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)

CITY ▲ Chiloquin | STATE ▲ OR | ZIP CODE ▲ 97624 –

2. **FEC IDENTIFICATION NUMBER ▼** C C00551457

3. IS THIS REPORT ☒ NEW (N) **OR** ☐ AMENDED (A)

STATE ▼ DISTRICT: 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 01 / 01 / 2014 through 03 / 31 / 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 04 / 14 / 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

SUMMARY PAGE
of Receipts and Disbursements

FEC **Form 3** (Revised 02/2003)

Write or Type Committee Name
Linthicum for Congress

Report Covering the Period: From: 01/01/2014 To: 03/31/2014

	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))	13053.00	18475.50
(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))	13053.00	18475.50
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	12977.23	16073.44
(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))	12977.23	16073.44
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)

Write or Type Committee Name

Linthicum for Congress

Report Covering the Period: From: 01/01/2014 To: 03/31/2014

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)	5200.00	7850.00
(ii) Unitemized	7853.00	10625.50
(iii) TOTAL of contributions from individuals ▶	13053.00	18475.50
(b) Political Party Committees	0.00	0.00
(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))	13053.00	18475.50
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) ▶	13053.00	24975.50

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES	12977.23	16073.44
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) ▶	13477.23	16573.44

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	8826.29
24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	13053.00
25. SUBTOTAL (add Line 23 and Line 24)	21879.29
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	13477.23
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	8402.06

Image# 14960673765

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

NAME OF COMMITTEE (In Full)
Linthicum for Congress

A.
Full Name (Last, First, Middle Initial)
Bill Adams
Mailing Address 2810 Montelius
City: Klamath Falls | State: OR | Zip Code: 97601
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

Date of Receipt: 01 / 11 / 2014
Transaction ID : SA11AI.4249
Amount of Each Receipt this Period: 200.00

B.
Full Name (Last, First, Middle Initial)
Bill Adams
Mailing Address 2810 Montelius
City: Klamath Falls | State: OR | Zip Code: 97601
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

Date of Receipt: 03 / 13 / 2014
Transaction ID : SA11AI.4369
Amount of Each Receipt this Period: 100.00

C.
Full Name (Last, First, Middle Initial)
Paul Castilleja
Mailing Address 401 E. 7th.
P.O. Box 204
City: Joseph | State: OR | Zip Code: 97846
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

Date of Receipt: 03 / 13 / 2014
Transaction ID : SA11AI.4372
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) 550.00

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

Image# 14960673766

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)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 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)
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: 01 / 18 / 2014
Transaction ID : SA11AI.4272
Amount of Each Receipt this Period: 1000.00

B.
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: 03 / 07 / 2014
Transaction ID : SA11AI.4364
Amount of Each Receipt this Period: 1000.00

C.
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: 03 / 28 / 2014
Transaction ID : SA11AI.4426
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) 2250.00

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

Image# 14960673767

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

NAME OF COMMITTEE (In Full)
Linthicum for Congress

A.
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: 01 / 31 / 2014
Transaction ID : SA11AI.4308
Amount of Each Receipt this Period: 500.00

B.
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: 03 / 04 / 2014
Transaction ID : SA11AI.4360
Amount of Each Receipt this Period: 500.00

C.
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: 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) .....

Image# 14960673768

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)
[X] 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
Mailing Address 23365 Deming Ranch
City: Santa Ysabel | State: CA | Zip Code: 92070
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: Retired
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 750.00
Date of Receipt: 03 / 28 / 2014
Transaction ID : SA11AI.4427
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dennis Quam
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
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 250.00
Date of Receipt: 01 / 04 / 2014
Transaction ID : SA11AI.4245
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dennis Quam
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
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 275.00
Date of Receipt: 01 / 30 / 2014
Transaction ID : SA11AI.4289
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) 525.00

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

Image# 14960673769

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)
[X] 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)
Dennis Quam
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
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 375.00

Date of Receipt: 02 / 12 / 2014
Transaction ID : SA11AI.4327
Amount of Each Receipt this Period: 100.00

B.
Full Name (Last, First, Middle Initial)
Dennis Quam
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
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 400.00

Date of Receipt: 03 / 07 / 2014
Transaction ID : SA11AI.4361
Amount of Each Receipt this Period: 25.00

