

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
Fleming For Congress

ADDRESS (number and street) PO Box 1236
 Check if different than previously reported. (ACC) Minden LA 71058-1236

2. **FEC IDENTIFICATION NUMBER** C C00445015 3. IS THIS REPORT NEW (N) **OR** AMENDED (A) LA 04

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 M M / D D / Y Y Y Y 01 / 01 / 2015 through M M / D D / Y Y Y Y 03 / 31 / 2015

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 Susan Shaw
Signature of Treasurer Susan Shaw *[Electronically Filed]* Date M M / D D / Y Y Y Y 04 / 13 / 2015

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Fleming 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))....	383625.1	396175.1
(b) Total Contribution Refunds (from Line 20(d))	0	0
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	383625.1	396175.1
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	69849.16	135858.82
(b) Total Offsets to Operating Expenditures (from Line 14).....	199.13	460.99
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	69650.03	135397.83
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1404264.55	
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).....	148735.08	

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

Fleming 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).....	360570	372970
(ii) Unitemized.....	8055.1	8205.1
(iii) TOTAL of contributions from individuals ▶	368625.1	381175.1
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	15000	15000
(d) The Candidate.....	0	0
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	383625.1	396175.1
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0	0
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0	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.)	199.13	460.99
15. OTHER RECEIPTS (Dividends, Interest, etc.)	133.72	224.33
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	383957.95	396860.42

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	69849.16	135858.82
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	600	600
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	70449.16	136458.82

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1090755.76
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	383957.95
25. SUBTOTAL (add Line 23 and Line 24).....	1474713.71
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	70449.16
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1404264.55

**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 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)
Fleming For Congress

A. Full Name (Last, First, Middle Initial)
Associated Branch Pilots

Mailing Address 3813 N Causeway Boulevard

City State Zip Code
Metairie LA 70002-1724

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2015

Transaction ID : A-CF13763

Amount of Each Receipt this Period
2600

All partner memos are under the \$200 itemization threshold

Contribution from Partnership. Partners exceeding reporting threshold itemized as memos.

B. Full Name (Last, First, Middle Initial)
ICEE Distributors, LLC

Mailing Address 1513 Swan Lake Road

City State Zip Code
Bossier City LA 71111-5335

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 20 / 2015

Transaction ID : A-CF13641

Amount of Each Receipt this Period
2600

Contribution from Partnership. Partners exceeding reporting threshold itemized as memos.

C. Full Name (Last, First, Middle Initial)
Mr. J. Dan Festervan

Mailing Address 1513 Swan Lake Road

City State Zip Code
Bossier City LA 71111-5335

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

Name of Employer Occupation
ICEE Distributors, Inc. President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 20 / 2015

Transaction ID : A-PIP93

Amount of Each Receipt this Period
2600

[MEMO ITEM]
Partnership Itemization Memo

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

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

5200.00

**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 130
	<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)
Fleming For Congress

A. Full Name (Last, First, Middle Initial)
Mr. Bruce A. Adams Sr.

Mailing Address **PO Box 2447**

City **Morgan City** State **LA** Zip Code **70381-2447**

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

Name of Employer **Oil & Gas Rental Service** Occupation **Sales**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 20 / 2015

Transaction ID : A-CF13922

Amount of Each Receipt this Period
2700

B. Full Name (Last, First, Middle Initial)
Dr. David N. Adams

Mailing Address **6877 N Lakeshore Drive**

City **Shreveport** State **LA** Zip Code **71107-9394**

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

Name of Employer **Musculoskeletal Inst. of LA** Occupation **Physician**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 22 / 2015

Transaction ID : A-CF13693

Amount of Each Receipt this Period
2600

C. Full Name (Last, First, Middle Initial)
Mr. Jerry Wayne Adams

Mailing Address **5602 Regents Row**

City **Tyler** State **TX** Zip Code **75703-3887**

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

Name of Employer **Self** Occupation **Business Owner**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 21 / 2015

Transaction ID : A-CF13683

Amount of Each Receipt this Period
2600

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

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

7900.00

**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 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Fleming For Congress

A. Full Name (Last, First, Middle Initial)
Mr. Robert M. Aiello

Mailing Address **PO Box 6155**

City **Bossier City** State **LA** Zip Code **71171-6155**

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

Name of Employer **Real Estate Developer** Occupation **Owner**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 12 / 2015

Transaction ID : A-CF13791

Amount of Each Receipt this Period
2600

B. Full Name (Last, First, Middle Initial)
Mr. Steve Alford

Mailing Address **153 Saint John Lane**

City **Leesville** State **LA** Zip Code **71446-2284**

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

Name of Employer **N/A** Occupation **Retired**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 09 / 2015

Transaction ID : A-CF13887

Amount of Each Receipt this Period
2700

C. Full Name (Last, First, Middle Initial)
Dr. Larry M. Allen

Mailing Address **1 Beaux Rivages Drive**

City **Shreveport** State **LA** Zip Code **71106-6806**

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

Name of Employer **Shreveport Anesthesia Servic** Occupation **Physician**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **270**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 06 / 2015

Transaction ID : A-CF13879

Amount of Each Receipt this Period
270

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

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

5570.00

**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 130
	<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)
Fleming For Congress

A. Full Name (Last, First, Middle Initial)
Mr. Henry F. Anderson

Mailing Address 333 Texas Street
Suite 2020

City Shreveport State LA Zip Code 71101-3680

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

Name of Employer Anderson Oil & Gas, Inc. Occupation Executive

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2015

Transaction ID : A-CF13815

Amount of Each Receipt this Period
2700

B. Full Name (Last, First, Middle Initial)
Mr. Michael S. Ashbrook

Mailing Address 128 Saint Charles Circle

City Monroe State LA Zip Code 71203-8919

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

Name of Employer Self Occupation Healthcare / Real Estate

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 30 / 2015

Transaction ID : A-CF13732

Amount of Each Receipt this Period
2600

C. Full Name (Last, First, Middle Initial)
Mr. John E. Atkins

Mailing Address 333 Texas Street
Suite 2300

City Shreveport State LA Zip Code 71101-3680

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

Name of Employer Atco Investments Occupation Investment Management

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 12 / 2015

Transaction ID : A-CF13562

Amount of Each Receipt this Period
2600

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

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

7900.00

**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 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Fleming For Congress

A. Full Name (Last, First, Middle Initial)
Mrs. Ruth K. Atkins

Mailing Address 333 Texas Street
Suite 2300

City Shreveport State LA Zip Code 71101-3680

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

Name of Employer None Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 12 / 2015

Transaction ID : A-CF13563

Amount of Each Receipt this Period
2600

B. Full Name (Last, First, Middle Initial)
Mr. William J. Atkins Jr.

Mailing Address 415 Sherwood Road

City Shreveport State LA Zip Code 71106-2335

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

Name of Employer Atco Investment Company Occupation Executive

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : A-CF14016

Amount of Each Receipt this Period
2700

C. Full Name (Last, First, Middle Initial)
Dr. James R. Bergeron

Mailing Address 612 Loch Ridge Drive

City Shreveport State LA Zip Code 71106-6829

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

Name of Employer Self Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 06 / 2015

Transaction ID : A-CF13552

Amount of Each Receipt this Period
2600

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

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

7900.00

**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 10 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Fleming For Congress

A. Full Name (Last, First, Middle Initial)
Mrs. Amy J. Bicknell

Mailing Address 320 Johns Bluff Circle

City Shreveport State LA Zip Code 71106-4733

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

Name of Employer None Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1300**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2015

Transaction ID : A-CF13761

Amount of Each Receipt this Period
1300

B. Full Name (Last, First, Middle Initial)
Dr. James Scott Bicknell

Mailing Address 412 Trinity Circle

City Shreveport State LA Zip Code 71106-2340

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

Name of Employer WK - The Orthopedic Clinic Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2015

Transaction ID : A-CF13919

Amount of Each Receipt this Period
500

C. Full Name (Last, First, Middle Initial)
Mrs. Katherine L. Bicknell

Mailing Address 405 Trinity Circle

City Shreveport State LA Zip Code 71106-2340

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

Name of Employer None Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : A-CF14025

Amount of Each Receipt this Period
250

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

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

2050.00

**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 11 OF 130
	<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)
Fleming For Congress

A. Full Name (Last, First, Middle Initial)
Mrs. Linda M. Biernacki

Mailing Address 10975 Belle Cour Way

City Shreveport State LA Zip Code 71106-7706

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

Name of Employer Fire Tech Systems, Inc. Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : A-CF14040

Amount of Each Receipt this Period
1000

B. Full Name (Last, First, Middle Initial)
Mr. Donald T. Bollinger

Mailing Address PO Box 4097

City Houma State LA Zip Code 70361-4097

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

Name of Employer Bollinger Shipyards-Retired Occupation CEO - Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 06 / 2015

Transaction ID : A-CF13878

Amount of Each Receipt this Period
2700

C. Full Name (Last, First, Middle Initial)
Mr. Ralph O. Brennan

Mailing Address 550 Bienville Street

City New Orleans State LA Zip Code 70130-2207

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

Name of Employer Ralph Brennan Restaurants Occupation Restaurant Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 20 / 2015

Transaction ID : A-CF13652

Amount of Each Receipt this Period
1000

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

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

4700.00

**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 12 OF 130
	<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)
Fleming For Congress

A. Full Name (Last, First, Middle Initial)
Mr. James Douglas Brown

Mailing Address 213 Welham Trace

City State Zip Code
Bossier City LA 71112-8824

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

Name of Employer Occupation
James M.Brown Builders, Inc. Vice President/Developer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 20 / 2015

Transaction ID : A-CF13836

Amount of Each Receipt this Period
2700

B. Full Name (Last, First, Middle Initial)
Mr. Kary L. Bryce

Mailing Address 15025 Highway 80

City State Zip Code
Minden LA 71055-6519

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

Name of Employer Occupation
Self Employed Business Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 11 / 2015

Transaction ID : A-CF13804

Amount of Each Receipt this Period
2600

C. Full Name (Last, First, Middle Initial)
Dr. W. Stewart Bundrick Jr.

Mailing Address 207 N Beach Drive

City State Zip Code
Bossier City LA 71111-5173

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

Name of Employer Occupation
Ark-La-Tex Urology & Prostat Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
625

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 12 / 2015

Transaction ID : A-CF13905

Amount of Each Receipt this Period
625

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

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

5925.00

**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 13 OF 130
	<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)
Fleming For Congress

A. Full Name (Last, First, Middle Initial)
Dr. William S. Bundrick

Mailing Address 8712 Glenmora Drive

City State Zip Code
Shreveport LA 71106-6233

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

Name of Employer Occupation
WKHS Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2015

Transaction ID : A-CF13757

Amount of Each Receipt this Period
2600

B. Full Name (Last, First, Middle Initial)
Mr. Clovis S. Burch

Mailing Address 526 Rives Place

City State Zip Code
Shreveport LA 71106-6112

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

Name of Employer Occupation
Medic Pharmacy Pharmacist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 25 / 2015

Transaction ID : A-CF13844

Amount of Each Receipt this Period
2600

C. Full Name (Last, First, Middle Initial)
Mr. G. Stuart Butler

Mailing Address 929 N Main Street

City State Zip Code
Homer LA 71040-3845

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

Name of Employer Occupation
Self Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2015

Transaction ID : A-CF13756

Amount of Each Receipt this Period
2600

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

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

7800.00

**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 14 OF 130
	<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)
Fleming For Congress

A. Full Name (Last, First, Middle Initial)
Mr. G. Stuart Butler

Mailing Address 929 N Main Street

City Homer State LA Zip Code 71040-3845

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

Name of Employer Self Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 27 / 2015

Transaction ID : A-CF13985

Amount of Each Receipt this Period
100

B. Full Name (Last, First, Middle Initial)
Mr. Samuel M. Camp

Mailing Address 139 Bodet Road

City Covington State LA Zip Code 70433-6256

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

Name of Employer PamLab, LLC Occupation Chairman of the Board

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 13 / 2015

Transaction ID : A-CF13907

Amount of Each Receipt this Period
2500

C. Full Name (Last, First, Middle Initial)
Mr. E. R. Campbell Jr.

Mailing Address 457 Railsback Street

City Shreveport State LA Zip Code 71106-7725

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

Name of Employer Self Employed Occupation Banker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 27 / 2015

Transaction ID : A-CF13711

Amount of Each Receipt this Period
1000

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

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

3600.00

**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 15 OF 130
	<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)
Fleming For Congress

A. Full Name (Last, First, Middle Initial)
Mr. Edward R. Campbell III

Mailing Address 416 Travis Street

City State Zip Code
Shreveport LA 71101-3282

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

Name of Employer Occupation
Campbell Companies of LA Businessman

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 17 / 2015

Transaction ID : A-CF13824

Amount of Each Receipt this Period
2600

B. Full Name (Last, First, Middle Initial)
Mr. Edgar Cason

Mailing Address 5129 Highway 507

City State Zip Code
Coushatta LA 71019-5264

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

Name of Employer Occupation
Cason Timber & Cattle Co. Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 13 / 2015

Transaction ID : A-CF13574

Amount of Each Receipt this Period
2600

C. Full Name (Last, First, Middle Initial)
Mrs. Flora C. Cason

Mailing Address 5129 Highway 507

City State Zip Code
Coushatta LA 71019-5264

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

Name of Employer Occupation
The Cason Foundation Admin. Assistant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 13 / 2015

Transaction ID : A-CF13575

Amount of Each Receipt this Period
2600

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

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

7800.00

**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 16 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Fleming For Congress

A. Full Name (Last, First, Middle Initial)
Mrs. Merritt Cason

Mailing Address 5195 Highway 507

City State Zip Code
Coushatta LA 71019-5264

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

Name of Employer Occupation
Self Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 16 / 2015

