

**R. Gunner DeLay**

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Fort Smith, AR 72901

RECEIVED  
FEC MAIL  
OPERATIONS CENTER

2005 APR 15 A 10 02

April 14, 2005

Ms. Vicky Hubbard  
Federal Election Commission  
999 E. Street NW  
Washington, D.C. 20463

Re: DeLay for Congress

Dear Ms. Hubbard:

Enclosed is our April 15<sup>th</sup> report. Also please note that we have requested that the Committee be terminated. Please let me know if there is anything additional we need to do. Thank you for your assistance with this matter.

Yours truly,



R. Gunner DeLay

25038780108

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED FEC MAIL OPERATIONS CENTER 2005 APR 15 A.D. 02

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Delay For Congress

ADDRESS (number and street) 1430 North 50th Street Fort Smith AR 72904

2. FEC IDENTIFICATION NUMBER 000368845 3. IS THIS REPORT NEW (N) OR AMENDED (A) AR

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 01/01/2005 through 03/21/2005

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 R. Turner Delay Signature of Treasurer R. Turner Delay Date 04/15/2005

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

25038780109

**SUMMARY PAGE**

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

*Deleg for Congress*

Report Covering the Period:

From:

**01** ' **01** ' **2005**

To:

**03** ' **31** ' **2005**

**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(a)) ....

**200000**

(b) Total Contribution Refunds  
(from Line 20(d)) .....

**0**

(c) Net Contributions (other than loans)  
(subtract Line 6(b) from Line 6(a)) .....

**200000**

**7. Net Operating Expenditures**

(a) Total Operating Expenditures  
(from Line 17) .....

**0**

(b) Total Offsets to Operating  
Expenditures (from Line 14) .....

**0**

(c) Net Operating Expenditures  
(subtract Line 7(b) from Line 7(a)) .....

**0**

**8. Cash on Hand at Close of  
Reporting Period (from Line 27) .....**

**8147**

**9. Debts and Obligations Owed TO  
the Committee (Itemize all on  
Schedule C and/or Schedule D) .....**

**0**

**10. Debts and Obligations Owed BY  
the Committee (Itemize all on  
Schedule C and/or Schedule D) .....**

**2120161**

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

25038780110

DETAILED SUMMARY PAGE  
of Receipts

FEC Form 3 (Revised 02/2003)

Page 3

Write or Type Committee Name

Deputy for Congress

Report Covering the Period: From: 01 01 2005 To: 03 31 2005

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).....

200000

0

(ii) Unitemized.....

0

0

(iii) TOTAL of contributions  
from individuals.....

0

0

(b) Political Party Committees.....

0

0

(c) Other Political Committees  
(such as PACs).....

0

0

(d) The Candidate.....

0

0

(e) TOTAL CONTRIBUTIONS  
(other than loans)  
(add Lines 11(a)(ii), (b), (c), and (d))..

200000

0

12. TRANSFERS FROM OTHER  
AUTHORIZED COMMITTEES.....

0

0

13. LOANS:

(a) Made or Guaranteed by the  
Candidate.....

19000000

0

(b) All Other Loans.....

0

0

(c) TOTAL LOANS  
(add Lines 13(a) and (b)).....

0

0

14. OFFSETS TO OPERATING  
EXPENDITURES  
(Refunds, Rebates, etc.).....

0

0

15. OTHER RECEIPTS  
(Dividends, Interest, etc.).....

0

0

16. TOTAL RECEIPTS (add Lines  
11(e), 12, 13(c), 14, and 15)  
(Carry Total to Line 24, page 4).....

000000

0

25038780111

DETAILED SUMMARY PAGE  
of Disbursements

II. DISBURSEMENTS

COLUMN A  
Total This Period

COLUMN B  
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	0	0
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0	0
(b) Of All Other Loans .....	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0	0
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0	0
21. OTHER DISBURSEMENTS.....	19,000.00	0
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	19,000.00	0

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	8147
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	21,000.00
25. SUBTOTAL (add Line 23 and Line 24).....	21,081.47
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	19,000.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25) .....	8,147

25038780112

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE		OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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)  
**Deputy for Congress**

Full Name (Last, First, Middle Initial)  
**Dave Deha**

Mailing Address  
**500 South Albert Pike #4**

City  
**Ft Smith** State **AR** Zip Code **72901**

FEC ID number of contributing federal political committee.  
**C100368845**

Name of Employer  
**Self** Occupation  
**dentist**

Receipt For:  
 Primary  General  
 Other (specify)  Election Cycle-to-Date

Date of Receipt  
**03 / 15 / 2005**

Amount of Each Receipt this Period  
**2000.00**  
*converted loan to cash*

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)  Election Cycle-to-Date

Date of Receipt  
M M / B B / Y Y Y Y Y Y

Amount of Each Receipt this Period

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)  Election Cycle-to-Date

Date of Receipt  
M M / B B / Y Y Y Y Y Y

Amount of Each Receipt this Period

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)