C.
Full Name (Last, First, Middle Initial)
Elizabeth Van Staaveren
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
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 02 / 27 / 2014
Transaction ID : SA11AI.4351
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) 375.00

TOTAL This Period (last page this line number only) 5200.00

Image# 14960673770

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
Linthicum for Congress

A.
Full Name (Last, First, Middle Initial)
Anedot
Mailing Address 5555 Hilton, Ste 106
City: Baton Rouge | State: LA | Zip Code: 70808
Purpose of Disbursement: Processing Fees
Candidate Name
Category/Type: 001
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 03 / 19 / 2014
Amount of Each Disbursement this Period: 32.65
Transaction ID : SB17.4470

B.
Full Name (Last, First, Middle Initial)
Anedot
Mailing Address 5555 Hilton, Ste 106
City: Baton Rouge | State: LA | Zip Code: 70808
Purpose of Disbursement: Processing Fees
Candidate Name
Category/Type: 001
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 03 / 29 / 2014
Amount of Each Disbursement this Period: 34.56
Transaction ID : SB17.4472

C.
Full Name (Last, First, Middle Initial)
Anedot
Mailing Address 5555 Hilton, Ste 106
City: Baton Rouge | State: LA | Zip Code: 70808
Purpose of Disbursement: Processing Fees
Candidate Name
Category/Type: 001
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 03 / 31 / 2014
Amount of Each Disbursement this Period: 16.12
Transaction ID : SB17.4493

SUBTOTAL of Disbursements This Page (optional) 83.33

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

Image# 14960673771

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
Linthicum for Congress

A. Full Name (Last, First, Middle Initial)
Beachside Inn

Mailing Address 300 5th Ave.

City: Seaside | State: OR | Zip Code: 97138

Purpose of Disbursement: Lodging

Category/Type: 002

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 03 / 07 / 2014

Amount of Each Disbursement this Period: 276.86

Transaction ID : SB17.4465

B. Full Name (Last, First, Middle Initial)
Dorchester Conference

Mailing Address 4353 NW Tam O'Shanter Way

City: Portland | State: OR | Zip Code: 97229

Purpose of Disbursement: Booth Fee

Category/Type: 007

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 02 / 24 / 2014

Amount of Each Disbursement this Period: 150.00

Transaction ID : SB17.4463

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

Mailing Address 40770 Hwy. 62

City: Chiloquin | State: OR | Zip Code: 97624

Purpose of Disbursement: Accounting Services

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 03 / 31 / 2014

Amount of Each Disbursement this Period: 900.00

Transaction ID : SB17.4508

SUBTOTAL of Disbursements This Page (optional) 1326.86

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

Image# 14960673772

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
Linthicum for Congress

A. Full Name (Last, First, Middle Initial)
Dennis Linthicum

Mailing Address 36590 Hwy 140E

City: Beatty | State: OR | Zip Code: 97621

Purpose of Disbursement: Travel Expenses

Category/Type: 002

Candidate Name

Office Sought: ☒ House ☐ Senate ☐ President
State: OR District: 02

Disbursement For: 2014
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 02 / 07 / 2014

Amount of Each Disbursement this Period: 1650.05

Transaction ID : SB17.4495

B. Full Name (Last, First, Middle Initial)
Dennis Linthicum

Mailing Address 36590 Hwy 140E

City: Beatty | State: OR | Zip Code: 97621

Purpose of Disbursement: Travel Expenses

Category/Type: 002

Candidate Name

Office Sought: ☒ House ☐ Senate ☐ President
State: OR District: 02

Disbursement For: 2014
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 02 / 07 / 2014

Amount of Each Disbursement this Period: 608.20

Transaction ID : SB17.4496

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

Mailing Address 36590 Hwy 140E

City: Beatty | State: OR | Zip Code: 97621

Purpose of Disbursement: Postage

Category/Type: 001

Candidate Name

Office Sought: ☒ House ☐ Senate ☐ President
State: OR District: 02

Disbursement For:
☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 02 / 07 / 2014