Transaction ID : A-CF13628

Amount of Each Receipt this Period
2600

B. Full Name (Last, First, Middle Initial)
Dr. David A. Cavanaugh

Mailing Address 8617 Glen Haven Drive

City State Zip Code
Shreveport LA 71106-6219

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

Name of Employer Occupation
Spine Institute of LA Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 16 / 2015

Transaction ID : A-CF13631

Amount of Each Receipt this Period
2600

C. Full Name (Last, First, Middle Initial)
Ms. Diana L. Chance

Mailing Address PO Box 1346

City State Zip Code
Shreveport LA 71164-1346

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

Name of Employer Occupation
Donner Properties Managing Director

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : A-CF14015

Amount of Each Receipt this Period
2700

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

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

7900.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 17 OF 130
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Fleming For Congress

A. Full Name (Last, First, Middle Initial)
Mr. Joseph E. Clements Jr.

Mailing Address **PO Box 14477**

City **Baton Rouge** State **LA** Zip Code **70898-4477**

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

Name of Employer **Self** Occupation **Franchise Operator**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : A-CF14035

Amount of Each Receipt this Period
2700

B. Full Name (Last, First, Middle Initial)
Mr. William J. Cole

Mailing Address **PO Box 1768**

City **Shreveport** State **LA** Zip Code **71166-1768**

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

Name of Employer **Cole, Evans, & Peterson** Occupation **CPA**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 13 / 2015

Transaction ID : A-CF13597

Amount of Each Receipt this Period
500

C. Full Name (Last, First, Middle Initial)
Mr. Rodney Mike Collier

Mailing Address **521 Merritt Road**

City **Benton** State **LA** Zip Code **71006-4324**

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

Name of Employer **Collier Investments** Occupation **Owner/CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 22 / 2015

Transaction ID : A-CF13686

Amount of Each Receipt this Period
2600

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

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

5800.00

**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 18 OF 130
	<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)
Fleming For Congress

A. Full Name (Last, First, Middle Initial)
Mr. Edward J. Crawford III

Mailing Address 333 Texas Street
Suite 2300

City Shreveport State LA Zip Code 71101-3680

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

Name of Employer Atco Investments Occupation Investor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2015

Transaction ID : A-CF13813

Amount of Each Receipt this Period
2600

B. Full Name (Last, First, Middle Initial)
Ms. Alison A. Crowther

Mailing Address 142 Centenary Circle

City Shreveport State LA Zip Code 71104-4505

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

Name of Employer Self-Employed Occupation Agent

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2015

Transaction ID : A-CF13690

Amount of Each Receipt this Period
2600

C. Full Name (Last, First, Middle Initial)
Mr. Chief R. Davis

Mailing Address PO Box 924827

City Houston State TX Zip Code 77292-4827

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

Name of Employer Chief Solutions, Inc. Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2015

Transaction ID : A-CF13713

Amount of Each Receipt this Period
2600

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

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

7800.00

**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 19 OF 130
	<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)
Fleming For Congress

A. Full Name (Last, First, Middle Initial)
Mrs. Ruth Ann Davis

Mailing Address **PO Box 924827**

City **Houston** State **TX** Zip Code **77292-4827**

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

Name of Employer **Wastewater Inspections, Inc.** Occupation **President / Owner**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 27 / 2015

Transaction ID : A-CF13714

Amount of Each Receipt this Period
2600

B. Full Name (Last, First, Middle Initial)
Dr. A. Edward Dean Jr.

Mailing Address **6121 Fern Avenue
Unit 102**

City **Shreveport** State **LA** Zip Code **71105-4156**

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

Name of Employer **Self - Retired** Occupation **Physician - Retired**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 26 / 2015

Transaction ID : A-CF13974

Amount of Each Receipt this Period
500

C. Full Name (Last, First, Middle Initial)
Mrs. Beverly Dickson

Mailing Address **PO Box 51367**

City **Shreveport** State **LA** Zip Code **71135-1367**

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

Name of Employer **N/A** Occupation **Homemaker**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 09 / 2015

Transaction ID : A-CF13797

Amount of Each Receipt this Period
2600

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

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

5700.00

**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 20 OF 130
	<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)
Fleming For Congress

A. Full Name (Last, First, Middle Initial)
Mr. C. Markham Dickson

Mailing Address PO Box 51367

City Shreveport State LA Zip Code 71135-1367

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

Name of Employer None Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 09 / 2015

Transaction ID : A-CF13794

Amount of Each Receipt this Period
2600

B. Full Name (Last, First, Middle Initial)
Mrs. Chantal Dickson

Mailing Address PO Box 51367

City Shreveport State LA Zip Code 71135-1367

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

Name of Employer None Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 09 / 2015

Transaction ID : A-CF13795

Amount of Each Receipt this Period
2600

C. Full Name (Last, First, Middle Initial)
Mrs. Cindy Dickson

Mailing Address 2001 Dickson Drive

City Shreveport State LA Zip Code 71115-2139

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 09 / 2015

Transaction ID : A-CF13793

Amount of Each Receipt this Period
2600

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

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

7800.00

**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 21 OF 130
	<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)
Fleming For Congress

A. Full Name (Last, First, Middle Initial)
Mr. Markham A. Dickson Jr.

Mailing Address PO Box 51367

City Shreveport State LA Zip Code 71135-1367

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

Name of Employer Morris & Dickson Occupation Executive

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 09 / 2015

Transaction ID : A-CF13796

Amount of Each Receipt this Period
2600

B. Full Name (Last, First, Middle Initial)
Mr. Paul M. Dickson

Mailing Address PO Box 51367

City Shreveport State LA Zip Code 71135-1367

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

Name of Employer Morris & Dickson Occupation Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 09 / 2015

Transaction ID : A-CF13798

Amount of Each Receipt this Period
2600

C. Full Name (Last, First, Middle Initial)
Mr. Edward L. Diefenthal

Mailing Address 131 Airline Drive Suite 202

City Metairie State LA Zip Code 70001-6265

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

Name of Employer Woodvine Group, LLC Occupation President/CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2015

Transaction ID : A-CF13758

Amount of Each Receipt this Period
2600

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

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

7800.00

**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 22 OF 130
	<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)
Fleming For Congress

A. Full Name (Last, First, Middle Initial)
Dr. Michael L. Durci

Mailing Address 10795 Longfellow Trace

City Shreveport State LA Zip Code 71106-9340

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

Name of Employer Radiation Oncology Services Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 13 / 2015

Transaction ID : A-CF13594

Amount of Each Receipt this Period
1000

B. Full Name (Last, First, Middle Initial)
Mr. Don G. Easterwood Jr.

Mailing Address 401 Edwards Street Suite 1205

City Shreveport State LA Zip Code 71101-5505

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

Name of Employer Sunland Production Occupation Oil & Gas

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 22 / 2015

Transaction ID : A-CF13689

Amount of Each Receipt this Period
2600

C. Full Name (Last, First, Middle Initial)
Mr. John W. Evans

Mailing Address 2520 Benton Road

City Bossier City State LA Zip Code 71111-2306

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 27 / 2015

Transaction ID : A-CF13979

Amount of Each Receipt this Period
1000

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

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

4600.00

**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 23 OF 130
	<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)
Fleming For Congress

A. Full Name (Last, First, Middle Initial)
Mr. Brian A. Flournoy Sr.

Mailing Address **PO Box 6764**

City **Shreveport** State **LA** Zip Code **71136-6764**

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

Name of Employer **Flournoy Energy, LLC** Occupation **President**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **625**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : A-CF14017

Amount of Each Receipt this Period
625

B. Full Name (Last, First, Middle Initial)
Mr. Alan I. Franco

Mailing Address **524 Metairie Road**

City **Metairie** State **LA** Zip Code **70005-4308**

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

Name of Employer **Magnolia Marketing, LLC** Occupation **Partner**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : A-CF14013

Amount of Each Receipt this Period
2700

C. Full Name (Last, First, Middle Initial)
Mrs. Alta V. Franks

Mailing Address **PO Box 7625**

City **Shreveport** State **LA** Zip Code **71137-7625**

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

Name of Employer **N/A** Occupation **Investor**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 03 / 2015

Transaction ID : A-CF13771

Amount of Each Receipt this Period
2600

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

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

5925.00

**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 24 OF 130
	<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)
Fleming For Congress

A. Full Name (Last, First, Middle Initial)
Mr. G. Archer Frierson II

Mailing Address 10985 Harts Island Road

City Shreveport State LA Zip Code 71115-9579

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

Name of Employer Frierson Brothers, LLC Occupation Partner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 16 / 2015

Transaction ID : A-CF13632

Amount of Each Receipt this Period
2600

B. Full Name (Last, First, Middle Initial)
Mrs. Ivy H. Frierson

Mailing Address 10985 Harts Island Road

City Shreveport State LA Zip Code 71115-9579

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

Name of Employer Self Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 11 / 2015

Transaction ID : A-CF13895

Amount of Each Receipt this Period
2700

C. Full Name (Last, First, Middle Initial)
Dr. Josephine Futrell

Mailing Address 10875 Belle Cour Way

City Shreveport State LA Zip Code 71106-7771

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

Name of Employer Willis Knighton Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 22 / 2015

Transaction ID : A-CF13688

Amount of Each Receipt this Period
2600

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

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

7900.00

**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 25 OF 130
	<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)
Fleming For Congress

A. Full Name (Last, First, Middle Initial)
Dr. Michael G. Futrell

Mailing Address 10875 Belle Cour Way

City Shreveport State LA Zip Code 71106-7771

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

Name of Employer Self Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2015

Transaction ID : A-CF13687

Amount of Each Receipt this Period
 2600

B. Full Name (Last, First, Middle Initial)
Mr. Kevin C. Gamble

Mailing Address 400 Robbins Place

City Shreveport State LA Zip Code 71106-9352

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

Name of Employer Gamble Guest Care Corp. Occupation Nursing Home

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 16 / 2015

Transaction ID : A-CF13634

Amount of Each Receipt this Period
 2600

C. Full Name (Last, First, Middle Initial)
Mr. G. Carlton Golden Jr.

Mailing Address 239 Lafitte Road

City Bossier City State LA Zip Code 71111-6247

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

Name of Employer Builders Supply Company Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 06 / 2015

Transaction ID : A-CF13876

Amount of Each Receipt this Period
 2600

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

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

7800.00

**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 26 OF 130
	<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)
Fleming For Congress

A. Full Name (Last, First, Middle Initial)
Mr. Grady C. Golden Sr.

Mailing Address **PO Box 295**

City **Shreveport** State **LA** Zip Code **71162-0295**

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

Name of Employer **Builders Supply Co., Inc** Occupation **Owner**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 12 / 2015

Transaction ID : A-CF13560

Amount of Each Receipt this Period
2600

B. Full Name (Last, First, Middle Initial)
Mr. Michael T. Gray

Mailing Address **PO Box 6202**

City **Metairie** State **LA** Zip Code **70009-6202**

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

Name of Employer **Gray Insurance** Occupation **Insurance**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 27 / 2015

Transaction ID : A-CF13720

Amount of Each Receipt this Period
2600

C. Full Name (Last, First, Middle Initial)
Mr. L. Lane Grigsby

Mailing Address **PO Box 104**

City **Baton Rouge** State **LA** Zip Code **70821-0104**

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

Name of Employer **Cajun Industries, LLC** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 23 / 2015

Transaction ID : A-CF13707

Amount of Each Receipt this Period
2600

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

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

7800.00

**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 27 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Fleming For Congress

A. Full Name (Last, First, Middle Initial)
Mr. Dan L. Haeuser

Mailing Address 1555 Poydras Street
Suite 1600

City State Zip Code
New Orleans LA 70112-3769

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

Name of Employer Occupation
The Jackson Kearney Group President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2015

Transaction ID : A-CF13705

Amount of Each Receipt this Period
2600

B. Full Name (Last, First, Middle Initial)
Mr. Larry J. Haley

Mailing Address 391 Post Oak Lane

City State Zip Code
Minden LA 71055-8808

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

Name of Employer Occupation
Self Anesthesiologist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 23 / 2015

Transaction ID : A-CF13927

Amount of Each Receipt this Period
2600

C. Full Name (Last, First, Middle Initial)
Mr. Gregory J. Hamer Sr.

Mailing Address PO Box 3608

City State Zip Code
Morgan City LA 70381-3608

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

Name of Employer Occupation
B & G Food Enterprises, LLC CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : A-CF14018

Amount of Each Receipt this Period
2700

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

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

7900.00

**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 28 OF 130
	<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)
Fleming For Congress

A. Full Name (Last, First, Middle Initial)
Mrs. Vicky M. Hand

Mailing Address 9445 Stevens Road
Suite 200

City Shreveport State LA Zip Code 71106-7573

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

Name of Employer Hand Construction Occupation Partner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 16 / 2015

Transaction ID : A-CF13637

Amount of Each Receipt this Period
2600

B. Full Name (Last, First, Middle Initial)
Dr. Michael B. Harper

Mailing Address 4833 Camellia Lane

City Shreveport State LA Zip Code 71106-1827

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

Name of Employer LSU HSC Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 30 / 2015

Transaction ID : A-CF13733

Amount of Each Receipt this Period
2600

C. Full Name (Last, First, Middle Initial)
Dr. Laura Haynie

Mailing Address 7217 Gilbert Drive

City Shreveport State LA Zip Code 71106-4730

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

Name of Employer Dermatology & Skin Surgery Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 25 / 2015

Transaction ID : A-CF13847

Amount of Each Receipt this Period
2700

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

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

7900.00

**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 29 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Fleming For Congress

A. Full Name (Last, First, Middle Initial)
Dr. Robert D. Haynie

Mailing Address 7217 Gilbert Drive

City Shreveport State LA Zip Code 71106-4730

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

Name of Employer Mid City Pediatrics Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 25 / 2015

