

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

MM / DD / YYYY

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

MM / DD / YYYY

in the State of

5. Covering Period

MM / DD / YYYY 10 / 01 / 2013

through

MM / DD / YYYY 12 / 31 / 2013

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

MM / DD / YYYY 02 / 11 / 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

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))....	5422.50	5422.50
(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)).....	5422.50	5422.50
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	3096.21	3096.21
(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)).....	3096.21	3096.21
8. Cash on Hand at Close of Reporting Period (from Line 27).....	8826.29	
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).....	13611.35	

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).....	2650.00	2650.00
(ii) Unitemized.....	2772.50	2772.50
(iii) TOTAL of contributions from individuals ▶	5422.50	5422.50
(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))..	5422.50	5422.50
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	6500.00	6500.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	6500.00	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)..... ▶	11922.50	11922.50

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3096.21	3096.21
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) ►	3096.21	3096.21

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	11922.50
25. SUBTOTAL (add Line 23 and Line 24).....	11922.50
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3096.21
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	8826.29

**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 14
	<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)
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

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 07 / 2013

Transaction ID : SA11AI.4140

Amount of Each Receipt this Period
 500.00

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

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 28 / 2013

Transaction ID : SA11AI.4195

Amount of Each Receipt this Period
 100.00

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

Mailing Address P.O. Box 35

City Beatty State OR Zip Code 97621-0035

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

Name of Employer Self Occupation Rancher

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 14 / 2013

Transaction ID : SA11AI.4177

Amount of Each Receipt this Period
 300.00

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

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

900.00

**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 6 OF 14
	<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	

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NAME OF COMMITTEE (In Full)
Linthicum for Congress

A. Full Name (Last, First, Middle Initial)
Ken 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

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 04 / 2013

Transaction ID : SA11AI.4173

Amount of Each Receipt this Period
 500.00

B. 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
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 31 / 2013

Transaction ID : SA11AI.4219

Amount of Each Receipt this Period
 500.00

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

Mailing Address 28888 Hwy. 97N

City Chiloquin State OR Zip Code 97624

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

Name of Employer Loren Little Builder Occupation Residential Contractor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 28 / 2013

Transaction ID : SA11AI.4171

Amount of Each Receipt this Period
 250.00

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

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

1250.00

**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 7 OF 14
	<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	

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NAME OF COMMITTEE (In Full)
Linthicum for Congress

A. Full Name (Last, First, Middle Initial)
S. L. Rajnus

Mailing Address 30485 Transformer Rd.

City Malin State OR Zip Code 97632

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2013

Transaction ID : SA11Al.4130

Amount of Each Receipt this Period
 500.00

B. 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

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).....

500.00

2650.00

**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 8 OF 14
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Linthicum for Congress

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

Mailing Address 36590 Hwy 140E

City State Zip Code
Beatty OR 97621

FEC ID number of contributing federal political committee. **C** H4OR02160

Name of Employer Occupation
Klamath County Commissioner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2013

Transaction ID : SA13A.4232

Amount of Each Receipt this Period
6500.00

Personal Loan

B. 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

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).....

6500.00

6500.00

**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 9 OF 14
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Linthicum for Congress

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

Mailing Address 36590 Hwy 140E

City State Zip Code
Beatty OR 97621

FEC ID number of contributing federal political committee. **C H4OR02160**

Name of Employer Occupation
Klamath County Commissioner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 31 2013

Transaction ID : SA14.4237

Amount of Each Receipt this Period
103.10

In-kind -

[MEMO ITEM]

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

Mailing Address 36590 Hwy 140E

City State Zip Code
Beatty OR 97621

FEC ID number of contributing federal political committee. **C H4OR02160**

Name of Employer Occupation
Klamath County Commissioner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 31 2013

Transaction ID : SA14.4239

Amount of Each Receipt this Period
608.20

In-kind -

[MEMO ITEM]

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).....

0.00

0.00

**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 10 OF 14	
	<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 10 / 31 / 2013
Mailing Address 36590 Hwy 140E		Amount of Each Disbursement this Period 103.10
City Beatty	State OR	
Zip Code 97621	Purpose of Disbursement In-kind -	Transaction ID : SB17.4238
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)	[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 12 / 31 / 2013
Mailing Address 36590 Hwy 140E		Amount of Each Disbursement this Period 608.20
City Beatty	State OR	
Zip Code 97621	Purpose of Disbursement In-kind -	Transaction ID : SB17.4240
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)	[MEMO ITEM]
State: OR District: 02		

Full Name (Last, First, Middle Initial) c. Monster Sign and Design		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2013
Mailing Address 4921 Industry Dr.		Amount of Each Disbursement this Period 325.00
City Central Point	State OR	
Zip Code 97502	Purpose of Disbursement Bumper stickers and banner	Transaction ID : SB17.4114
Candidate Name Linthicum for Congress	Category/Type 006	
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).....	325.00
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 11 OF 14			
	<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. Vista Print		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2013
Mailing Address 95 Hayden Ave.		Amount of Each Disbursement this Period 175.49 Transaction ID : SB17.4122
City Lexington State MA Zip Code 02421	Purpose of Disbursement Car door magnet Category/Type 004	
Candidate Name Linthicum for Congress	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. Wrangler Dani, Corp.		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2013
Mailing Address 21285 Highway 20, #143		Amount of Each Disbursement this Period 470.00 Transaction ID : SB17.4110
City Bend State OR Zip Code 97701	Purpose of Disbursement Media work Category/Type 004	
Candidate Name Linthicum for Congress	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) c. wrinkledog, inc.		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2013
Mailing Address 404 Main St., Ste. 6		Amount of Each Disbursement this Period 1651.63 Transaction ID : SB17.4123
City Klamath Falls State OR Zip Code 97601	Purpose of Disbursement Radio ads; printing Category/Type 004	
Candidate Name Linthicum for Congress	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).....	2297.12
TOTAL This Period (last page this line number only).....	2622.12

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME 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	Cumulative Payment To Date	Balance Outstanding at Close of This Period
6500.00	0.00	6500.00

TERMS

Date Incurred: M 10 / D 15 / Y 2013
 Date Due: M / D / 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).....	▶	6500.00
TOTALS This Period (last page in this line only).....	▶	6500.00

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)

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

0.00

Transaction ID : SD10.4234

Amount Incurred This Period

103.10

Payment This Period

0.00

Outstanding Balance at Close of This Period

103.10

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

0.00

Transaction ID : SD10.4236

Amount Incurred This Period

1650.05

Payment This Period

0.00

Outstanding Balance at Close of This Period

1650.05

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

0.00

Transaction ID : SD10.4235

Amount Incurred This Period

608.20

Payment This Period

0.00

Outstanding Balance at Close of This Period

608.20

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

2361.35

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

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) ▶

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Linthicum for Congress

A. 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 0.00		Transaction ID : SD10.4233	
Amount Incurred This Period 4750.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4750.00	

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)	4750.00
2) TOTALS This Period (last page this line number only)	7111.35
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	6500.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	13611.35