Amount of Each Disbursement this Period: 97.10

Transaction ID : SB17.4497

SUBTOTAL of Disbursements This Page (optional) 2355.35

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

Image# 14960673773

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
Linthicum for Congress

A. Full Name (Last, First, Middle Initial)
Dennis Linthicum

Mailing Address 36590 Hwy 140E

City: Beatty | State: OR | Zip Code: 97621

Purpose of Disbursement: Fundraising supplies

Candidate Name

Category/Type: 003

Office Sought: ☒ House ☐ Senate ☐ President
State: OR District: 02

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 02 / 07 / 2014

Amount of Each Disbursement this Period: 6.00

Transaction ID : SB17.4498

B. Full Name (Last, First, Middle Initial)
Dennis Linthicum

Mailing Address 36590 Hwy 140E

City: Beatty | State: OR | Zip Code: 97621

Purpose of Disbursement: Travel Expense Reimbursement

Candidate Name

Category/Type: 002

Office Sought: ☒ House ☐ Senate ☐ President
State: OR District: 02

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 02 / 07 / 2014

Amount of Each Disbursement this Period: 680.80

Transaction ID : SB17.4499

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

Mailing Address 36590 Hwy 140E

City: Beatty | State: OR | Zip Code: 97621

Purpose of Disbursement: Expense Reimbursement

Candidate Name

Category/Type:

Office Sought: ☒ House ☐ Senate ☐ President
State: OR District: 02

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 03 / 03 / 2014

Amount of Each Disbursement this Period: 610.13

Transaction ID : SB17.4503

SUBTOTAL of Disbursements This Page (optional) 1296.93

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

Image# 14960673774

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
Linthicum for Congress

A. Full Name (Last, First, Middle Initial)
Dennis Linthicum

Mailing Address 36590 Hwy 140E

City: Beatty | State: OR | Zip Code: 97621

Purpose of Disbursement: Travel Expense

Category/Type: 002

Candidate Name

Office Sought: ☒ House ☐ Senate ☐ President
State: OR District: 02

Disbursement For: 2014
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 03 / 03 / 2014

Amount of Each Disbursement this Period: 353.34

Transaction ID : SB17.4503.0

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Dennis Linthicum

Mailing Address 36590 Hwy 140E

City: Beatty | State: OR | Zip Code: 97621

Purpose of Disbursement: Fundraiser-rental

Category/Type: 003

Candidate Name

Office Sought: ☒ House ☐ Senate ☐ President
State: OR District: 02

Disbursement For:
☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 03 / 03 / 2014

Amount of Each Disbursement this Period: 50.00

Transaction ID : SB17.4503.1

[MEMO ITEM]

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

Mailing Address 36590 Hwy 140E

City: Beatty | State: OR | Zip Code: 97621

Purpose of Disbursement: Dinner Event Fees

Category/Type: 007

Candidate Name

Office Sought: ☒ House ☐ Senate ☐ President
State: OR District: 02

Disbursement For:
☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 03 / 03 / 2014

Amount of Each Disbursement this Period: 190.00

Transaction ID : SB17.4503.2

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 0.00

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

Image# 14960673775

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
Linthicum for Congress

A.
Full Name (Last, First, Middle Initial)
Dennis Linthicum
Mailing Address 36590 Hwy 140E
City: Beatty State: OR Zip Code: 97621
Purpose of Disbursement: Postage
Category/Type: 001
Candidate Name
Office Sought: ☒ House ☐ Senate ☐ President
State: OR District: 02
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 03 / 03 / 2014
Amount of Each Disbursement this Period: 10.84
Transaction ID : SB17.4503.3
[MEMO ITEM]

B.
Full Name (Last, First, Middle Initial)
Dennis Linthicum
Mailing Address 36590 Hwy 140E
City: Beatty State: OR Zip Code: 97621
Purpose of Disbursement: Pens
Category/Type: 006
Candidate Name
Office Sought: ☒ House ☐ Senate ☐ President
State: OR District: 02
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 03 / 03 / 2014
Amount of Each Disbursement this Period: 5.95
Transaction ID : SB17.4503.4
[MEMO ITEM]

C.
Full Name (Last, First, Middle Initial)
Dennis Linthicum
Mailing Address 36590 Hwy 140E
City: Beatty State: OR Zip Code: 97621
Purpose of Disbursement: Expense Reimbursement
Category/Type:
Candidate Name
Office Sought: ☒ House ☐ Senate ☐ President
State: OR District: 02
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 03 / 31 / 2014
Amount of Each Disbursement this Period: 3669.89
Transaction ID : SB17.4509