Transaction ID : A-CF13846

Amount of Each Receipt this Period
2700

B. Full Name (Last, First, Middle Initial)
Dr. Joseph S. Heard

Mailing Address 725 Wilder Place

City Shreveport State LA Zip Code 71104-4327

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

Name of Employer The Delta Pathology Group Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 13 / 2015

Transaction ID : A-CF13572

Amount of Each Receipt this Period
2600

C. Full Name (Last, First, Middle Initial)
Mr. Henry M. Hearne

Mailing Address PO Box 121

City Shreveport State LA Zip Code 71161-0121

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

Name of Employer Self Employed Occupation Farming & Investments

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 12 / 2015

Transaction ID : A-CF13559

Amount of Each Receipt this Period
2600

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

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

7900.00

**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 30 OF 130
	<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)
Fleming For Congress

A. Full Name (Last, First, Middle Initial)
Mrs. Hedy S. Hebert

Mailing Address 4816 Woodberry Lane

City State Zip Code
Benton LA 71006-9361

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

Name of Employer Occupation
Benefit Consulting Services Health Insurance Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 21 / 2015

Transaction ID : A-CF13684

Amount of Each Receipt this Period
2600

B. Full Name (Last, First, Middle Initial)
Mr. Marshall Hebert

Mailing Address 722 Coachlight Road

City State Zip Code
Shreveport LA 71106-7206

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

Name of Employer Occupation
Hebert's Town & Country Auto Dealer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1300

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 12 / 2015

Transaction ID : A-CF13811

Amount of Each Receipt this Period
1300

C. Full Name (Last, First, Middle Initial)
Mr. W. James Hill III

Mailing Address PO Box 1916

City State Zip Code
Shreveport LA 71166-1916

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

Name of Employer Occupation
Smitherman, Lunn, Chastain & Hill Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 12 / 2015

Transaction ID : A-CF13903

Amount of Each Receipt this Period
2500

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

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

6400.00

**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 31 OF 130
	<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)
Fleming For Congress

A. Full Name (Last, First, Middle Initial)
Dr. David L. Hilton

Mailing Address 183 Waters Edge Drive

City Shreveport State LA Zip Code 71106-7775

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

Name of Employer Self Occupation Physician/ENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 27 / 2015

Transaction ID : A-CF13978

Amount of Each Receipt this Period
300

B. Full Name (Last, First, Middle Initial)
Mr. Larry L. Hock

Mailing Address 15727 Highway 80

City Minden State LA Zip Code 71055-6351

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

Name of Employer Petro Chem Operating Co Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 13 / 2015

Transaction ID : A-CF13571

Amount of Each Receipt this Period
2600

C. Full Name (Last, First, Middle Initial)
Mrs. Shaun E. Hollier

Mailing Address 128 Waters Edge Drive

City Shreveport State LA Zip Code 71106-7774

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **625**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 18 / 2015

Transaction ID : A-CF13827

Amount of Each Receipt this Period
625

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

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

3525.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 32 OF 130
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Fleming For Congress

A. Full Name (Last, First, Middle Initial)
Mr. Kenneth J. Jacob

Mailing Address 2883 E Lakeshore Drive

City Baton Rouge State LA Zip Code 70808-2181

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

Name of Employer Cajun Constructors, Inc. Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2015

Transaction ID : A-CF13706

Amount of Each Receipt this Period
 2600

B. Full Name (Last, First, Middle Initial)
Mr. Bobby E. Jelks

Mailing Address 329 Bringier Place

City Shreveport State LA Zip Code 71106-8392

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

Name of Employer Franks Management Co. Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 03 / 2015

Transaction ID : A-CF13769

Amount of Each Receipt this Period
 2600

C. Full Name (Last, First, Middle Initial)
Mr. Kenneth Jenkins

Mailing Address 430 Timbers East Drive

City Haughton State LA Zip Code 71037-9797

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

Name of Employer Southern Soil Environmental Occupation Owner/Environmental Geologist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 14 / 2015

Transaction ID : A-CF13613

Amount of Each Receipt this Period
 500

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

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

5700.00

**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 33 OF 130
	<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)
Fleming For Congress

A. Full Name (Last, First, Middle Initial)
Mr. Alfred D. Johnson Jr.

Mailing Address 1046 Gabriels Turn

City Shreveport State LA Zip Code 71106-7790

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

Name of Employer Heard, McElroy & Vestal, LLP Occupation CPA

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **625**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 22 / 2015

Transaction ID : A-CF13694

Amount of Each Receipt this Period
625

B. Full Name (Last, First, Middle Initial)
Mr. Ben Johnson III

Mailing Address PO Box 632

City Mansfield State LA Zip Code 71052-0632

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

Name of Employer Self Employed Occupation Oil & Gas

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 27 / 2015

Transaction ID : A-CF13984

Amount of Each Receipt this Period
2500

C. Full Name (Last, First, Middle Initial)
Dr. Paul A. Jordan

Mailing Address 1817 Hunter Circle

City Shreveport State LA Zip Code 71119-4103

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

Name of Employer LSU HSC Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 24 / 2015

Transaction ID : A-CF13937

Amount of Each Receipt this Period
2600

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

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

5725.00

**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 34 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Fleming For Congress

A. Full Name (Last, First, Middle Initial)
Dr. J. Robert Kemmerly

Mailing Address 215 Fernwood Lane

City Minden State LA Zip Code 71055-7533

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

Name of Employer Retired Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1300**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 27 / 2015

Transaction ID : A-CF13715

Amount of Each Receipt this Period
1300

B. Full Name (Last, First, Middle Initial)
Mr. Alvin E. Kimble

Mailing Address 7266 Tom Drive Suite 200

City Baton Rouge State LA Zip Code 70806-2307

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

Name of Employer Star Communications Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 06 / 2015

Transaction ID : A-CF13877

Amount of Each Receipt this Period
1000

C. Full Name (Last, First, Middle Initial)
Mr. Christopher M. Kinsey

Mailing Address 401 Edwards Street Suite 1805

City Shreveport State LA Zip Code 71101-5515

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

Name of Employer Kinsey Interests, Inc. Occupation Executive - Investments

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 12 / 2015

Transaction ID : A-CF13558

Amount of Each Receipt this Period
2600

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

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

4900.00

**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 35 OF 130
	<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)
Fleming For Congress

A. Full Name (Last, First, Middle Initial)
Mr. Glenn V. Kinsey

Mailing Address 401 Edwards Street
Suite 1805

City Shreveport State LA Zip Code 71101-5515

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

Name of Employer Kinsey Interests, Inc. Occupation Executive

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2015

Transaction ID : A-CF13719

Amount of Each Receipt this Period
2600

B. Full Name (Last, First, Middle Initial)
Mr. Robert J. Kite

Mailing Address 1008 Michael Drive

City Deridder State LA Zip Code 70634-5300

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

Name of Employer Kite Brothers, LLC Occupation Owner - RV Dealer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 16 / 2015

Transaction ID : A-CF13636

Amount of Each Receipt this Period
2600

C. Full Name (Last, First, Middle Initial)
Mr. Jack E. Lawton Jr.

Mailing Address 3172 Choupique Road

City Sulphur State LA Zip Code 70665-8422

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

Name of Employer Jack Lawton, LLC Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2015

Transaction ID : A-CF13717

Amount of Each Receipt this Period
2600

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

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

7800.00

**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 36 OF 130
	<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)
Fleming For Congress

A. Full Name (Last, First, Middle Initial)
Mr. Walter D. Ledig III

Mailing Address 1410 Forest Drive

City Minden State LA Zip Code 71055-9061

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

Name of Employer Town & Country Health & Reha Occupation Long Term Health Care Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 05 / 2015

Transaction ID : A-CF13785

Amount of Each Receipt this Period
2700

B. Full Name (Last, First, Middle Initial)
Mr. O. Bryant Lewis

Mailing Address 3595 Park Drive

City Haynesville State LA Zip Code 71038-6227

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

Name of Employer Self Employed Occupation Timber Dealer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 30 / 2015

Transaction ID : A-CF14001

Amount of Each Receipt this Period
1000

C. Full Name (Last, First, Middle Initial)
Mr. Jeffrey S. Loftin

Mailing Address 1002 Waters Edge Circle

City Shreveport State LA Zip Code 71106-7776

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

Name of Employer EDgear, LLC Occupation Business Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 27 / 2015

Transaction ID : A-CF13721

Amount of Each Receipt this Period
2600

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

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

6300.00

**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 37 OF 130
	<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)
Fleming For Congress

A. Full Name (Last, First, Middle Initial)
Mr. Jimmy D. Long Jr.

Mailing Address 704 Saint Clair Avenue

City Natchitoches State LA Zip Code 71457-6131

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

Name of Employer Self Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **625**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 29 / 2015

Transaction ID : A-CF13729

Amount of Each Receipt this Period
625

B. Full Name (Last, First, Middle Initial)
Ms. Marian Alice Long

Mailing Address 633 Long Road

City Gloster State LA Zip Code 71030

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

Name of Employer M&M Long Properties, LLC Occupation Manager

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : A-CF14039

Amount of Each Receipt this Period
2600

C. Full Name (Last, First, Middle Initial)
Mr. Gregory K. Madden

Mailing Address 201 Oak Alley Boulevard

City Bossier City State LA Zip Code 71111-5485

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

Name of Employer Baldwin Madden Energy, LLC Occupation Petroleum Engineer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2015

Transaction ID : A-CF13920

Amount of Each Receipt this Period
2700

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

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

5925.00

**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 38 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Fleming For Congress

A. Full Name (Last, First, Middle Initial)
Mr. James G. Marston III

Mailing Address PO Box 1932

City State Zip Code
Shreveport LA 71166-1932

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

Name of Employer Occupation
Retired-Goodrich Petroleum Retired-Vice President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 16 / 2015

Transaction ID : A-CF13635

Amount of Each Receipt this Period
2600

B. Full Name (Last, First, Middle Initial)
Mr. William K. McConnell

Mailing Address 192 Bastille Lane
Suite 300

City State Zip Code
Ruston LA 71270-7150

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

Name of Employer Occupation
Self-LaSalle Corrections Correctional Facilities

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 24 / 2015

Transaction ID : A-CF13938

Amount of Each Receipt this Period
2600

C. Full Name (Last, First, Middle Initial)
Mr. John Michael Merritt

Mailing Address 139 E Colbert Drive

City State Zip Code
Minden LA 71055-6567

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

Name of Employer Occupation
Timberland Services, Inc. Forester

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 26 / 2015

Transaction ID : A-CF13945

Amount of Each Receipt this Period
2700

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

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

7900.00

**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 39 OF 130
	<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)
Fleming For Congress

A. Full Name (Last, First, Middle Initial)
Mr. Robert M. Mills

Mailing Address **PO Box 5745**

City **Shreveport** State **LA** Zip Code **71135-5745**

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

Name of Employer **Calumet Lubricants** Occupation **Oil & Gas**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 03 / 2015

Transaction ID : A-CF13772

Amount of Each Receipt this Period
2600

B. Full Name (Last, First, Middle Initial)
Mr. F. Lane Mitchell

Mailing Address **PO Box 376**

City **Shreveport** State **LA** Zip Code **71162-0376**

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

Name of Employer **Vector Investments** Occupation **Oil & Gas**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 19 / 2015

Transaction ID : A-CF13832

Amount of Each Receipt this Period
2600

C. Full Name (Last, First, Middle Initial)
Mr. Taylor F. Moore

Mailing Address **300 Pierremont Road
Unit 34**

City **Shreveport** State **LA** Zip Code **71106-2230**

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

Name of Employer **Shreveport Baseball, Inc** Occupation **Owner/President**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 03 / 2015

Transaction ID : A-CF13770

Amount of Each Receipt this Period
2600

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

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

7800.00

**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 40 OF 130
	<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)
Fleming For Congress

A. Full Name (Last, First, Middle Initial)
Mrs. Mary P. Morgan

Mailing Address 420 Regency Boulevard

City State Zip Code
Shreveport LA 71106-7675

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

Name of Employer Occupation
Willis-Knighton Health Sys Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 16 / 2015

Transaction ID : A-CF13633

Amount of Each Receipt this Period
2600

B. Full Name (Last, First, Middle Initial)
Mr. William N. Morris III

Mailing Address 104 Belle Maison Court

City State Zip Code
Bossier City LA 71111-5488

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

Name of Employer Occupation
Pickett Industries, LLC President/Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 11 / 2015

Transaction ID : A-CF13805

Amount of Each Receipt this Period
2600

C. Full Name (Last, First, Middle Initial)
Dr. David S. Muldowny

Mailing Address 104 Parkway Drive

City State Zip Code
Lafayette LA 70508-7310

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

Name of Employer Occupation
Surgical Specialty Hospital Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2015

Transaction ID : A-CF13872

Amount of Each Receipt this Period
2600

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

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

7800.00

**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 41 OF 130
	<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)
Fleming For Congress

A. Full Name (Last, First, Middle Initial)
Mr. Alan W. Murphy

Mailing Address 400 Travis Street
Suite 1910

City Shreveport State LA Zip Code 71101-3145

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

Name of Employer Murco Oil and Gas, LLC Occupation Co-Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2015

Transaction ID : A-CF13692

Amount of Each Receipt this Period
2600

B. Full Name (Last, First, Middle Initial)
Mr. Thomas H. Murphy

Mailing Address 400 Travis Street
Suite 1910

City Shreveport State LA Zip Code 71101-3145

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

Name of Employer Murco Oil & Gas, LLC Occupation Oil & Gas

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2015

Transaction ID : A-CF13691

Amount of Each Receipt this Period
2600

C. Full Name (Last, First, Middle Initial)
Mr. George D. Nelson Jr.

Mailing Address PO Box 5

City Shreveport State LA Zip Code 71161-0005

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

Name of Employer Querbes & Nelson Occupation Insurance

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
625

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2015

Transaction ID : A-CF13760

Amount of Each Receipt this Period
625

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

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

5825.00

**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 42 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Fleming For Congress

