

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED

2014 OCT 23 PM 2:55 Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

LEFLORE FOR CONGRESS

ADDRESS (number and street)

P O BOX 56



Check if different than previously reported. (ACC)

MOBILE

AL

36601-0056

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

C00546366

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

AL

01

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

11 04 2014

in the State of

AL

(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

09 01 2014

through

09 30 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

BURTON R. LEFLORE

Signature of Treasurer

[Handwritten Signature]

Date

10 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

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

Page 2

Write or Type Committee Name

LEFLORE FOR CONGRESS

Report Covering the Period:

From:

07' 01' 2014

To:

09' 30' 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))	<i>2856.05</i>	<i>4401.05</i>
(b) Total Contribution Refunds (from Line 20(d))	<i>00</i>	<i>00</i>
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	<i>2856.05</i>	<i>4401.05</i>
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	<i>1629.00</i>	<i>5109.00</i>
(b) Total Offsets to Operating Expenditures (from Line 14)		
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	<i>1629.00</i>	<i>5109.00</i>
8. Cash on Hand at Close of Reporting Period (from Line 27)	<i>2592.05</i>	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<i>00</i>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<i>3500.00</i>	

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

FEC Form 3 (Revised 12/2003)

of Receipts

Page 3

Write or Type Committee Name

LEFLORE FOR CONGRESS

Report Covering the Period: From: 07 01 2014 To: 09 30 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).....

2,856.05

4,401.05

(ii) Unitemized.....

00

00

(iii) TOTAL of contributions from individuals ▶

2,856.05

4,401.05

(b) Political Party Committees.....

00

00

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

00

00

(d) The Candidate.....

00

00

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

2,856.05

4,401.05

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

00

00

13. LOANS:

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

00

3,500.00

(b) All Other Loans.....

00

00

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

00

3,500.00

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

00

00

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

00

00

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

00

7,901.05

ACTION: HHH: LNOON

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	1,629.00	5,109.00
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	00	00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	00	00
(b) Of All Other Loans.....	00	00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	00	00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	00	00
(b) Political Party Committees.....	00	00
(c) Other Political Committees (such as PACs).....	00	00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	00	00
21. OTHER DISBURSEMENTS.....	00	00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	1,629.00	5,109.00

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1,365.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2,856.05
25. SUBTOTAL (add Line 23 and Line 24).....	4,221.05
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1,629.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2,592.05

**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 1 OF 5
	<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)
LECLERE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) **GREEN, III, MANUEL X.**

Mailing Address **403 ANN STREET**

City **MOBILE** State **AL** Zip Code **36603**

FEC ID number of contributing federal political committee. **C0054366**

Name of Employer **SELF-EMPLOYED** Occupation

Receipt For: Primary General Other (specify)

Election Cycle-to-Date

Date of Receipt **08' 04' 2014**

Amount of Each Receipt this Period **100.00**

Election Cycle-to-Date **100.00**

B. Full Name (Last, First, Middle Initial) **BELL MD RAYMOND L.**

Mailing Address **2261 COSTARIDES STREET**

City **MOBILE** State **AL** Zip Code **36617**

FEC ID number of contributing federal political committee. **C0054366**

Name of Employer **SELF-EMPLOYED** Occupation **MEDICAL DOCTOR**

Receipt For: Primary General Other (specify)

Election Cycle-to-Date

Date of Receipt **08' 04' 2014**

Amount of Each Receipt this Period **300.00**

Election Cycle-to-Date **300.00**

C. Full Name (Last, First, Middle Initial) **MANUEL, JOHN T.**

Mailing Address **502 BAY SHORE AVE.**

City **MOBILE** State **AL** Zip Code **36607**

FEC ID number of contributing federal political committee. **C0054366**

Name of Employer **SELF-EMPLOYED** Occupation **CONTRACTOR (CONSTRUCTION)**

Receipt For: Primary General Other (specify)

Election Cycle-to-Date

Date of Receipt **08' 08' 2014**

Amount of Each Receipt this Period **150.00**

Election Cycle-to-Date **150.00**

SUBTOTAL of Receipts This Page (optional)..... **550.00**

TOTAL This Period (last page this line number only)..... **550.00**

14000110004

**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 2 OF 5	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
LECTURE FOR CONGRESS