SUBTOTAL of Disbursements This Page (optional) 3669.89

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

Image# 14960673776

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
Linthicum for Congress

A.
Full Name (Last, First, Middle Initial)
Dennis Linthicum

Mailing Address 36590 Hwy 140E

City: Beatty | State: OR | Zip Code: 97621

Purpose of Disbursement: Travel Expenses

Category/Type: 002

Candidate Name

Office Sought: ☒ House ☐ Senate ☐ President
State: OR District: 02

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 03 / 31 / 2014

Amount of Each Disbursement this Period: 493.55

Transaction ID : SB17.4509.0

[MEMO ITEM]

B.
Full Name (Last, First, Middle Initial)
Dennis Linthicum

Mailing Address 36590 Hwy 140E

City: Beatty | State: OR | Zip Code: 97621

Purpose of Disbursement: Fundraiser-Meal

Category/Type: 007

Candidate Name

Office Sought: ☒ House ☐ Senate ☐ President
State: OR District: 02

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 03 / 31 / 2014

Amount of Each Disbursement this Period: 30.00

Transaction ID : SB17.4509.1

[MEMO ITEM]

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

Mailing Address 36590 Hwy 140E

City: Beatty | State: OR | Zip Code: 97621

Purpose of Disbursement: Envelopes

Category/Type: 001

Candidate Name

Office Sought: ☒ House ☐ Senate ☐ President
State: OR District: 02

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 03 / 31 / 2014

Amount of Each Disbursement this Period: 17.58

Transaction ID : SB17.4509.2

[MEMO ITEM]

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

NAME OF COMMITTEE (In Full)
Linthicum for Congress

A.
Full Name (Last, First, Middle Initial)
Dennis Linthicum
Mailing Address 36590 Hwy 140E
City: Beatty State: OR Zip Code: 97621
Purpose of Disbursement: Signs
Category/Type: 004
Candidate Name
Office Sought: ☒ House ☐ Senate ☐ President
State: OR District: 02
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 03 / D D 31 / Y Y Y Y 2014
Amount of Each Disbursement this Period: 508.76
Transaction ID : SB17.4509.3
[MEMO ITEM]

B.
Full Name (Last, First, Middle Initial)
Dennis Linthicum
Mailing Address 36590 Hwy 140E
City: Beatty State: OR Zip Code: 97621
Purpose of Disbursement: Ballot fee
Category/Type: 001
Candidate Name
Office Sought: ☒ House ☐ Senate ☐ President
State: OR District: 02
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 03 / D D 31 / Y Y Y Y 2014
Amount of Each Disbursement this Period: 2500.00
Transaction ID : SB17.4509.4
[MEMO ITEM]

C.
Full Name (Last, First, Middle Initial)
Dennis Linthicum
Mailing Address 36590 Hwy 140E
City: Beatty State: OR Zip Code: 97621
Purpose of Disbursement: Ink for printing
Category/Type: 003
Candidate Name
Office Sought: ☒ House ☐ Senate ☐ President
State: OR District: 02
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 03 / D D 31 / Y Y Y Y 2014
Amount of Each Disbursement this Period: 120.00
Transaction ID : SB17.4509.5
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 0.00

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

Image# 14960673778

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
Linthicum for Congress

A. Full Name (Last, First, Middle Initial)
Print Runner

Mailing Address 8000 Haskell Ave.

City: Van Nuys | State: CA | Zip Code: 91406

Purpose of Disbursement: Door hangers

Candidate Name

Category/Type: 004

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 02 / 20 / 2014

Amount of Each Disbursement this Period: 220.00

Transaction ID : SB17.4456

B. Full Name (Last, First, Middle Initial)
PsPrint

Mailing Address 2861 Mandela Parkway

City: Oakland | State: CA | Zip Code: 94608

Purpose of Disbursement: Stickers

Candidate Name

Category/Type: 006

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 01 / 17 / 2014

Amount of Each Disbursement this Period: 203.90

Transaction ID : SB17.4442

C. Full Name (Last, First, Middle Initial)
Super Cheap Signs

Mailing Address 9804 Gray Blvd.

City: Austin | State: TX | Zip Code: 78758

Purpose of Disbursement: Signs

Candidate Name

Category/Type: 004

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 01 / 09 / 2014

Amount of Each Disbursement this Period: 180.87

Transaction ID : SB17.4438

SUBTOTAL of Disbursements This Page (optional) 604.77

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

Image# 14960673779

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
Linthicum for Congress

A. Full Name (Last, First, Middle Initial)
Vista Print

Mailing Address 95 Hayden Ave.