A. Full Name (Last, First, Middle Initial)
Mrs. Sherrie C. Nelson

Mailing Address **7740 S Lakeshore Drive**

City **Shreveport** State **LA** Zip Code **71119-2202**

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

Name of Employer **N/A** Occupation **Homemaker**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 26 / 2015

Transaction ID : A-CF13975

Amount of Each Receipt this Period
500

B. Full Name (Last, First, Middle Initial)
Mr. Robert A. Nichols

Mailing Address **1294 Coffeerville Road**

City **Jefferson** State **TX** Zip Code **75657-3569**

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

Name of Employer **Eagle Distributing of Shrevepo** Occupation **President**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : A-CF14012

Amount of Each Receipt this Period
2600

C. Full Name (Last, First, Middle Initial)
Dr. James R. Noble

Mailing Address **2642 Alvamar Drive**

City **Shreveport** State **LA** Zip Code **71106-8259**

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

Name of Employer **Regional Urology** Occupation **Physician**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 02 / 2015

Transaction ID : A-CF13759

Amount of Each Receipt this Period
2600

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

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

5700.00

**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 43 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Fleming For Congress

A. Full Name (Last, First, Middle Initial)
Dr. John G. Noles

Mailing Address 11062 Gabriels Path

City Shreveport State LA Zip Code 71106-7791

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

Name of Employer Willis-Knighton Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **625**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 10 / 2015

Transaction ID : A-CF13890

Amount of Each Receipt this Period
625

B. Full Name (Last, First, Middle Initial)
Mr. John A. O'Neal

Mailing Address PO Box 536

City Choudrant State LA Zip Code 71227-0536

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

Name of Employer O'Neal Gas (Retired) Occupation Chairman

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 22 / 2015

Transaction ID : A-CF13699

Amount of Each Receipt this Period
500

C. Full Name (Last, First, Middle Initial)
Mr. John T. Palmer

Mailing Address 401 Edwards Street Suite 1455

City Shreveport State LA Zip Code 71101-5555

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

Name of Employer Self Employed Occupation Petroleum Geologist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 20 / 2015

Transaction ID : A-CF13640

Amount of Each Receipt this Period
2600

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

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

3725.00

**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 44 OF 130
	<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)
Fleming For Congress

A. Full Name (Last, First, Middle Initial)
Dr. Marguerite B. Picou

Mailing Address 907 Parkway Drive

City Natchitoches State LA Zip Code 71457-5533

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 27 / 2015

Transaction ID : A-CF13718

Amount of Each Receipt this Period
2600

B. Full Name (Last, First, Middle Initial)
Mrs. Leslie Pitts

Mailing Address 21 Fair Oaks Drive

City Haughton State LA Zip Code 71037-2812

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

Name of Employer Self Employed Occupation Construction

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 30 / 2015

Transaction ID : A-CF13735

Amount of Each Receipt this Period
2600

C. Full Name (Last, First, Middle Initial)
Mr. E. Hunt Powell

Mailing Address PO Box 97

City Sibley State LA Zip Code 71073-0097

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

Name of Employer Vowell Development Group Occupation Partner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 04 / 2015

Transaction ID : A-CF13871

Amount of Each Receipt this Period
2600

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

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

7800.00

**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 45 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Fleming For Congress

A. Full Name (Last, First, Middle Initial)
Mr. Teddy R. Price

Mailing Address PO Box 1438

City Winnfield State LA Zip Code 71483-1438

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

Name of Employer Central Management Co., LLC Occupation Nursing Facility Operator

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 02 / 2015

Transaction ID : A-CF13855

Amount of Each Receipt this Period
2600

B. Full Name (Last, First, Middle Initial)
Mr. W. Clinton Rasberry Jr.

Mailing Address 800 Spring Street Suite 201

City Shreveport State LA Zip Code 71101-3757

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

Name of Employer Self Employed Occupation Investor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 17 / 2015

Transaction ID : A-CF13823

Amount of Each Receipt this Period
2600

C. Full Name (Last, First, Middle Initial)
Mr. Michael D. Reese

Mailing Address 400 Lees Lane

City Leesville State LA Zip Code 71446-3608

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

Name of Employer American Moving & Storage Occupation Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 09 / 2015

Transaction ID : A-CF13792

Amount of Each Receipt this Period
2600

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

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

7800.00

**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 46 OF 130	
	<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)
Fleming For Congress

A. Full Name (Last, First, Middle Initial)
Mr. Bruce G. Roberts

Mailing Address PO Box 7125

City Shreveport State LA Zip Code 71137-7125

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

Name of Employer Roberts Property Management Occupation Realtor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 02 / 2015

Transaction ID : A-CF13762

Amount of Each Receipt this Period
500

Earmarked through VOTESANE PAC. Conduit received 1/26/2015

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

Mailing Address PO Box 2713

City Alexandria State VA Zip Code 22301-0713

FEC ID number of contributing federal political committee. **C C00484535**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 02 / 2015

Transaction ID : A-CF13762.e

Amount of Each Receipt this Period
500

[MEMO ITEM]
 Earmarked-Original Details. Total Earmarked via this conduit: \$500.00. PAC limit not affected.

C. Full Name (Last, First, Middle Initial)
Mr. Bruce G. Roberts

Mailing Address PO Box 7125

City Shreveport State LA Zip Code 71137-7125

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

Name of Employer Roberts Property Management Occupation Realtor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 12 / 2015

Transaction ID : A-CF13812

Amount of Each Receipt this Period
2100

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

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

2600.00

**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 47 OF 130
	<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)
Fleming For Congress

A. Full Name (Last, First, Middle Initial)
Mr. Austin G. Robertson Jr.

Mailing Address 5 Beaux Rivages Drive

City Shreveport State LA Zip Code 71106-6806

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

Name of Employer Cole, Evans & Peterson Occupation CPA

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **650**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 27 / 2015

Transaction ID : A-CF13722

Amount of Each Receipt this Period
650

B. Full Name (Last, First, Middle Initial)
Mrs. John Roddey

Mailing Address 12971 Highway 1

City Oil City State LA Zip Code 71061-9122

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

Name of Employer Self Employed Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 10 / 2015

Transaction ID : A-CF13803

Amount of Each Receipt this Period
500

C. Full Name (Last, First, Middle Initial)
Mr. James Douglas Rogers

Mailing Address 340 Crosscreek Drive

City Bossier City State LA Zip Code 71111-2374

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

Name of Employer Doug Rogers, Inc. Occupation Insurance Agent

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 20 / 2015

Transaction ID : A-CF13837

Amount of Each Receipt this Period
2600

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

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

3750.00

**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 48 OF 130
	<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)
Fleming For Congress

A. Full Name (Last, First, Middle Initial)
Dr. Phillip A. Rozeman

Mailing Address 510 Longleaf Road

City Shreveport State LA Zip Code 71106-1224

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

Name of Employer Self Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 16 / 2015

Transaction ID : A-CF13627

Amount of Each Receipt this Period
2600

B. Full Name (Last, First, Middle Initial)
Mr. William M. Sale III

Mailing Address 467 Railsback Street

City Shreveport State LA Zip Code 71106-7725

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

Name of Employer Self Occupation Real Estate Development

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 30 / 2015

Transaction ID : A-CF13731

Amount of Each Receipt this Period
2600

C. Full Name (Last, First, Middle Initial)
Mr. Michael R. Salter

Mailing Address 2045 Pepper Ridge Drive

City Shreveport State LA Zip Code 71115-9412

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

Name of Employer Realty Executives Occupation Real Estate

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 06 / 2015

Transaction ID : A-CF13875

Amount of Each Receipt this Period
2600

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

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

7800.00

**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 49 OF 130
	<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)
Fleming For Congress

A. Full Name (Last, First, Middle Initial)
Mr. William Sample

Mailing Address 265 Captain Hm Shreve Boulevard

City Shreveport State LA Zip Code 71115-2987

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

Name of Employer Self Occupation Farmer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 20 / 2015

Transaction ID : A-CF13655

Amount of Each Receipt this Period
 2600

B. Full Name (Last, First, Middle Initial)
Mr. Joe G. Sanford Jr.

Mailing Address 609 Techeview Drive

City Berwick State LA Zip Code 70342-3129

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

Name of Employer Delta Rigging & Tools Occupation President - MCR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2015

Transaction ID : A-CF13755

Amount of Each Receipt this Period
 2600

C. Full Name (Last, First, Middle Initial)
Ms. Barbara J. Schoonover

Mailing Address 10564 Longfellow Trace

City Shreveport State LA Zip Code 71106-9376

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

Name of Employer Fitness World Occupation Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 11 / 2015

Transaction ID : A-CF13806

Amount of Each Receipt this Period
 2600

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

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

7800.00

**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 50 OF 130
	<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)
Fleming For Congress

A. Full Name (Last, First, Middle Initial)
Mr. Brett S. Schoonover

Mailing Address 12045 Ashland Way

City Shreveport State LA Zip Code 71106-9347

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

Name of Employer Merrill Lynch Occupation Financial Advisor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1350**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 19 / 2015

Transaction ID : A-CF13831

Amount of Each Receipt this Period
 1350

B. Full Name (Last, First, Middle Initial)
Mr. Steven L. Schoonover

Mailing Address 1311 Leonard Road

City Shreveport State LA Zip Code 71115-8580

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

Name of Employer Schoonover Investments Occupation Investments CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : A-CF14041

Amount of Each Receipt this Period
 2700

C. Full Name (Last, First, Middle Initial)
Mr. Joseph W. Sepulvado

Mailing Address 2535 Desiree Meshell Road

City Shreveport State LA Zip Code 71115-8666

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

Name of Employer Jody's Lawn Team Occupation Business Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1250**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 11 / 2015

Transaction ID : A-CF13808

Amount of Each Receipt this Period
 625

SUBTOTAL of Receipts This Page (optional).....	4675.00
TOTAL This Period (last page this line number only).....	

**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 51 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Fleming For Congress

A. Full Name (Last, First, Middle Initial)
Mr. Robert W. Shane Jr.

Mailing Address 9617 Hillsboro Drive

City Shreveport State LA Zip Code 71118-4804

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 30 / 2015

Transaction ID : A-CF14000

Amount of Each Receipt this Period
300

B. Full Name (Last, First, Middle Initial)
Mrs. Virginia K. Shehee

Mailing Address PO Box 88

City Shreveport State LA Zip Code 71161-0088

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

Name of Employer Information Requested Occupation Information Requested
 Kilpatrick Life Ins. Company Chairman of the Board

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : A-CF14036

Amount of Each Receipt this Period
2700

C. Full Name (Last, First, Middle Initial)
Ms. Margaret S. Shehee-Cole

Mailing Address 7717 Creswell Road Lot 25

City Shreveport State LA Zip Code 71106-6032

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

Name of Employer Information Requested Occupation Information Requested
 Self Employed Insurance Agent

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : A-CF14034

Amount of Each Receipt this Period
2700

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

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

5700.00

**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 52 OF 130
	<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)
Fleming For Congress

A. Full Name (Last, First, Middle Initial)
Mr. Michael Simon

Mailing Address 531 W Laurel Avenue

City State Zip Code
Eunice LA 70535-4103

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

Name of Employer Occupation
Self Real Estate

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 20 / 2015

Transaction ID : A-CF13649

Amount of Each Receipt this Period
250

B. Full Name (Last, First, Middle Initial)
Mr. Michael Simon

Mailing Address 531 W Laurel Avenue

City State Zip Code
Eunice LA 70535-4103

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

Name of Employer Occupation
Self Real Estate

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 26 / 2015

Transaction ID : A-CF13973

Amount of Each Receipt this Period
250

C. Full Name (Last, First, Middle Initial)
Mrs. Jean Simpson

Mailing Address 308 Twin Point Drive

City State Zip Code
Benton LA 71006-8696

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

Name of Employer Occupation
Self-Employed Businesswoman

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 03 / 2015

Transaction ID : A-CF13774

Amount of Each Receipt this Period
2600

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

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

3100.00

**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 53 OF 130
	<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)
Fleming For Congress

A. Full Name (Last, First, Middle Initial)
Mr. Tripp Singer

Mailing Address 1397 2nd Avenue
182

City State Zip Code
New York NY 10021-4505

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

Name of Employer Occupation
Atlantic Mailboxes, Inc. Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 30 / 2015

Transaction ID : A-CF13736

Amount of Each Receipt this Period
1000

B. Full Name (Last, First, Middle Initial)
Dr. M. Ashley W. Sipes

Mailing Address 2081 Pepper Ridge Drive

City State Zip Code
Shreveport LA 71115-9412

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

Name of Employer Occupation
Willis-Knighton Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 27 / 2015

Transaction ID : A-CF13716

Amount of Each Receipt this Period
1300

C. Full Name (Last, First, Middle Initial)
Dr. M. Ashley W. Sipes

Mailing Address 2081 Pepper Ridge Drive

City State Zip Code
Shreveport LA 71115-9412

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

Name of Employer Occupation
Willis-Knighton Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 16 / 2015

Transaction ID : A-CF13913

Amount of Each Receipt this Period
1300

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

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

3600.00

**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 54 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Fleming For Congress

A. Full Name (Last, First, Middle Initial)
Mr. Craig C. Spohn

Mailing Address 1215 Bay Ridge Drive

City State Zip Code
Benton LA 71006-3468

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

Name of Employer Occupation
Broadmoor Consulting LLC Partner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 02 / 2015