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

25038780113

# 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 OF

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)

*Delany for Congress*

Full Name (Last, First, Middle Initial)

A. *R.W. Delany*

Mailing Address

*1500 S. Albert Pike #41*

City

*Ft Smith*

State

*AR*

Zip Code

*72901*

Purpose of Disbursement

*re-pay loan*

Candidate Name

*Conner Delany*

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  
 General  
 Other (specify) ▼

State: *AR*

District: *3rd*

Date of Disbursement

*03 / 15 / 2005*

Amount of Each Disbursement this Period

*10,000.00*

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. *Anna L. Delany*

Mailing Address

*1500 South Albert Pike #41*

City

*Ft Smith*

State

*AR*

Zip Code

*72901*

Purpose of Disbursement

Candidate Name

*Conner Delany*

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  
 General  
 Other (specify) ▼

State: *AR*

District: *3rd*

Date of Disbursement

*03 / 15 / 2005*

Amount of Each Disbursement this Period

*9,000.00*

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  
 General  
 Other (specify) ▼

State:

District:

Date of Disbursement

*MM / DD / YYYY*

Amount of Each Disbursement this Period

.....

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

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

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

25038780114

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

PAGE OF  
FOR LINE NUMBER: (check only one)  13a  13b

NAME OF COMMITTEE (In Full)  
*DeLoach for Congress*

LOAN SOURCE Full Name (Last, First, Middle Initial)  
*R. W. DeLoach*

Election:  
 Primary  
 General  
 Other (specify) *loan converted to contribution*

Mailing Address  
*1500 South Albemarle Pkwy #41*

City State ZIP Code  
*Ft Smith AR 72901*

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
*200000* *00*

TERMS Date Incurred Date Due Interest Rate Secured:  
*11/10/01* *11/10/01* *10.00%*  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) *200000*

TOTALS This Period (last page in this line only) *200000*

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

25038780115



**SCHEDULE C (FEC Form 3)**

**LOANS**

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

NAME OF COMMITTEE (In Full)  
*DeLay for Congress*

LOAN SOURCE Full Name (Last, First, Middle Initial)  
*R. Gunner DeLay - personal funds*

Mailing Address  
*1430 N. 50th Street*

Election:

Primary

General

Other (specify) ▼

City  
*Ft. Smith*

State  
*AR*

ZIP Code  
*72901*

Original Amount of Loan  
*3201.61*

Cumulative Payment To Date  
*000*

Balance Outstanding at Close of This Period  
*21201.61*

TERMS

Date Incurred  
*09 / 24 / 2001*

Date Due  
*NONE*

Interest Rate  
*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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

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

**TOTALS** This Period (last page in this line only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

25038780116

# SCHEDULE D (FEC Form 3)

## DEBTS AND OBLIGATIONS

### Excluding Loans

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

PAGE OF

FOR LINE NUMBER: (check only one)

9  
10

NAME OF COMMITTEE (In Full)

*DeHay for Congress*

A. 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

[Empty box]

Amount Incurred This Period

[Empty box]

Payment This Period

[Empty box]

Outstanding Balance at Close of This Period

[Empty box]

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

Nature of Debt (Purpose):

*R. W. DeHay*

Mailing Address

*1500 S. Albert Pike #41*

City

State

Zip Code

*Ft Smith, AR*

*72903*

Outstanding Balance Beginning This Period

*10,000.00*

Amount Incurred This Period

*0*

Payment This Period

*10,000.00*

Outstanding Balance at Close of This Period

*0*

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

Nature of Debt (Purpose):

*Anna L. DeHay*

Mailing Address

*500 S. Albert #41*

City

State

Zip Code

*Ft Smith*

*AR*

*72903*

Outstanding Balance Beginning This Period

*900,000*

Amount Incurred This Period

*0*

Payment This Period

*900,000*

Outstanding Balance at Close of This Period

*0*

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

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) .....

[Four empty boxes for totals]

25038780117

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fedex</i>	Shipping Date <i>4/14/05</i>
Next Business Day Delivery <input checked="" type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>je1</i> PREPARER	<i>4/15/05</i> DATE PREPARED

(3/2005)

25038780118