 / 2014

Transaction ID : SA11AI.4644

Amount of Each Receipt this Period
 900.00

B. Full Name (Last, First, Middle Initial)
Werner Reschke

Mailing Address 22157 Drazil Rd.

City Maline State OR Zip Code 97632

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

Name of Employer wrinkledog, inc. Occupation Marketing

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 18 / 2014

Transaction ID : SA11AI.4643

Amount of Each Receipt this Period
 900.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

1800.00

1800.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 15			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Linthicum for Congress

Full Name (Last, First, Middle Initial) A. Anedot		Date of Disbursement MM / DD / YYYY 05 / 13 / 2014
Mailing Address 5555 Hilton, Ste 106		Amount of Each Disbursement this Period 21.81 Transaction ID : SB17.4686
City Baton Rouge	State LA	
Zip Code 70808	Purpose of Disbursement Processing Fees	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Anedot		Date of Disbursement MM / DD / YYYY 06 / 06 / 2014
Mailing Address 5555 Hilton, Ste 106		Amount of Each Disbursement this Period 4.20 Transaction ID : SB17.4701
City Baton Rouge	State LA	
Zip Code 70808	Purpose of Disbursement Processing Fees	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Bicoastal Rogue Valley, LLC		Date of Disbursement MM / DD / YYYY 05 / 13 / 2014
Mailing Address 3624 Avion Drive		Amount of Each Disbursement this Period 761.60 Transaction ID : SB17.4667
City Medford	State OR	
Zip Code 97504	Purpose of Disbursement Radio Ads	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	787.61
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 15			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Linthicum for Congress

Full Name (Last, First, Middle Initial) A. Capps Broadcast Group		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 2003 NW 56th Dr.		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.4679
City Pendleton	State OR	
Zip Code 97801	Purpose of Disbursement Radio Ads	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Lisa Emard		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 40770 Hwy. 62		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4685
City Chiloquin	State OR	
Zip Code 97624	Purpose of Disbursement Accounting Fees	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Lisa Emard		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 40770 Hwy. 62		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.4702
City Chiloquin	State OR	
Zip Code 97624	Purpose of Disbursement Accounting Fees	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1150.00
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 Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 15			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Linthicum for Congress

Full Name (Last, First, Middle Initial) A. Ken Fawcett		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 55 Scenic Dr.		Amount of Each Disbursement this Period 235.00 Transaction ID : SB17.4694
City Ashland State OR Zip Code 97520	Purpose of Disbursement Yard stakes Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Horizon Broadcasting Group, LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address 854 NE 4th St.		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.4673
City Bend State OK Zip Code 97701	Purpose of Disbursement Radio Ads Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Dennis Linthicum		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address 36590 Hwy 140E		Amount of Each Disbursement this Period 239.94 Transaction ID : SB17.4652
City Beatty State OR Zip Code 97621	Purpose of Disbursement Reimbursement Candidate Name Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: OR District: 02	

SUBTOTAL of Disbursements This Page (optional).....	774.94
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 15			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Linthicum for Congress

Full Name (Last, First, Middle Initial) A. Dennis Linthicum		Date of Disbursement MM / DD / YYYY 05 / 07 / 2014
Mailing Address 36590 Hwy 140E		Amount of Each Disbursement this Period 70.00
City Beatty	State OR	
Zip Code 97621	Purpose of Disbursement Event Dinner Fee	Transaction ID : SB17.4652.0
Candidate Name	Category/ Type 007	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: OR	District: 02	

Full Name (Last, First, Middle Initial) B. Dennis Linthicum		Date of Disbursement MM / DD / YYYY 05 / 07 / 2014
Mailing Address 36590 Hwy 140E		Amount of Each Disbursement this Period 125.09
City Beatty	State OR	
Zip Code 97621	Purpose of Disbursement Mailing and postage	Transaction ID : SB17.4652.1
Candidate Name	Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: OR	District: 02	

Full Name (Last, First, Middle Initial) C. Dennis Linthicum		Date of Disbursement MM / DD / YYYY 05 / 07 / 2014
Mailing Address 36590 Hwy 140E		Amount of Each Disbursement this Period 44.85
City Beatty	State OR	
Zip Code 97621	Purpose of Disbursement Sign material	Transaction ID : SB17.4652.2
Candidate Name	Category/ Type 006	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
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 Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 15			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Linthicum for Congress

Full Name (Last, First, Middle Initial) A. Dennis Linthicum		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address 36590 Hwy 140E		Amount of Each Disbursement this Period 846.46 Transaction ID : SB17.4692
City Beatty	State OR	
Zip Code 97621	Purpose of Disbursement Travel expenses	Category/ Type 002
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: OR District: 02	

Full Name (Last, First, Middle Initial) B. Dennis Linthicum		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address 36590 Hwy 140E		Amount of Each Disbursement this Period 6000.00 Transaction ID : SB17.4722
City Beatty	State OR	
Zip Code 97621	Purpose of Disbursement Repayment of transfer/loan from candidate	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: OR District: 02	