Transaction ID : A-CF13854

Amount of Each Receipt this Period
2600

B. Full Name (Last, First, Middle Initial)
Mr. T. Michael Stanberry

Mailing Address PO Box 7008

City State Zip Code
Shreveport LA 71137-7008

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

Name of Employer Occupation
Metro Aviation, Inc President/Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 12 / 2015

Transaction ID : A-CF13564

Amount of Each Receipt this Period
2600

C. Full Name (Last, First, Middle Initial)
Mr. Frank M. Stinson

Mailing Address PO Box 52008

City State Zip Code
Shreveport LA 71135-2008

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

Name of Employer Occupation
Rountree Automotive Group Auto Mega Dealer Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 25 / 2015

Transaction ID : A-CF13845

Amount of Each Receipt this Period
2600

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

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

7800.00

**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 55 OF 130
	<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)
Fleming For Congress

A. Full Name (Last, First, Middle Initial)
Mr. Scott D. Stroud

Mailing Address 416 Travis Street
Suite 608

City Shreveport State LA Zip Code 71101-5502

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

Name of Employer Stroud Petroleum, Inc. Occupation Geologist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2015

Transaction ID : A-CF13726

Amount of Each Receipt this Period
2600

B. Full Name (Last, First, Middle Initial)
Mr. Patrick H. Temple

Mailing Address 11020 Seville Quarters

City Shreveport State LA Zip Code 71106-7767

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

Name of Employer Lasalle Management Company Occupation Development Manger

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2015

Transaction ID : A-CF13921

Amount of Each Receipt this Period
2700

C. Full Name (Last, First, Middle Initial)
Dr. Najeeb M. Thomas

Mailing Address 310 Citrus Road

City River Ridge State LA Zip Code 70123-2043

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

Name of Employer Self Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : A-CF14014

Amount of Each Receipt this Period
2700

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

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

8000.00

**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 56 OF 130
	<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)
Fleming For Congress

A. Full Name (Last, First, Middle Initial)
Mr. Wyatt H. Thomas

Mailing Address 1822 Smyrna Road

City Keatchie State LA Zip Code 71046-2920

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

Name of Employer Wyatt Thomas Electric Co Occupation Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 20 / 2015

Transaction ID : A-CF13651

Amount of Each Receipt this Period
500

B. Full Name (Last, First, Middle Initial)
Mr. John S. Turner Jr.

Mailing Address PO Box 5130

City Bossier City State LA Zip Code 71171-5130

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

Name of Employer Self Employed Occupation Businessman

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 12 / 2015

Transaction ID : A-CF13904

Amount of Each Receipt this Period
2600

C. Full Name (Last, First, Middle Initial)
Dr. Keith Van Meter

Mailing Address 17 Carriage Lane

City New Orleans State LA Zip Code 70114-6724

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

Name of Employer Self Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : A-CF14037

Amount of Each Receipt this Period
2600

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

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

5700.00

**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 57 OF 130
	<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)
Fleming For Congress

A. Full Name (Last, First, Middle Initial)
Mrs. Mary Van Meter

Mailing Address 17 Carriage Lane

City State Zip Code
New Orleans LA 70114-6724

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

Name of Employer Occupation
None Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : A-CF14038

Amount of Each Receipt this Period
2600

B. Full Name (Last, First, Middle Initial)
Dr. Diane B. Wagner

Mailing Address 12030 Ashland Way

City State Zip Code
Shreveport LA 71106-9346

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

Name of Employer Occupation
Diagnostic Imaging Assoc. Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 30 / 2015

Transaction ID : A-CF13734

Amount of Each Receipt this Period
2600

C. Full Name (Last, First, Middle Initial)
Mrs. Andrea Walker

Mailing Address PO Box 1

City State Zip Code
Taylor LA 71080-0001

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

Name of Employer Occupation
None Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 21 / 2015

Transaction ID : A-CF13682

Amount of Each Receipt this Period
500

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

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

5700.00

**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 58 OF 130
	<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)
Fleming For Congress

A. Full Name (Last, First, Middle Initial)
Dr. Holly C. Wall

Mailing Address 753 Hazelwood Drive

City Shreveport State LA Zip Code 71106-7213

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

Name of Employer Self Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 12 / 2015

Transaction ID : A-CF13561

Amount of Each Receipt this Period
2600

B. Full Name (Last, First, Middle Initial)
Mrs. Caroline O. Walsh

Mailing Address PO Box 159

City Zwolle State LA Zip Code 71486-0159

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

Name of Employer none Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 16 / 2015

Transaction ID : A-CF13629

Amount of Each Receipt this Period
2600

C. Full Name (Last, First, Middle Initial)
Mr. Garrett H. Walsh Jr.

Mailing Address PO Box 159

City Zwolle State LA Zip Code 71486-0159

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

Name of Employer Walsh Timber Company Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 16 / 2015

Transaction ID : A-CF13630

Amount of Each Receipt this Period
2600

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

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

7800.00

**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 59 OF 130
	<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)
Fleming For Congress

A. Full Name (Last, First, Middle Initial)
Mrs. Kelly Warren

Mailing Address 726 Moss Point Road

City State Zip Code
Heflin LA 71039-3146

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

Name of Employer Occupation Information Requested
Information Requested

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 13 / 2015

Transaction ID : A-CF13816

Amount of Each Receipt this Period
500

B. Full Name (Last, First, Middle Initial)
Dr. Willard F. Washburne

Mailing Address 736 Hazelwood Drive

City State Zip Code
Shreveport LA 71106-7225

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

Name of Employer Occupation Information Requested
Highland Clinic Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 03 / 2015

Transaction ID : A-CF13773

Amount of Each Receipt this Period
2600

C. Full Name (Last, First, Middle Initial)
Mr. Steven G. White Sr.

Mailing Address 4830 Line Avenue # 135

City State Zip Code
Shreveport LA 71106-1530

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

Name of Employer Occupation Information Requested
William A. Robinson Trust Business Manager

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 02 / 2015

Transaction ID : A-CF13856

Amount of Each Receipt this Period
2600

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

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

5700.00

**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 60 OF 130
	<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)
Fleming For Congress

A. Full Name (Last, First, Middle Initial)
Mr. Timothy W. Wilhite

Mailing Address 116 Deer Chase Point

City State Zip Code
Bossier City LA 71111-8174

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

Name of Employer Occupation
Wilhite Electric Company Inc CFO/Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 17 / 2015

Transaction ID : A-CF13822

Amount of Each Receipt this Period
2600

B. Full Name (Last, First, Middle Initial)
Mr. C. Allen Williams

Mailing Address 416 Travis Street
Suite 1200

City State Zip Code
Shreveport LA 71101-5504

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

Name of Employer Occupation
Will-Drill Operating Executive

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 11 / 2015

Transaction ID : A-CF13807

Amount of Each Receipt this Period
2600

C. Full Name (Last, First, Middle Initial)
Dr. Lacy H. Williams

Mailing Address 416 Travis Street
Suite 1200

City State Zip Code
Shreveport LA 71101-5504

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

Name of Employer Occupation
Retired Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 09 / 2015

Transaction ID : A-CF13886

Amount of Each Receipt this Period
2700

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

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

7900.00

**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 61 OF 130
	<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)
Fleming For Congress

A. Full Name (Last, First, Middle Initial)
Mr. Thomas J. Williams

Mailing Address 7717 Creswell Road
Lot 48

City Shreveport State LA Zip Code 71106-6033

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

Name of Employer Williams Financial Advisors Occupation Certified Financial Planner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 13 / 2015

Transaction ID : A-CF13573

Amount of Each Receipt this Period
2600

B. Full Name (Last, First, Middle Initial)
Mr. William C. Windham

Mailing Address PO Box 5037

City Bossier City State LA Zip Code 71171-5037

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

Name of Employer Turner & Windham, LLC Occupation Director

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2015

Transaction ID : A-CF13912

Amount of Each Receipt this Period
2600

C. Full Name (Last, First, Middle Initial)
Mr. Marcus D. Wren Jr.

Mailing Address 4289 Highway 159

City Minden State LA Zip Code 71055-6101

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

Name of Employer None Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 20 / 2015

Transaction ID : A-CF13650

Amount of Each Receipt this Period
250

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

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

5450.00

360570.00

**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 62 OF 130
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Fleming For Congress

Full Name (Last, First, Middle Initial)
AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPAC)

A. Mailing Address PO Box 15441

City Washington State DC Zip Code 20003-0441

FEC ID number of contributing federal political committee. **C** C00273003

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 02 / 2015

Transaction ID : A-CF13857

Amount of Each Receipt this Period
 2500

Full Name (Last, First, Middle Initial)
American Medical Association PAC

B. Mailing Address 25 Massachusetts Avenue NW Suite 600

City Washington State DC Zip Code 20001-7400

FEC ID number of contributing federal political committee. **C** C00000422

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2015

Transaction ID : A-CF13944

Amount of Each Receipt this Period
 1000

Full Name (Last, First, Middle Initial)
Bryan Cave LLP Political Fund

C. Mailing Address 1155 F Street NW Suite 500

City Washington State DC Zip Code 20004-1319

FEC ID number of contributing federal political committee. **C** C00332643

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2015

Transaction ID : A-CF13893

Amount of Each Receipt this Period
 1500

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

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

5000.00

**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 63 OF 130
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Fleming For Congress

A. Full Name (Last, First, Middle Initial)
CB&I PAC

Mailing Address 1050 K Street NW
Suite 620

City Washington State DC Zip Code 20001-4456

FEC ID number of contributing federal political committee. **C** C00104885

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 18 / 2015

Transaction ID : A-CF13828

Amount of Each Receipt this Period
 1000

B. Full Name (Last, First, Middle Initial)
Employees of Northrop Grumman PAC

Mailing Address 2980 Fairview Park Drive

City Falls Church State VA Zip Code 22042-4511

FEC ID number of contributing federal political committee. **C** C00088591

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2015

Transaction ID : A-CF13943

Amount of Each Receipt this Period
 1000

C. Full Name (Last, First, Middle Initial)
Lockheed Martin Employees' PAC

Mailing Address 2121 Crystal Drive
Suite 100

City Arlington State VA Zip Code 22202-3706

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2015

Transaction ID : A-CF13885

Amount of Each Receipt this Period
 1000

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

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

3000.00

**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 64 OF 130
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Fleming For Congress

A. National Beer Wholesalers Assoc. PAC

Full Name (Last, First, Middle Initial)
National Beer Wholesalers Assoc. PAC

Mailing Address 1101 King Street
Suite 600

City Alexandria State VA Zip Code 22314-2965

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 5000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 23 / 2015

Transaction ID : A-CF13926

Amount of Each Receipt this Period
 5000

B. Professional Compounding Centers of America PAC

Full Name (Last, First, Middle Initial)
Professional Compounding Centers of America PAC

Mailing Address 9901 S Wilcrest Drive

City Houston State TX Zip Code 77099-5132

FEC ID number of contributing federal political committee. **C** C00558452

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 06 / 2015

Transaction ID : A-CF13881

Amount of Each Receipt this Period
 1000

C. Realtors PAC

Full Name (Last, First, Middle Initial)
Realtors PAC

Mailing Address 430 N Michigan Avenue

City Chicago State IL Zip Code 60611-4011

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 18 / 2015

Transaction ID : A-CF13829

Amount of Each Receipt this Period
 1000

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

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

7000.00

15000.00

**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 65 OF 130
	<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)
Fleming For Congress

Full Name (Last, First, Middle Initial) Swepco		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 09 / 2015
Mailing Address PO Box 24404		Transaction ID : A-OF13925
City Canton	State OH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 199.13
Name of Employer	Occupation	Refund for Overpayment on Account
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 342.23	

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y Y Y
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y Y Y
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	199.13
TOTAL This Period (last page this line number only).....	199.13

**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 66 OF 130
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Fleming For Congress

A. Full Name (Last, First, Middle Initial)
Regions Bank

Mailing Address 401 Main Street

City Minden State LA Zip Code 71055-3324

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **224.33**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 30 / 2015

Transaction ID : A-MF13764

Amount of Each Receipt this Period
44.57

Bank Interest

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

Mailing Address 401 Main Street

City Minden State LA Zip Code 71055-3324

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **224.33**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 27 / 2015

Transaction ID : A-MF13859

Amount of Each Receipt this Period
41.6

Bank Interest

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

Mailing Address 401 Main Street

City Minden State LA Zip Code 71055-3324

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **224.33**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : A-MF14052

Amount of Each Receipt this Period
47.55

Bank Interest

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

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

133.72

133.72

**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 67 OF 130		
	<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)
Fleming For Congress

Full Name (Last, First, Middle Initial) A. Allegra Marketing - Print - Mail		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2015
Mailing Address 1115 Pierremont Road		Amount of Each Disbursement this Period 344.32 Transaction ID : B-E-13667
City Shreveport State LA Zip Code 71106-1952	Purpose of Disbursement Printing and Postage	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Allegra Marketing - Print - Mail		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2015
Mailing Address 1115 Pierremont Road		Amount of Each Disbursement this Period 170.5 Transaction ID : B-E-13778
City Shreveport State LA Zip Code 71106-1952	Purpose of Disbursement Envelopes	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Allegra Marketing - Print - Mail		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2015
Mailing Address 1115 Pierremont Road		Amount of Each Disbursement this Period 275 Transaction ID : B-E-13820
City Shreveport State LA Zip Code 71106-1952	Purpose of Disbursement Direct Mail Printing	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	789.82
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 68 OF 130			
	<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)
Fleming For Congress

