

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED 2012 JUL 20 AM 11:22 FEC MAIL CENTER Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Delinda Morgan for Congress Morgan for Oregon

ADDRESS (number and street)

PO Box 16

(Check if address is changed)

23918 NE Spring Hill Road

Gaston OR 97119

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

yes@delindamorganforcongress.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

delindamorganforcongress.org

morganfororegon.com

2. DATE

06 30 2012

3. FEC IDENTIFICATION NUMBER

0

4. IS THIS STATEMENT

X

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Guy Lance Morgan

Signature of Treasurer

[Handwritten Signature]

Date

07 14 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2009)

12030854940

5. TYPE OF COMMITTEE

Candidate Committee:

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate DeVinda Morgan

Candidate Party Affiliation Rep Office Sought:  House  Senate  President State OR District 01

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

Party Committee:

- (d)  This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e)  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  Cooperativn
  - In addition, this committee is a Lobbyist/Registrant 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 Fundraising 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.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<u>C</u> _____
2.	_____	FEC ID number	<u>C</u> _____
3.	_____	FEC ID number	<u>C</u> _____
4.	_____	FEC ID number	<u>C</u> _____

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Write or Type Committee Name

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

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

Full Name

Guy Lance Morgan

Mailing Address

PO Box 16

23918 NE Spring Hill Road

Gaston

OR

97119

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

971-237-5528

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 of Treasurer

Guy Lance Morgan

Mailing Address

PO Box 16

23918 NE Spring Hill Road

Gaston

OR

97119

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

971-237-5528

12030854942

Full Name of Designated Agent

Christiana Mayer

Mailing Address

12746 16th Place

Forest Grove

CITY

OR

STATE

97116

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

503-357-1591

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Wells Fargo Bank, N.A.

(115)

Mailing Address

PO Box 6995

Portland

CITY

OR

STATE

97228

ZIP CODE

6995

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

12030854943

Federal Election Commission  
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*JAL*  
PREPARER  
(3/2005)

7/26/12  
DATE PREPARED

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