Full Name (Last, First, Middle Initial) C. Dennis Linthicum		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 36590 Hwy 140E		Amount of Each Disbursement this Period 359.28 Transaction ID : SB17.4695
City Beatty	State OR	
Zip Code 97621	Purpose of Disbursement Reimbursement	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: OR District: 02	

SUBTOTAL of Disbursements This Page (optional).....	7205.74
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 15			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Linthicum for Congress

Full Name (Last, First, Middle Initial) A. Dennis Linthicum		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 36590 Hwy 140E		Amount of Each Disbursement this Period 356.42
City Beatty	State OR	
Zip Code 97621	Purpose of Disbursement Travel expenses	Transaction ID : SB17.4695.0
Candidate Name	Category/Type 002	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: OR District: 02		

Full Name (Last, First, Middle Initial) B. Dennis Linthicum		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 36590 Hwy 140E		Amount of Each Disbursement this Period 2.86
City Beatty	State OR	
Zip Code 97621	Purpose of Disbursement Postage	Transaction ID : SB17.4695.1
Candidate Name	Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: OR District: 02		

Full Name (Last, First, Middle Initial) C. Dennis Linthicum		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 36590 Hwy 140E		Amount of Each Disbursement this Period 168.50
City Beatty	State OR	
Zip Code 97621	Purpose of Disbursement Travel Reimbursement	Transaction ID : SB17.4703
Candidate Name	Category/Type 002	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OR District: 02		

SUBTOTAL of Disbursements This Page (optional).....	168.50
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 15	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Linthicum for Congress

Full Name (Last, First, Middle Initial) A. Dennis Linthicum		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 36590 Hwy 140E		Amount of Each Disbursement this Period 220.00 Transaction ID : SB17.4703.0
City Beatty	State OR	
Zip Code 97621	Purpose of Disbursement Travel-windshield repair	[MEMO ITEM]
Candidate Name	Category/Type 002	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OR	District: 02	

Full Name (Last, First, Middle Initial) B. Dennis Linthicum		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 36590 Hwy 140E		Amount of Each Disbursement this Period 68.50 Transaction ID : SB17.4703.1
City Beatty	State OR	
Zip Code 97621	Purpose of Disbursement Travel-campaign going forward meeting	[MEMO ITEM]
Candidate Name	Category/Type 002	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OR	District: 02	

Full Name (Last, First, Middle Initial) c. Mapleton Communications LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 1438 Rossanley Dr.		Amount of Each Disbursement this Period 220.00 Transaction ID : SB17.4677
City Medford	State OR	
Zip Code 97501-1751	Purpose of Disbursement Radio Ads	[MEMO ITEM]
Candidate Name	Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	220.00
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 Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 15			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Linthicum for Congress

Full Name (Last, First, Middle Initial) A. Wrangler Dani, Corp.			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014		
Mailing Address 21285 Highway 20, #143			Amount of Each Disbursement this Period 60.00		
City Bend	State OR	Zip Code 97701	Transaction ID : SB17.4687		
Purpose of Disbursement Reimb. Internet/communication		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. Wrangler Dani, Corp.			Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014		
Mailing Address 21285 Highway 20, #143			Amount of Each Disbursement this Period 1000.00		
City Bend	State OR	Zip Code 97701	Transaction ID : SB17.4698		
Purpose of Disbursement Media/editorial work		Category/ Type 004			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. wrinkledog, inc.			Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014		
Mailing Address 404 Main St., Ste. 6			Amount of Each Disbursement this Period 1500.00		
City Klamath Falls	State OR	Zip Code 97601	Transaction ID : SB17.4689		
Purpose of Disbursement Website services		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional)	2560.00
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 Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 15			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Linthicum for Congress

Full Name (Last, First, Middle Initial) A. wrinkledog, inc.			Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014		
Mailing Address 404 Main St., Ste. 6			Amount of Each Disbursement this Period 500.00		
City Klamath Falls	State OR	Zip Code 97601	Transaction ID : SB17.4690		
Purpose of Disbursement Logo/business card design		Category/ Type 004			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. wrinkledog, inc.			Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014		
Mailing Address 404 Main St., Ste. 6			Amount of Each Disbursement this Period 375.00		
City Klamath Falls	State OR	Zip Code 97601	Transaction ID : SB17.4691		
Purpose of Disbursement Market research		Category/ Type 003			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			Amount of Each Disbursement this Period		
City	State	Zip Code			
Purpose of Disbursement		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	875.00
TOTAL This Period (last page this line number only).....	13741.79

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

Linthicum for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Dennis Linthicum

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

Mailing Address 36590 Hwy 140E

City State Zip Code
Beatty OR 97621

Outstanding Balance Beginning This Period

Transaction ID : SD10.4614

846.46

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

846.46

0.00

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

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

Mailing Address 404 Main St., Ste. 6

City State Zip Code
Klamath Falls OR 97601

Outstanding Balance Beginning This Period

Transaction ID : SD10.4233

2375.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

2375.00

0.00

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

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

0.00

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

0.00

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

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