Full Name (Last, First, Middle Initial) A. Allegra Marketing - Print - Mail			Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2015
Mailing Address 1115 Pierremont Road			Amount of Each Disbursement this Period 371.34 Transaction ID : B-E-13865
City Shreveport	State LA	Zip Code 71106-1952	
Purpose of Disbursement Direct Mail Printing		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) B. Allegra Marketing - Print - Mail			Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2015
Mailing Address 1115 Pierremont Road			Amount of Each Disbursement this Period 172.67 Transaction ID : B-E-13866
City Shreveport	State LA	Zip Code 71106-1952	
Purpose of Disbursement Printing Reply Envelopes		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) C. Amazon Marketplace			Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2015
Mailing Address 1200 12th Avenue S Suite 1200			Amount of Each Disbursement this Period 345.98 Transaction ID : B-E-13818
City Seattle	State WA	Zip Code 98144-2734	
Purpose of Disbursement Office Equipment		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

SUBTOTAL of Disbursements This Page (optional).....	889.99
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 69 OF 130			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Fleming For Congress

Full Name (Last, First, Middle Initial) A. American Express			Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2015
Mailing Address PO Box 360001			Amount of Each Disbursement this Period 3564.77
City Fort Lauderdale	State FL	Zip Code 33336-0001	
Purpose of Disbursement Travel Expenses- See Memos		Candidate Name	Transaction ID : B-E-13549
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/ Type	Original vendors exceeding reporting threshold itemized as memo transactions.
State:	District:		

Full Name (Last, First, Middle Initial) B. Uber Technologies			Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2014
Mailing Address 182 Howard Street Suite 8			Amount of Each Disbursement this Period 15
City San Francisco	State CA	Zip Code 94105-1611	
Purpose of Disbursement Car Service		Candidate Name	Transaction ID : B-S-1689
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/ Type	[MEMO ITEM] Subitemization of American Express(01/02/15)
State:	District:		

Full Name (Last, First, Middle Initial) c. Charlie Palmer Steakhouse			Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2014
Mailing Address 101 Constitution Avenue NW			Amount of Each Disbursement this Period 2312.9
City Washington	State DC	Zip Code 20001-2133	
Purpose of Disbursement Catering		Candidate Name	Transaction ID : B-S-1688
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/ Type	[MEMO ITEM] Subitemization of American Express(01/02/15)
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	3564.77
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 70 OF 130	
	<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)
Fleming For Congress

Full Name (Last, First, Middle Initial) A. Ristorante La Perla		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2014
Mailing Address 2600 Pennsylvania Avenue NW Suite 101		Amount of Each Disbursement this Period 115.35
City Washington	State DC	
Zip Code 20037-1621	Purpose of Disbursement Meals	Transaction ID : B-S-1682
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of American Express(01/02/15)
State: District:		

Full Name (Last, First, Middle Initial) B. West Palm Beach Marriott		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2014
Mailing Address 1001 Okeechobee Boulevard		Amount of Each Disbursement this Period 248.64
City West Palm Beach	State FL	
Zip Code 33401-6214	Purpose of Disbursement Lodging	Transaction ID : B-S-1694
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of American Express(01/02/15)
State: District:		

Full Name (Last, First, Middle Initial) C. American Airlines		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address PO Box 619616		Amount of Each Disbursement this Period 25
City Dallas	State TX	
Zip Code 75261-9616	Purpose of Disbursement Airline Baggage Fee	Transaction ID : B-S-1693
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of American Express(01/02/15)
State: District:		

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)	PAGE 71 OF 130			
	<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)
Fleming For Congress

Full Name (Last, First, Middle Initial) A. US Airways		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address 4000 E Sky Harbor Boulevard		Amount of Each Disbursement this Period 25
City Phoenix State AZ Zip Code 85034-3802	Purpose of Disbursement Airline Fees	
Candidate Name	Category/Type	Transaction ID : B-S-1679 [MEMO ITEM] Subitemization of American Express(01/02/15)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. US Airways		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2014
Mailing Address 4000 E Sky Harbor Boulevard		Amount of Each Disbursement this Period 25
City Phoenix State AZ Zip Code 85034-3802	Purpose of Disbursement Airline Fees	
Candidate Name	Category/Type	Transaction ID : B-S-1680 [MEMO ITEM] Subitemization of American Express(01/02/15)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Salamander Resort		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2014
Mailing Address 500 N Pendleton Street		Amount of Each Disbursement this Period 503.96
City Middleburg State VA Zip Code 20117-2683	Purpose of Disbursement Lodging	
Candidate Name	Category/Type	Transaction ID : B-S-1684 [MEMO ITEM] Subitemization of American Express(01/02/15)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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)	PAGE 72 OF 130			
	<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)
Fleming For Congress

Full Name (Last, First, Middle Initial) A. Salamander Resort		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2014
Mailing Address 500 N Pendleton Street		Amount of Each Disbursement this Period 3.3
City Middleburg	State VA Zip Code 20117-2683	
Purpose of Disbursement Resort Fees		Transaction ID : B-S-1683
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of American Express(01/02/15)
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. American Express		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2015
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 2742.17
City Fort Lauderdale	State FL Zip Code 33336-0001	
Purpose of Disbursement Reimbursement for Travel; see memos for aggregates over \$200 this cycle		Transaction ID : B-E-13821
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. Salamander Resort		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2015
Mailing Address 500 N Pendleton Street		Amount of Each Disbursement this Period 269.65
City Middleburg	State VA Zip Code 20117-2683	
Purpose of Disbursement Lodging		Transaction ID : B-S-1718
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of American Express(02/13/15)
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	2742.17
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 73 OF 130			
	<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)
Fleming For Congress

A. Acqua AI 2

Full Name (Last, First, Middle Initial)
Mailing Address 212 7th Street SE

City Washington State DC Zip Code 20003-4311

Purpose of Disbursement Meals

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 13 / 2015

Amount of Each Disbursement this Period: 139.7

Transaction ID : B-S-1720

[MEMO ITEM]
Subitemization of American Express(02/13/15)

B. American Express

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement Bank Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 30 / 2015

Amount of Each Disbursement this Period: 38

Transaction ID : B-S-1716

[MEMO ITEM]
Subitemization of American Express(02/13/15)

c. Washington Hilton

Full Name (Last, First, Middle Initial)
Mailing Address 1919 Connecticut Avenue NW

City Washington State DC Zip Code 20009-5701

Purpose of Disbursement Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 26 / 2015

Amount of Each Disbursement this Period: 1009.96

Transaction ID : B-S-1719

[MEMO ITEM]
Subitemization of American Express(02/13/15)

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)	PAGE 74 OF 130			
	<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)
Fleming For Congress

Full Name (Last, First, Middle Initial) A. The Palm Restaurant		Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2015
Mailing Address 1225 19th Street NW		Amount of Each Disbursement this Period 570.2
City Washington	State DC	
Zip Code 20036-2411	Purpose of Disbursement Meals	Transaction ID : B-S-1722
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of American Express(02/13/15)
State: District:		

Full Name (Last, First, Middle Initial) B. Fiola		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2015
Mailing Address 601 Pennsylvania Avenue NW		Amount of Each Disbursement this Period 209.17
City Washington	State DC	
Zip Code 20004-2601	Purpose of Disbursement Meals	Transaction ID : B-S-1726
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of American Express(02/13/15)
State: District:		

Full Name (Last, First, Middle Initial) c. Uber Technologies		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2015
Mailing Address 182 Howard Street Suite 8		Amount of Each Disbursement this Period 15
City San Francisco	State CA	
Zip Code 94105-1611	Purpose of Disbursement Car Service	Transaction ID : B-S-1727
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of American Express(02/13/15)
State: District:		

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)	PAGE 75 OF 130			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Fleming For Congress

Full Name (Last, First, Middle Initial) A. Uber Technologies		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2015
Mailing Address 182 Howard Street Suite 8		Amount of Each Disbursement this Period 2127.76
City San Francisco	State CA	
Zip Code 94105-1611	Purpose of Disbursement Car Service	Transaction ID : B-S-1728
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of American Express(02/13/15)
State: District:		

Full Name (Last, First, Middle Initial) B. American Express		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2015
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 2127.76
City Fort Lauderdale	State FL	
Zip Code 33336-0001	Purpose of Disbursement Travel Expenses- See Memos	Transaction ID : B-E-13933
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

Full Name (Last, First, Middle Initial) c. US Airways		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2015
Mailing Address 4000 E Sky Harbor Boulevard		Amount of Each Disbursement this Period 25
City Phoenix	State AZ	
Zip Code 85034-3802	Purpose of Disbursement Baggage Fees	Transaction ID : B-S-1749
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of American Express(03/24/15)
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2127.76
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 76 OF 130			
	<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)
Fleming For Congress

A. US Airways

Full Name (Last, First, Middle Initial)

Mailing Address 4000 E Sky Harbor Boulevard

City Phoenix State AZ Zip Code 85034-3802

Purpose of Disbursement Baggage Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 06 / 2015

Amount of Each Disbursement this Period: 25

Transaction ID : B-S-1753

[MEMO ITEM]
Subitemization of American Express(03/24/15)

B. US Airways

Full Name (Last, First, Middle Initial)

Mailing Address 4000 E Sky Harbor Boulevard

City Phoenix State AZ Zip Code 85034-3802

Purpose of Disbursement Airline Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 06 / 2015

Amount of Each Disbursement this Period: 23

Transaction ID : B-S-1754

[MEMO ITEM]
Subitemization of American Express(03/24/15)

c. US Airways

Full Name (Last, First, Middle Initial)

Mailing Address 4000 E Sky Harbor Boulevard

City Phoenix State AZ Zip Code 85034-3802

Purpose of Disbursement Airfare

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 27 / 2015

Amount of Each Disbursement this Period: 518.7

Transaction ID : B-S-1750

[MEMO ITEM]
Subitemization of American Express(03/24/15)

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)	PAGE 77 OF 130			
	<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)
Fleming For Congress

A. US Airways

Full Name (Last, First, Middle Initial)

Mailing Address 4000 E Sky Harbor Boulevard

City Phoenix State AZ Zip Code 85034-3802

Purpose of Disbursement Baggage Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement 02 / 27 / 2015

Amount of Each Disbursement this Period 25

Transaction ID : B-S-1751

[MEMO ITEM]
Subitemization of American Express(03/24/15)

B. Holiday Inn Baton Rouge College Drive I-10

Full Name (Last, First, Middle Initial)

Mailing Address 4848 Constitution Avenue

City Baton Rouge State LA Zip Code 70808-3323

Purpose of Disbursement Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement 02 / 21 / 2015

Amount of Each Disbursement this Period 129.24

Transaction ID : B-S-1747

[MEMO ITEM]
Subitemization of American Express(03/24/15)

c. Holiday Inn Baton Rouge College Drive I-10

Full Name (Last, First, Middle Initial)

Mailing Address 4848 Constitution Avenue

City Baton Rouge State LA Zip Code 70808-3323

Purpose of Disbursement Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement 02 / 21 / 2015

Amount of Each Disbursement this Period 129.24

Transaction ID : B-S-1745

[MEMO ITEM]
Subitemization of American Express(03/24/15)

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)	PAGE 78 OF 130			
	<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)
Fleming For Congress

Full Name (Last, First, Middle Initial) A. US Airways		Date of Disbursement MM / DD / YYYY 02 / 27 / 2015
Mailing Address 4000 E Sky Harbor Boulevard		Amount of Each Disbursement this Period 341.1
City Phoenix	State AZ	
Zip Code 85034-3802	Purpose of Disbursement Airfare	Transaction ID : B-S-1748
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of American Express(03/24/15)
State: District:		

Full Name (Last, First, Middle Initial) B. US Airways		Date of Disbursement MM / DD / YYYY 03 / 06 / 2015
Mailing Address 4000 E Sky Harbor Boulevard		Amount of Each Disbursement this Period 25
City Phoenix	State AZ	
Zip Code 85034-3802	Purpose of Disbursement Baggage Fees	Transaction ID : B-S-1752
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of American Express(03/24/15)
State: District:		

Full Name (Last, First, Middle Initial) c. Holiday Inn Baton Rouge College Drive I-10		Date of Disbursement MM / DD / YYYY 02 / 21 / 2015
Mailing Address 4848 Constitution Avenue		Amount of Each Disbursement this Period 129.24
City Baton Rouge	State LA	
Zip Code 70808-3323	Purpose of Disbursement Lodging	Transaction ID : B-S-1746
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of American Express(03/24/15)
State: District:		

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)	PAGE 79 OF 130			
	<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)
Fleming For Congress

Full Name (Last, First, Middle Initial) A. Aristotle International		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2015
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 1350 Transaction ID : B-E-13672
City Washington State DC Zip Code 20003-1164	Purpose of Disbursement Software and Compliance Consulting	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Aristotle International		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 1350 Transaction ID : B-E-13899
City Washington State DC Zip Code 20003-1164	Purpose of Disbursement Software and Compliance Consulting	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Aristotle International		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2015
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 1350 Transaction ID : B-E-13930
City Washington State DC Zip Code 20003-1164	Purpose of Disbursement Software and Compliance Consulting	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4050.00
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 80 OF 130			
	<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)
Fleming For Congress

Full Name (Last, First, Middle Initial) A. AT&T Mobility		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2015
Mailing Address PO Box 536216		Amount of Each Disbursement this Period 145.39 Transaction ID : B-E-13665
City Atlanta	State GA	
Zip Code 30353-6216	Purpose of Disbursement Phones	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. AT&T Mobility		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2015
Mailing Address PO Box 536216		Amount of Each Disbursement this Period 145.63 Transaction ID : B-E-13868
City Atlanta	State GA	
Zip Code 30353-6216	Purpose of Disbursement Phones	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. AT&T Mobility		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address PO Box 536216		Amount of Each Disbursement this Period 150.63 Transaction ID : B-E-13896
City Atlanta	State GA	
Zip Code 30353-6216	Purpose of Disbursement Phones	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	441.63
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 81 OF 130			
	<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)
Fleming For Congress

