FEC FORM 1	STATEMENT OF ORGANIZATION	RECEIVED 2013 NOV -4 AM 8: 10 FFC MACHINE D
1. NAME OF COMMITTEE (in full)	(Check if name Example: If typing, type over the lines.	12FE4M5
LINTHICUM F	OR CONGRESS	
ADDRESS (number and stree	"40770 HIGHWAY 62	
(Check if address Is changed)		OR 97624 7753
	CITY	STATE ZIP CODE
COMMITTEE'S E-MAIL ADD (Check if address is changed)	DRESS (Please provide only one e-mail address)	<u>4.СОМ </u>
COMMITTEE'S WEB PAGE (Check if address is changed)	DENNIS2014,COM	
2. DATE 10 <sup>™</sup> ′	23° ′ 2013 ′	
3. FEC IDENTIFICATION	NUMBER C	
4. IS THIS STATEMENT	NEW (N) OR AMENDED (A)	
I certify that I have examine Type or Print Name of Treas	ed this Statement and to the best of my knowledge and belief is surer	it is true, correct and complete.
Signature of Treasurer	Lon a. Emaid	<sub>Date</sub> 10 <sup>™</sup> ′ 29° ′ 2013 <sup>°</sup>
NOTE: Submission of false, e	noneous, or incomplete intolutation may subject the person signing ANY CHANGE IN INFORMATION SHOULD BE REPORTED V	
Office Use Only	For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	

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5.	TYPE	OF CO	OMMITTEE
	Cane	didate	Committee:
	(a)	$\mathbf{X}$	This committee is a principal campaign committee. (Complete the candidate information below.)
	<b>(</b> b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
	Name Candi		
	Candi Party	idate Affiliatio	on REP Office Sought: X House Senate President State OR
	(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name Candi	-	
	Part	y Com	mittee:
	(d)		(National, State(Democratic,This committee is aor subordinate) committee of theRepublican, etc.) Party.
	Polit	ical A	ction Committee (PAC):
	( <del>0</del> )		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
			Corporation Corporation w/o Capital Stock Labor Organization
			Membership Organization Trade Association Cooperative
			in addition, this committee is a Lobbyist/Registraot PAC.
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
			In addition, this committee is a Lobbyist/Registrant PAC.
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
	Joint	Fund	raising Representative:
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
		Com	nittees Participating in Joint Fundraiser
		1.	FEC ID number C
		2.	FEC ID number C
		3.	FEC ID number C
		4.	FEC ID number

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Write or Type Committee Name

## LINTHICUM FOR CONGRESS

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spons									
Mailing Address									
			•						

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Mailing Address	40770 HIGHWAY 62			
		<u> </u>		
			97624 7753	
Title or Position	CITY	STATE	ZIP CODE	
TREASURER	Telephone n	number 154	1[8924829	

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name LISA	A. EMARD				
Mailing Address	40770 HIGHWAY 62				
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			OR	97624	<mark></mark> 7753
The second second	CITY		STATE	ZIP	CODE
Title or Position	<u> </u>	Telephone n	umber 54	1 <sub>1</sub> _892	- [4829

FEC FORM I (H	evised 02/2009)	······	Page 4
Full Name of Designated Agent		-1	
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position	Telephone		
	sitories: List all banks or other depositories in which the con r maintains funds.		iunds, holds accounts, rents
Banks or Other Depo safety deposit boxes or Name of Bank, Deposi	sitories: List all banks or other depositories in which the con r maintains funds.		
Banks or Other Depo safety deposit boxes or Name of Bank, Deposi	<b>sitories:</b> List all banks or other depositories in which the con r maintains funds. tory, etc.		[] - [ funds, holds accounts, rents
Banks or Other Depo safety deposit boxes or Name of Bank, Deposi	sitories: List all banks or other depositories in which the cor r maintains funds. tory, etc. ERLING BANK		] - [] - [
Banks or Other Depo safety deposit boxes or Name of Bank, Deposi	sitories: List all banks or other depositories in which the cor r maintains funds. tory, etc. ERLING BANK		funds, holds accounts, rents

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	CITY											STATE							ZIP CODE																
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**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. Date of Receipt Hand Delivered Postmarked USPS First Class Mail 10/30/13 Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date Overnight Delivery Service (Specify):** Next Business Day Delivery Date of Receipt **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 or Postmarked Other (Specify): DATE PREPARED PREPARER (8/2013)

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