Full Name (Last, First, Middle Initial) ALEXANDER, LIONEL JR.		Date of Receipt 08/13/2014
Mailing Address 1502 JUKES AVENUE		Amount of Each Receipt this Period 100.00
City MOBILE	State Zip Code AL 36617	
FEC ID number of contributing federal political committee. C0054366		Amount of Each Receipt this Period 100.00
Name of Employer SELF-EMPLOYED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 10000	

Full Name (Last, First, Middle Initial) SHIPMAN, WILLIE JR & BARBARA R.		Date of Receipt 08/18/2014
Mailing Address 574 WELLINGTON STREET		Amount of Each Receipt this Period 250.00
City MOBILE	State Zip Code AL 36617	
FEC ID number of contributing federal political committee. C0054366		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) MEMORIAL FUNERAL HOME/WOOD, CORNELIUS		Date of Receipt 09/03/2014
Mailing Address 1302 ST. STEPHENS ROAD		Amount of Each Receipt this Period 400.00
City MOBILE	State Zip Code AL 36617	
FEC ID number of contributing federal political committee. C0054366		Amount of Each Receipt this Period 400.00
Name of Employer MEMORIAL FUNERAL HOME	Occupation FUNERAL DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	1,300.00

**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 <u>3</u> OF <u>5</u>
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
LECTURE FOR CONGRESS

Full Name (Last, First, Middle Initial) <u>WILLIAMS EREBEN R</u>		Date of Receipt <u>09 '04' 2014</u>
Mailing Address <u>1645 WEST BOSTON BLVD</u>		Amount of Each Receipt this Period <u>100.00</u>
City <u>DETROIT</u>	State Zip Code <u>MI 48206</u>	
FEC ID number of contributing federal political committee. <u>C0054366</u>		Amount of Each Receipt this Period <u>100.00</u>
Name of Employer <u>SELF-EMPLOYED</u>	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <u>100.00</u>	

Full Name (Last, First, Middle Initial) <u>NORBLEET, CHARLES L.</u>		Date of Receipt <u>09 '15' 2014</u>
Mailing Address <u>31654 RAETT DRIVE</u>		Amount of Each Receipt this Period <u>200.00</u>
City <u>SPANISH FORT</u>	State Zip Code <u>AL 36527</u>	
FEC ID number of contributing federal political committee. <u>C0054366</u>		Amount of Each Receipt this Period <u>200.00</u>
Name of Employer <u>RETIRED</u>	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <u>200.00</u>	

Full Name (Last, First, Middle Initial) <u>LINDE, WARREN D. & ANGE S.</u>		Date of Receipt <u>09 '15' 2014</u>
Mailing Address <u>20 RIVER WATCH DRIVE</u>		Amount of Each Receipt this Period <u>100.00</u>
City <u>Covington</u>	State Zip Code <u>GA 30014 8337</u>	
FEC ID number of contributing federal political committee. <u>C0054366</u>		Amount of Each Receipt this Period <u>100.00</u>
Name of Employer <u>SELF-EMPLOYED</u>	Occupation <u>DOCTOR</u>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <u>100.00</u>	

SUBTOTAL of Receipts This Page (optional).....	<u>400.00</u>
TOTAL This Period (last page this line number only).....	<u>1,700.00</u>

2009-11-11 10:41:00 AM

**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 4 OF 5
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
LECTURE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ACT BLUE

Mailing Address
PO BOX 4411 46

City **SOMERVILLE** State **MA** Zip Code **02144**

FEC ID number of contributing federal political committee. **C0054366**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
09/14/2014

Amount of Each Receipt this Period
96.05

B. Full Name (Last, First, Middle Initial)
HODGE, TAYLOR H. JR.

Mailing Address
1619 CHARMLEY STREET

City **MOBILE** State **AL** Zip Code **36609**

FEC ID number of contributing federal political committee. **C0054366**

Name of Employer Occupation
HODGES FUNERAL HOME FUNERAL DIRECTOR

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
09/23/2014

Amount of Each Receipt this Period
500.00

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

Mailing Address
PO BOX 2613

City **DAPHNE** State **AL** Zip Code **36526-2613**

FEC ID number of contributing federal political committee. **C0054366**

Name of Employer Occupation
SELF-EMPLOYED RETIRED

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
09/23/2014

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... **1,096.05**

TOTAL This Period (last page this line number only)..... **2,796.05**

140001 140001 140001

**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)				
	<input checked="" 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	

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NAME OF COMMITTEE (In Full)
LECTURE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PODIE, EOLIS T.