Full Name (Last, First, Middle Initial) A. Bank of America		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 1923 Main Street		Amount of Each Disbursement this Period 56.9 Transaction ID : B-E-13553
City Franklin State LA Zip Code 70538-3117	Purpose of Disbursement Transaction Fees	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Bank of America		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2015
Mailing Address 1923 Main Street		Amount of Each Disbursement this Period 56.9 Transaction ID : B-E-13776
City Franklin State LA Zip Code 70538-3117	Purpose of Disbursement Bank Fees	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Bank of America		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2015
Mailing Address 1923 Main Street		Amount of Each Disbursement this Period 56.9 Transaction ID : B-E-13860
City Franklin State LA Zip Code 70538-3117	Purpose of Disbursement Bank Fees	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	170.70
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 82 OF 130			
	<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)
Fleming For Congress

Full Name (Last, First, Middle Initial) A. Brabender Cox, LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2015
Mailing Address 1218 Grandview Avenue		Amount of Each Disbursement this Period 3035 Transaction ID : B-E-13671
City Pittsburgh	State PA	
Zip Code 15211-1239	Purpose of Disbursement Media Consulting	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2015
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 177.26 Transaction ID : B-E-13783
City Washington	State DC	
Zip Code 20003-1801	Purpose of Disbursement Meals	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 906.98 Transaction ID : B-E-13897
City Washington	State DC	
Zip Code 20003-1801	Purpose of Disbursement Meals	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	4119.24
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 83 OF 130		
	<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)
Fleming For Congress

Full Name (Last, First, Middle Initial) A. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 67.5 Transaction ID : B-E-13898
City Washington State DC Zip Code 20003-1801	Purpose of Disbursement Meals	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2015
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 201.5 Transaction ID : B-E-13928
City Washington State DC Zip Code 20003-1801	Purpose of Disbursement Meals	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Citi Cards		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2015
Mailing Address PO Box 6500		Amount of Each Disbursement this Period 1127 Transaction ID : B-E-13664
City Sioux Falls State SD Zip Code 57117-6500	Purpose of Disbursement Retreat Registration Fees- See Memo	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1396.00
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 84 OF 130	
	<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)
Fleming For Congress

Full Name (Last, First, Middle Initial) A. The Congressional Institute		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014
Mailing Address 1001 N Fairfax Street Suite 410		Amount of Each Disbursement this Period 1127
City Alexandria	State VA Zip Code 22314-1587	
Purpose of Disbursement Retreat Registration Fees		Transaction ID : B-S-1696
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Citi Cards(01/21/15)
State: District:		

Full Name (Last, First, Middle Initial) B. Citi Cards		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2015
Mailing Address PO Box 6500		Amount of Each Disbursement this Period 283.97
City Sioux Falls	State SD Zip Code 57117-6500	
Purpose of Disbursement Office Supplies- See Memos		Transaction ID : B-E-13929
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

Full Name (Last, First, Middle Initial) c. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2015
Mailing Address 1804 MacArthur Drive Suite C		Amount of Each Disbursement this Period 154.51
City Alexandria	State LA Zip Code 71301-3759	
Purpose of Disbursement Office Supplies		Transaction ID : B-S-1734
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Citi Cards(03/24/15)
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	283.97
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 85 OF 130			
	<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)
Fleming For Congress

Full Name (Last, First, Middle Initial) A. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2015
Mailing Address 1804 MacArthur Drive Suite C		Amount of Each Disbursement this Period 9.16
City Alexandria	State LA	
Zip Code 71301-3759	Purpose of Disbursement Office Supplies	[MEMO ITEM] Subitemization of Citi Cards(03/24/15)
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2015
Mailing Address 1804 MacArthur Drive Suite C		Amount of Each Disbursement this Period 120.3
City Alexandria	State LA	
Zip Code 71301-3759	Purpose of Disbursement Office Supplies	[MEMO ITEM] Subitemization of Citi Cards(03/24/15)
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Delta Airlines		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2015
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 335.6
City Atlanta	State GA	
Zip Code 30320-6001	Purpose of Disbursement Airfare	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	335.60
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 86 OF 130		
	<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)
Fleming For Congress

Full Name (Last, First, Middle Initial) A. Fed Ex Kinko		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2015
Mailing Address 2020 K Street NW		Amount of Each Disbursement this Period 28.22
City Washington State DC Zip Code 20006-1806	Purpose of Disbursement Shipping	
Candidate Name	Category/Type	Transaction ID : B-E-13660
Office Sought: House Senate President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Fed Ex Kinko		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2015
Mailing Address 2020 K Street NW		Amount of Each Disbursement this Period 78.12
City Washington State DC Zip Code 20006-1806	Purpose of Disbursement Shipping	
Candidate Name	Category/Type	Transaction ID : B-E-13661
Office Sought: House Senate President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Fed Ex Kinko		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2015
Mailing Address 2020 K Street NW		Amount of Each Disbursement this Period 55.18
City Washington State DC Zip Code 20006-1806	Purpose of Disbursement Shipping	
Candidate Name	Category/Type	Transaction ID : B-E-13750
Office Sought: House Senate President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	161.52
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 87 OF 130			
	<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)
Fleming For Congress

Full Name (Last, First, Middle Initial) A. Fed Ex Kinko			Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2015
Mailing Address 2020 K Street NW			Amount of Each Disbursement this Period 109.17 Transaction ID : B-E-13749
City Washington	State DC	Zip Code 20006-1806	
Purpose of Disbursement Shipping	Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. Fed Ex Kinko			Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015
Mailing Address 2020 K Street NW			Amount of Each Disbursement this Period 31.72 Transaction ID : B-E-13909
City Washington	State DC	Zip Code 20006-1806	
Purpose of Disbursement Shipping	Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. Fed Ex Kinko			Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2015
Mailing Address 2020 K Street NW			Amount of Each Disbursement this Period 14.12 Transaction ID : B-E-13915
City Washington	State DC	Zip Code 20006-1806	
Purpose of Disbursement Shipping Charges	Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	155.01
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 88 OF 130		
	<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)
Fleming For Congress

Full Name (Last, First, Middle Initial) A. Fed Ex Kinko		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2015
Mailing Address 2020 K Street NW		Amount of Each Disbursement this Period 31.72
City Washington State DC Zip Code 20006-1806	Purpose of Disbursement Shipping Charges	
Candidate Name	Category/Type	Transaction ID : B-E-13916
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Fed Ex Kinko		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2015
Mailing Address 2020 K Street NW		Amount of Each Disbursement this Period 31.72
City Washington State DC Zip Code 20006-1806	Purpose of Disbursement Shipping fee	
Candidate Name	Category/Type	Transaction ID : B-E-13949
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Home & Office Storage		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2015
Mailing Address 2282 E. Bert Kouns		Amount of Each Disbursement this Period 97.1
City Shreveport State LA Zip Code 71105	Purpose of Disbursement Storage Building Rental	
Candidate Name	Category/Type	Transaction ID : B-E-13550
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	160.54
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 89 OF 130			
	<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)
Fleming For Congress

A. Home & Office Storage

Full Name (Last, First, Middle Initial)
Mailing Address 2282 E. Bert Kouns

City Shreveport State LA Zip Code 71105

Purpose of Disbursement Storage Building Rental

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 02 / 2015

Amount of Each Disbursement this Period: 215

Transaction ID : B-E-13754

B. Home & Office Storage

Full Name (Last, First, Middle Initial)
Mailing Address 2282 E. Bert Kouns

City Shreveport State LA Zip Code 71105

Purpose of Disbursement Storage Building Rental

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 02 / 2015

Amount of Each Disbursement this Period: 215

Transaction ID : B-E-13858

c. Janet Bain Company

Full Name (Last, First, Middle Initial)
Mailing Address 1015 Beverley Drive

City Alexandria State VA Zip Code 22302-2421

Purpose of Disbursement Fundraising Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 05 / 2015

Amount of Each Disbursement this Period: 2000

Transaction ID : B-E-13781

SUBTOTAL of Disbursements This Page (optional) 2430.00

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 90 OF 130			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Fleming For Congress

Full Name (Last, First, Middle Initial) A. Janet Bain Company		Date of Disbursement MM / DD / YYYY 02 / 05 / 2015
Mailing Address 1015 Beverley Drive		Amount of Each Disbursement this Period 1500 Transaction ID : B-E-13782
City Alexandria	State VA	
Zip Code 22302-2421	Purpose of Disbursement Fundraising Consulting	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Janet Bain Company		Date of Disbursement MM / DD / YYYY 03 / 03 / 2015
Mailing Address 1015 Beverley Drive		Amount of Each Disbursement this Period 3283.69 Transaction ID : B-E-13861
City Alexandria	State VA	
Zip Code 22302-2421	Purpose of Disbursement Fundraising Consulting and Reimbursement for Travel	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Original vendors exceeding reporting threshold itemized as memo transactions.

Full Name (Last, First, Middle Initial) c. Hilton Hotel - Shreveport		Date of Disbursement MM / DD / YYYY 02 / 20 / 2015
Mailing Address 104 Market Street		Amount of Each Disbursement this Period 465.91 Transaction ID : B-S-1730
City Shreveport	State LA	
Zip Code 71101-2829	Purpose of Disbursement Lodging	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM] Subitemization of Janet Bain Company(03/03/15)

SUBTOTAL of Disbursements This Page (optional).....	4783.91
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 91 OF 130			
	<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)
Fleming For Congress

Full Name (Last, First, Middle Initial) A. American Airlines		Date of Disbursement MM / DD / YYYY 02 / 04 / 2015
Mailing Address PO Box 619616		Amount of Each Disbursement this Period 588.2
City Dallas	State TX	
Zip Code 75261-9616	Purpose of Disbursement Airfare	Transaction ID : B-S-1731
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Janet Bain Company(03/03/15)
State: District:		

Full Name (Last, First, Middle Initial) B. Budget Rent A Car		Date of Disbursement MM / DD / YYYY 02 / 20 / 2015
Mailing Address 5207 Monkhouse Drive		Amount of Each Disbursement this Period 210.18
City Shreveport	State LA	
Zip Code 71109-6511	Purpose of Disbursement Car Rental	Transaction ID : B-S-1732
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Janet Bain Company(03/03/15)
State: District:		

Full Name (Last, First, Middle Initial) c. Janet Bain Company		Date of Disbursement MM / DD / YYYY 03 / 03 / 2015
Mailing Address 1015 Beverley Drive		Amount of Each Disbursement this Period 1500
City Alexandria	State VA	
Zip Code 22302-2421	Purpose of Disbursement Fundraising Consulting	Transaction ID : B-E-13862
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1500.00
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 92 OF 130			
	<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)
Fleming For Congress

Full Name (Last, First, Middle Initial) A. Jones Day		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address 51 Louisiana Avenue NW		Amount of Each Disbursement this Period 3997.5 Transaction ID : B-E-13901
City Washington State DC Zip Code 20001-2105	Purpose of Disbursement Legal Fees	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Lamb & Associates		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2015
Mailing Address 2315 Line Avenue		Amount of Each Disbursement this Period 1254.88 Transaction ID : B-E-13663
City Shreveport State LA Zip Code 71104-2130	Purpose of Disbursement Lapel Pins for Donor Fulfillment	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Louisiana Dept. of Revenue		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2015
Mailing Address PO Box 201		Amount of Each Disbursement this Period 980 Transaction ID : B-E-13745
City Baton Rouge State LA Zip Code 70821-0201	Purpose of Disbursement State Payroll Taxes	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6232.38
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 93 OF 130	
	<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)
Fleming For Congress

Full Name (Last, First, Middle Initial) A. Minden Press-Herald		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2015
Mailing Address PO Box 1339		Amount of Each Disbursement this Period 236.25 Transaction ID : B-E-13867
City Minden	State LA	
Zip Code 71058-1339	Purpose of Disbursement Newspaper Advertisement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Moon Griffon Enterprises		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2015
Mailing Address PO Box 211		Amount of Each Disbursement this Period 1500 Transaction ID : B-E-13874
City Monroe	State LA	
Zip Code 71210-0211	Purpose of Disbursement Radio Advertising	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2015
Mailing Address 2001 Airline Drive Suite 156		Amount of Each Disbursement this Period 40.31 Transaction ID : B-E-13625
City Bossier City	State LA	
Zip Code 71111-3291	Purpose of Disbursement Office Supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1776.56
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 94 OF 130			
	<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)
Fleming For Congress

Full Name (Last, First, Middle Initial) A. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2015
Mailing Address 2001 Airline Drive Suite 156		Amount of Each Disbursement this Period 109.77
City Bossier City	State LA	
Zip Code 71111-3291	Purpose of Disbursement Office Supplies	Transaction ID : B-E-13953
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2015
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 110.5
City San Francisco	State CA	
Zip Code 94105-3718	Purpose of Disbursement Transaction Fees	Transaction ID : B-E-13565
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2015
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 110.5
City San Francisco	State CA	
Zip Code 94105-3718	Purpose of Disbursement transaction fees	Transaction ID : B-E-13566
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	330.77
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 95 OF 130			
	<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)
Fleming For Congress

Full Name (Last, First, Middle Initial) A. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2015
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 110.5 Transaction ID : B-E-13567
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement transaction fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2015
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 1.06 Transaction ID : B-E-13568
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement transaction fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2015
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 8.5 Transaction ID : B-E-13569
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement transaction fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	120.06
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 96 OF 130			
	<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)
Fleming For Congress

Full Name (Last, First, Middle Initial) A. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2015
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 4.25
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement transaction fees	Category/Type	Transaction ID : B-E-13570
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) B. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2015
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 21.25
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Category/Type	Transaction ID : B-E-13614
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) C. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2015
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 110.5
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Category/Type	Transaction ID : B-E-13638
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	136.00
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 97 OF 130			
	<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)
Fleming For Congress