City: Lexington | State: MA | Zip Code: 02421

Purpose of Disbursement: Business cards

Candidate Name

Category/Type: 004

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 01 / 15 / 2014

Amount of Each Disbursement this Period: 52.50

Transaction ID : SB17.4440

B. Full Name (Last, First, Middle Initial)
Wrangler Dani, Corp.

Mailing Address 21285 Highway 20, #143

City: Bend | State: OR | Zip Code: 97701

Purpose of Disbursement: Media work

Candidate Name

Category/Type: 004

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 02 / 07 / 2014

Amount of Each Disbursement this Period: 390.00

Transaction ID : SB17.4454

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

Mailing Address 404 Main St., Ste. 6

City: Klamath Falls | State: OR | Zip Code: 97601

Purpose of Disbursement: Website services

Candidate Name

Category/Type: 001

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 02 / 12 / 2014

Amount of Each Disbursement this Period: 1500.00

Transaction ID : SB17.4477

SUBTOTAL of Disbursements This Page (optional) 1942.50

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

Image# 14960673780

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
Linthicum for Congress

A.
Full Name (Last, First, Middle Initial)
wrinkledog, inc.
Mailing Address 404 Main St., Ste. 6
City: Klamath Falls State: OR Zip Code: 97601
Purpose of Disbursement: Logo/business card design
Category/Type: 004
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02 / 12 / 2014
Amount of Each Disbursement this Period: 500.00
Transaction ID : SB17.4522

B.
Full Name (Last, First, Middle Initial)
wrinkledog, inc.
Mailing Address 404 Main St., Ste. 6
City: Klamath Falls State: OR Zip Code: 97601
Purpose of Disbursement: Market research
Category/Type: 003
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02 / 12 / 2014
Amount of Each Disbursement this Period: 375.00
Transaction ID : SB17.4523

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
Purpose of Disbursement
Category/Type
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:

SUBTOTAL of Disbursements This Page (optional) 875.00

TOTAL This Period (last page this line number only) 12154.63

Image# 14960673781

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☒ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
Linthicum for Congress

A.
Full Name (Last, First, Middle Initial)
Dennis Linthicum

Mailing Address 36590 Hwy 140E

City: Beatty | State: OR | Zip Code: 97621

Purpose of Disbursement: Loan repayment

Category/Type: 009

Candidate Name

Office Sought: ☒ House ☐ Senate ☐ President
State: OR District: 02

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 02 / 07 / 2014

Amount of Each Disbursement this Period: 500.00

Transaction ID : SB19A.4494

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

Mailing Address

City | State | Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

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:

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

Mailing Address

City | State | Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

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:

SUBTOTAL of Disbursements This Page (optional) 500.00

TOTAL This Period (last page this line number only) 500.00

Image# 14960673782

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Linthicum for Congress

Transaction ID : SC/10.4232

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
Dennis Linthicum

Mailing Address
36590 Hwy 140E

City: Beatty | State: OR | ZIP Code: 97621

Election: 2014
- [X] Primary
- [ ] General
- [ ] Other (specify)

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
6500.00	500.00	6000.00

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured:
10 / 15 / 2013	None	0.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   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.

Image# 14960673783

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
- [X] 10

NAME OF COMMITTEE (In Full)

Linthicum for Congress

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

Mailing Address 36590 Hwy 140E

City Beatty | State OR | Zip Code 97621

Nature of Debt (Purpose):
Advance for office expense-to be reimbursed

Transaction ID : SD10.4234

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
103.10	0.00	103.10	0.00

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

Mailing Address 36590 Hwy 140E

City Beatty | State OR | Zip Code 97621

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

Transaction ID : SD10.4236

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
1650.05	0.00	1650.05	0.00

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

Mailing Address 36590 Hwy 140E

City Beatty | State OR | Zip Code 97621

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

Transaction ID : SD10.4235

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
608.20	0.00	608.20	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

Image# 14960673784

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
wrinkledog, inc.

Mailing Address 404 Main St., Ste. 6

City Klamath Falls State OR Zip Code 97601

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

Transaction ID : SD10.4233

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
4750.00	0.00	2375.00	2375.00

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

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