Mailing Address
1354 MCKIBBEN COURT

City **MOBILE,** State **AL** Zip Code **36617**

FEC ID number of contributing federal political committee. **C0054366**

Name of Employer Occupation
RETIRED

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
60.00

Date of Receipt
09 25 2014

Amount of Each Receipt this Period
60.00

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C0054366**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

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. **C0054366**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

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

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

60.00
2856.05

**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 1 OF 4

<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)

LEFLORE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. *ABC Signs*

Date of Disbursement

08 ' 20 ' 2014

Mailing Address

5851 HARVE STEINER ROAD

City

THEODORE

State

AL

Zip Code

36582

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement

Campaign Signs

Candidate Name

BURTON R LEFLORE

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

B. *ABC Signs*

Date of Disbursement

09 ' 03 ' 2014

Mailing Address

5851 HARVE STEINER ROAD

City

THEODORE

State

AL

Zip Code

36582

Amount of Each Disbursement this Period

150.00

Purpose of Disbursement

BURTON R LEFLORE

Candidate Name

Campaign Signs

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

C. *ABC Signs*

Date of Disbursement

09 ' 22 ' 2014

Mailing Address

5851 HARVE STEINER ROAD

City

THEODORE

State

AL

Zip Code

36582

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement

Campaign Signs

Candidate Name

BURTON R LEFLORE

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

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

650.00

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

650.00

**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)			
	<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)
LEFLORE FOR CONGRESS

Full Name (Last, First, Middle Initial) <u>Abe Signs</u>		Date of Disbursement <u>09 26 2014</u>
Mailing Address <u>5851 MARIE STEINER ROAD</u>		Amount of Each Disbursement this Period <u>250.00</u>
City <u>THEODORE</u>	State <u>AL</u> Zip Code <u>36582</u>	
Purpose of Disbursement <u>Campaign Signs</u>		Category/ Type
Candidate Name <u>BURTON R. LEFLORE</u>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <u>AL</u>	District:	

Full Name (Last, First, Middle Initial) <u>DELCHAMPS PRINTING CO. INC</u>		Date of Disbursement <u>08 08 2014</u>
Mailing Address <u>810 ST. MICHAELS STREET</u>		Amount of Each Disbursement this Period <u>200.00</u>
City <u>MOBILE</u>	State <u>AL</u> Zip Code <u>36602</u>	
Purpose of Disbursement <u>FLYERS</u>		Category/ Type
Candidate Name <u>BURTON R. LEFLORE</u>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <u>AL</u>	District:	

Full Name (Last, First, Middle Initial) <u>FED-EX</u>		Date of Disbursement <u>08 25 2014</u>
Mailing Address <u>840 LAKE SIDE DRIVE</u>		Amount of Each Disbursement this Period <u>9.50</u>
City <u>MOBILE</u>	State <u>AL</u> Zip Code <u>36693</u>	
Purpose of Disbursement <u>POSTAGE & DELIVERY</u>		Category/ Type
Candidate Name <u>BURTON R. LEFLORE</u>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <u>AL</u>	District:	

SUBTOTAL of Disbursements This Page (optional)	<u>459.50</u>
TOTAL This Period (last page this line number only)	<u>1109.50</u>

2014-08-08 11:00:00

**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 3 OF 4

17
20a 18
20b 19a
20c 19b
21

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NAME OF COMMITTEE (In Full)

LEFLORE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) *U S POSTAL SERVICE* Date of Disbursement *08 10 2014*

Mailing Address

City *MOBILE* State *AL* Zip Code *36601-2001* Amount of Each Disbursement this Period *29.40*

Purpose of Disbursement *POSTAGE*

Candidate Name *BURTON R. LEFLORE* Category/Type

Office Sought: House Senate President Disbursement For: Primary General Other (specify)

State: District:

B. Full Name (Last, First, Middle Initial) *Delchamps Printing Co. Inc* Date of Disbursement *07 03 2014*

Mailing Address *810 St. Michaels Street*

City *Mobile* State *AL* Zip Code *36602* Amount of Each Disbursement this Period *186.70*

Purpose of Disbursement *FLYERS / LITERATURE*

Candidate Name *BURTON R. LEFLORE* Category/Type

Office Sought: House Senate President Disbursement For: Primary General Other (specify)

State: *AL* District:

C. Full Name (Last, First, Middle Initial) *Delchamps Printing Co. Inc* Date of Disbursement *09 05 2014*

Mailing Address *810 St Michaels Street*

City *Mobile* State *AL* Zip Code *36602* Amount of Each Disbursement this Period *150.00*

Purpose of Disbursement *Stationery*

Candidate Name *BURTON R. LEFLORE* Category/Type

Office Sought: House Senate President Disbursement For: Primary General Other (specify)

State: *AL* District:

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

365.50

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

1,475.00

**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)

<input checked="" 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

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NAME OF COMMITTEE (In Full) LEFLORE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Delchamps Printing Co. Inc.
 Mailing Address 810 St Michaels St.
 City MOBILE State AL Zip Code 36602
 Purpose of Disbursement FLYERS
 Candidate Name BURTON R. LEFLORE
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)
 State: AL District:

Date of Disbursement 09/24/2014
 Amount of Each Disbursement this Period 154.00

B. Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 Purpose of Disbursement
 Candidate Name
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)
 State: District:

Date of Disbursement
 Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 Purpose of Disbursement
 Candidate Name
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)
 State: District:

Date of Disbursement
 Amount of Each Disbursement this Period

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

154.00
1629.00

ACTION : PRINT : WORD

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) *LEADERS FOR CONGRESS*

LOAN SOURCE Full Name (Last, First, Middle Initial)

Mailing Address

City State ZIP Code

Election:
 Primary
 General
 Other (specify) ▼

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

TERMS

Date Incurred Date Due Interest Rate 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)..... ▶ *00*

TOTALS This Period (last page in this line only)..... ▶ *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 C-1 (FEC Form 3)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
 Information found on
 Page 1 of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) <i>League for Congress</i>		FEC IDENTIFICATION NUMBER <i>C0054366</i>	
LENDING INSTITUTION (LENDER) Full Name <i>N/A</i>	Amount of Loan	Interest Rate (APR) %	
Mailing Address	Date Incurred or Established	M M / D D / Y Y Y Y	
City State Zip Code	Date Due	M M / D D / Y Y Y Y	

A. Has loan been restructured? No Yes If yes, date originally incurred M M / D D / Y Y Y Y

B. If line of credit, Amount of this Draw: [] Total Outstanding Balance: []

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____
 What is the value of this collateral? []
 Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____
 What is the estimated value? []

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).
 Location of account: _____
 Address: _____
 Date account established: M M / D D / Y Y Y Y
 City, State, Zip: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER
 Typed Name _____ DATE M M / D D / Y Y Y Y
 Signature _____

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:
 I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
 II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
 III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE
 Typed Name _____ DATE M M / D D / Y Y Y Y
 Signature _____ Title _____

14-00000-1-00001

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 1 OF 1
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

NAME OF COMMITTEE (In Full) *LEFLORE FOR CONGRESS*

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <i>BURTON R. LEFLORE</i>	Nature of Debt (Purpose): <i>LOAN FROM CANDIDATE</i>
Mailing Address <i>PO BOX 56</i>	
City <i>MOBILE</i> State <i>AL</i> Zip Code <i>366</i>	

Outstanding Balance Beginning This Period <i>3,500.00</i>	Amount Incurred This Period <i>00</i>	Payment This Period <i>00</i>	Outstanding Balance at Close of This Period <i>3,500.00</i>
--	--	----------------------------------	--

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)	<i>00</i>
2) TOTALS This Period (last page this line number only)	<i>00</i>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<i>3,500.00</i>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<i>3,500.00</i>

ACTION: 11/11/03 10:41 AM

FEC FORM 3Z (File with Form 3)

CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS

(To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In Full) <i>LEFLORE FOR CONGRESS</i>		Report Covering Period: From: <i>07</i> / <i>01</i> / <i>2014</i> To: <i>09</i> / <i>30</i> / <i>2014</i>				
Committee Name		(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees			
A	<i>LEFLORE FOR CONGRESS</i>	<i>2856.05</i>	<i>00</i>			
B	Column Total Last Page Only.....	<i>4401.05</i>				
	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
A	<i>00</i>	<i>00</i>	<i>2856.05</i>	<i>00</i>	<i>00</i>	<i>00</i>
B	<i>00</i>	<i>00</i>	<i>4401.05</i>	<i>00</i>	<i>3500.00</i>	<i>00</i>
	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
A	<i>00</i>	<i>00</i>	<i>00</i>	<i>00</i>	<i>1629.00</i>	<i>00</i>
B	<i>3500.00</i>	<i>00</i>	<i>00</i>	<i>9901.05</i>	<i>5109.00</i>	<i>00</i>
	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
A	<i>00</i>	<i>00</i>	<i>00</i>	<i>00</i>	<i>00</i>	<i>00</i>
B	<i>00</i>	<i>00</i>	<i>00</i>	<i>00</i>	<i>00</i>	<i>00</i>
	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee
A	<i>00</i>	<i>00</i>	<i>1629.00</i>	<i>1365.00</i>	<i>2592.05</i>	<i>00</i>
B	<i>00</i>	<i>00</i>	<i>5109.00</i>			<i>00</i>
	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
A	<i>00</i>	<i>2856.05</i>	<i>1629.00</i>			
B	<i>3500.00</i>	<i>4401.05</i>	<i>5109.00</i>			

11-01-14 11:00 AM



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Express

6021
1023

6
RT
677
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FedEx NEW Package Express US Airbill

FedEx Tracking Number 8059 3548 6021

From 10/21/14 Date

Sender's Name ENVELOPE FOR LAWYERS Company

Address P.O. Box 456 City MOBILE State AL ZIP 36601

Your Internal Billing Reference

To Recipient's Name FEDERAL ELECTIONS COMM Phone

Company

Address 999 E ST. NW City WASHINGTON State DC ZIP 20463

Use this line for the HOLD location address or for continuation of your shipping address.

X-RAYED BY FEC

SHIP DATE: 21OCT14
ACTWTG: 0.3 LB
CRD: /POSTS25
DIHS: 0x0x0 IN
BILL SENDER

ORIGIN ID:MOBA

UNITED STATES US

TO

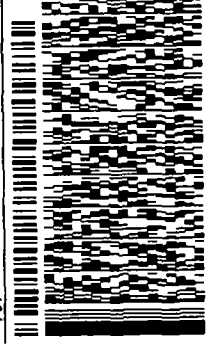
FEDERAL ELECTION COMMISSION
999 E ST NW

WASHINGTON DC 20463

(999) 999-9999
PO: P.O.

REF: 20463

DEPT:

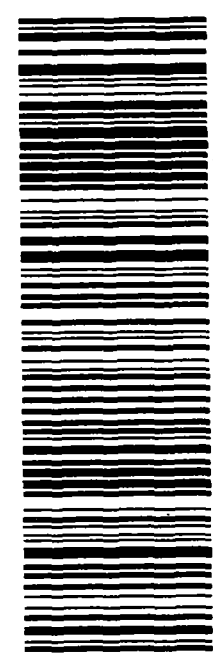


FRI - 24 OCT AA
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Someone at recipient's address may sign for delivery. For residential deliveries only. Fee applies.

Indirect Signature
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One box must be checked.
 Yes
 No
Special handling or signature required. Shipper's Declaration required. Shipper's Declaration required. Shipper's Declaration required.

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 Driver's License
 Cargo Aircraft Only

Payment Bill to:
Sender Recipient Third Party Credit Card Cash/Check

HOLD Weekday
HOLD Saturday
HOLD Priority Overnight
HOLD FedEx 2Day to select locations.

SHIP DATE: 21OCT14
ACTWTG: 0.3 LB
CRD: /POSTS25
DIHS: 0x0x0 IN
BILL SENDER

RECEIVED
OCT 23
FEC MAIL

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
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): Fed Ex	Shipping Date 10/21/14
	Next Business Day Delivery <input 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


PREPARER

10/23/14
DATE PREPARED

1041-1001-1001-1001