Full Name (Last, First, Middle Initial) A. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2015
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 110.5 Transaction ID : B-E-13639
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2015
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 42.5 Transaction ID : B-E-13657
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) C. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2015
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 4.25 Transaction ID : B-E-13658
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	157.25
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 98 OF 130			
	<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)
Fleming For Congress

Full Name (Last, First, Middle Initial) A. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2015
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 110.5 Transaction ID : B-E-13659
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2015
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 110.5 Transaction ID : B-E-13673
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2015
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 110.5 Transaction ID : B-E-13674
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	331.50
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 99 OF 130			
	<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)
Fleming For Congress

Full Name (Last, First, Middle Initial) A. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2015
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 26.56 Transaction ID : B-E-13700
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2015
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 110.5 Transaction ID : B-E-13701
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2015
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 55.25 Transaction ID : B-E-13723
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	192.31
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 100 OF 130	
	<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)
Fleming For Congress

Full Name (Last, First, Middle Initial) A. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2015
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 110.5 Transaction ID : B-E-13724
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2015
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 27.63 Transaction ID : B-E-13725
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2015
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 26.56 Transaction ID : B-E-13730
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	164.69
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 101 OF 130	
	<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)
Fleming For Congress

Full Name (Last, First, Middle Initial) A. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2015
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 110.5
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Candidate Name	Transaction ID : B-E-13738
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2015
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 110.5
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Candidate Name	Transaction ID : B-E-13751
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2015
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 26.56
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Candidate Name	Transaction ID : B-E-13752
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	247.56
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 102 OF 130			
	<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)
Fleming For Congress

Full Name (Last, First, Middle Initial) A. Piryx, Inc.		Date of Disbursement MM / DD / YYYY 02 / 02 / 2015
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 55.25 Transaction ID : B-E-13753
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Piryx, Inc.		Date of Disbursement MM / DD / YYYY 02 / 05 / 2015
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 114.75 Transaction ID : B-E-13784
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Piryx, Inc.		Date of Disbursement MM / DD / YYYY 02 / 11 / 2015
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 26.56 Transaction ID : B-E-13809
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	196.56
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 103 OF 130			
	<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)
Fleming For Congress

Full Name (Last, First, Middle Initial) A. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2015
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 1.06 Transaction ID : B-E-13810
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2015
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 26.56 Transaction ID : B-E-13830
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2015
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 57.38 Transaction ID : B-E-13833
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	85.00
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 104 OF 130			
	<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)
Fleming For Congress

Full Name (Last, First, Middle Initial) A. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2015
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 114.75 Transaction ID : B-E-13834
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2015
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 114.75 Transaction ID : B-E-13839
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2015
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 114.75 Transaction ID : B-E-13840
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	344.25
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 105 OF 130			
	<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)
Fleming For Congress

Full Name (Last, First, Middle Initial) A. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2015
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 114.75 Transaction ID : B-E-13882
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2015
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 11.48 Transaction ID : B-E-13883
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2015
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 26.56 Transaction ID : B-E-13891
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	152.79
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 106 OF 130			
	<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)
Fleming For Congress

Full Name (Last, First, Middle Initial) A. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2015
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 1.06 Transaction ID : B-E-13892
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 26.56 Transaction ID : B-E-13906
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2015
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 55.25 Transaction ID : B-E-13914
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	82.87
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 107 OF 130			
	<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)
Fleming For Congress

Full Name (Last, First, Middle Initial) A. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2015
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 21.25 Transaction ID : B-E-13918
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2015
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 114.75 Transaction ID : B-E-13923
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2015
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 114.75 Transaction ID : B-E-13924
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	250.75
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 108 OF 130			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 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)
Fleming For Congress

Full Name (Last, First, Middle Initial) A. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2015
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 1.49 Transaction ID : B-E-13947
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2015
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 114.75 Transaction ID : B-E-13948
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2015
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 114.75 Transaction ID : B-E-14019
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	230.99
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 109 OF 130	
	<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)
Fleming For Congress

Full Name (Last, First, Middle Initial) A. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2015
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 114.75 Transaction ID : B-E-14020
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2015
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 114.75 Transaction ID : B-E-14021
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2015
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 114.75 Transaction ID : B-E-14022
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	344.25
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 110 OF 130	
	<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)
Fleming For Congress

Full Name (Last, First, Middle Initial) A. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2015
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 114.75 Transaction ID : B-E-14023
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2015
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 28.69 Transaction ID : B-E-14024
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2015
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 114.75 Transaction ID : B-E-14031
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	258.19
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 111 OF 130			
	<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)
Fleming For Congress

Full Name (Last, First, Middle Initial) A. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2015
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 114.75 Transaction ID : B-E-14032
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2015
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 114.75 Transaction ID : B-E-14033
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Postmaster		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2015
Mailing Address 1925 E 70th Street		Amount of Each Disbursement this Period 208 Transaction ID : B-E-13624
City Shreveport	State LA Zip Code 71105-5303	
Purpose of Disbursement Stamps	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	437.50
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 112 OF 130	
	<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)
Fleming For Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. Postmaster		M M / D D / Y Y Y Y 01 / 22 / 2015	
Mailing Address 1925 E 70th Street		Amount of Each Disbursement this Period	
City Shreveport State LA Zip Code 71105-5303		104.99	
Purpose of Disbursement Postage		Transaction ID : B-E-13702	
Candidate Name		Category/Type	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. Postmaster		M M / D D / Y Y Y Y 01 / 30 / 2015	
Mailing Address 1925 E 70th Street		Amount of Each Disbursement this Period	
City Shreveport State LA Zip Code 71105-5303		43.14	
Purpose of Disbursement Postage		Transaction ID : B-E-13742	
Candidate Name		Category/Type	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. Postmaster		M M / D D / Y Y Y Y 02 / 24 / 2015	
Mailing Address 1925 E 70th Street		Amount of Each Disbursement this Period	
City Shreveport State LA Zip Code 71105-5303		208.2	
Purpose of Disbursement Stamps		Transaction ID : B-E-13838	
Candidate Name		Category/Type	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	356.33
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 113 OF 130			
	<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)
Fleming For Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement											
A. Postmaster		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>11</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	03		11		2015
M M	/	D D	/	Y Y Y Y									
03		11		2015									
Mailing Address 1925 E 70th Street		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Shreveport</td> <td>LA</td> <td>71105-5303</td> </tr> </table>		City	State	Zip Code	Shreveport	LA	71105-5303	<table border="1"> <tr> <td>7.19</td> </tr> </table>		7.19			
City	State	Zip Code											
Shreveport	LA	71105-5303											
7.19													
Purpose of Disbursement Postage		Transaction ID : B-E-13894											
Candidate Name		Category/Type											
Office Sought: <table border="1"> <tr><td><input type="checkbox"/></td><td>House</td></tr> <tr><td><input type="checkbox"/></td><td>Senate</td></tr> <tr><td><input type="checkbox"/></td><td>President</td></tr> </table>		<input type="checkbox"/>	House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	Disbursement For: 2016					
<input type="checkbox"/>	House												
<input type="checkbox"/>	Senate												
<input type="checkbox"/>	President												
State: District:		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											

Full Name (Last, First, Middle Initial)		Date of Disbursement											
B. Postmaster		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>12</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	03		12		2015
M M	/	D D	/	Y Y Y Y									
03		12		2015									
Mailing Address 1925 E 70th Street		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Shreveport</td> <td>LA</td> <td>71105-5303</td> </tr> </table>		City	State	Zip Code	Shreveport	LA	71105-5303	<table border="1"> <tr> <td>6.49</td> </tr> </table>		6.49			
City	State	Zip Code											
Shreveport	LA	71105-5303											
6.49													
Purpose of Disbursement Postage		Transaction ID : B-E-13902											
Candidate Name		Category/Type											
Office Sought: <table border="1"> <tr><td><input type="checkbox"/></td><td>House</td></tr> <tr><td><input type="checkbox"/></td><td>Senate</td></tr> <tr><td><input type="checkbox"/></td><td>President</td></tr> </table>		<input type="checkbox"/>	House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	Disbursement For: 2016					
<input type="checkbox"/>	House												
<input type="checkbox"/>	Senate												
<input type="checkbox"/>	President												
State: District:		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											

Full Name (Last, First, Middle Initial)		Date of Disbursement											
C. Postmaster		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>13</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	03		13		2015
M M	/	D D	/	Y Y Y Y									
03		13		2015									
Mailing Address 1925 E 70th Street		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Shreveport</td> <td>LA</td> <td>71105-5303</td> </tr> </table>		City	State	Zip Code	Shreveport	LA	71105-5303	<table border="1"> <tr> <td>62</td> </tr> </table>		62			
City	State	Zip Code											
Shreveport	LA	71105-5303											
62													
Purpose of Disbursement PO Box Rental Fee		Transaction ID : B-E-13910											
Candidate Name		Category/Type											
Office Sought: <table border="1"> <tr><td><input type="checkbox"/></td><td>House</td></tr> <tr><td><input type="checkbox"/></td><td>Senate</td></tr> <tr><td><input type="checkbox"/></td><td>President</td></tr> </table>		<input type="checkbox"/>	House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	Disbursement For: 2016					
<input type="checkbox"/>	House												
<input type="checkbox"/>	Senate												
<input type="checkbox"/>	President												
State: District:		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											

SUBTOTAL of Disbursements This Page (optional).....	75.68
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 114 OF 130	
	<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)
Fleming For Congress

Full Name (Last, First, Middle Initial) A. SCM Associates, Inc.		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2015
Mailing Address PO Box 254		Amount of Each Disbursement this Period 2633.94 Transaction ID : B-E-13547
City Dublin	State NH	
Zip Code 03444-0254	Purpose of Disbursement Direct Mail Production and Postage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. SCM Associates, Inc.		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2015
Mailing Address PO Box 254		Amount of Each Disbursement this Period 218.53 Transaction ID : B-E-13668
City Dublin	State NH	
Zip Code 03444-0254	Purpose of Disbursement Direct Mail Printing and Postage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. SCM Associates, Inc.		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2015
Mailing Address PO Box 254		Amount of Each Disbursement this Period 750 Transaction ID : B-E-13669
City Dublin	State NH	
Zip Code 03444-0254	Purpose of Disbursement Graphic Design Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3602.47
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 115 OF 130	
	<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)
Fleming For Congress

Full Name (Last, First, Middle Initial) A. SCM Associates, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address PO Box 254		Amount of Each Disbursement this Period 500 Transaction ID : B-E-13900
City Dublin	State NH	
Zip Code 03444-0254	Purpose of Disbursement Direct Mail Graphic Design Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. SCM Associates, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2015
Mailing Address PO Box 254		Amount of Each Disbursement this Period 2558.01 Transaction ID : B-E-13936
City Dublin	State NH	
Zip Code 03444-0254	Purpose of Disbursement Direct mail Printing and Postage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Swepco		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2015
Mailing Address PO Box 24404		Amount of Each Disbursement this Period 199.13 Transaction ID : B-E-13666
City Canton	State OH	
Zip Code 44701-4404	Purpose of Disbursement Utilities	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3257.13
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 116 OF 130			
	<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)
Fleming For Congress

Full Name (Last, First, Middle Initial) A. Swepco		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2015
Mailing Address PO Box 24404		Amount of Each Disbursement this Period 7.02
City Canton	State OH	
Purpose of Disbursement Utilities	Category/ Type	
Candidate Name		Transaction ID : B-E-13777
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. Swepco		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2015
Mailing Address PO Box 24404		Amount of Each Disbursement this Period -143.1
City Canton	State OH	
Purpose of Disbursement Utilities- Void of Check 4285 As reported on 10/14/2014	Category/ Type	
Candidate Name		Transaction ID : B-E-13853
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) c. The Congressional Club		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2015
Mailing Address 2001 New Hampshire Avenue NW		Amount of Each Disbursement this Period 150
City Washington	State DC	
Purpose of Disbursement Member Fees	Category/ Type	
Candidate Name		Transaction ID : B-E-13556
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....	13.92
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 117 OF 130	
	<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)
Fleming For Congress

Full Name (Last, First, Middle Initial) A. The Congressional Club		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2015
Mailing Address 2001 New Hampshire Avenue NW		Amount of Each Disbursement this Period 500 Transaction ID : B-E-13835
City Washington State DC Zip Code 20009-3414	Purpose of Disbursement Lunch Event Tickets	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Thrifty Liquor		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2015
Mailing Address 3000 E Texas Street		Amount of Each Disbursement this Period 377.05 Transaction ID : B-E-13546
City Bossier City State LA Zip Code 71111-3208	Purpose of Disbursement Catering	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. United States Treasury		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2015
Mailing Address 1500 Pennsylvania Avenue NW		Amount of Each Disbursement this Period 1233.12 Transaction ID : B-E-13743
City Washington State DC Zip Code 20220-0001	Purpose of Disbursement Payroll Taxes	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2110.17
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 118 OF 130			
	<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)
Fleming For Congress

Full Name (Last, First, Middle Initial) A. United States Treasury		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2015
Mailing Address 1500 Pennsylvania Avenue NW		Amount of Each Disbursement this Period 53.25 Transaction ID : B-E-13744
City Washington State DC Zip Code 20220-0001	Purpose of Disbursement Unemployment Taxes	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. United States Treasury		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2015
Mailing Address 1500 Pennsylvania Avenue NW		Amount of Each Disbursement this Period 1168.46 Transaction ID : B-E-13851
City Washington State DC Zip Code 20220-0001	Purpose of Disbursement Payroll Taxes	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. United States Treasury		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015
Mailing Address 1500 Pennsylvania Avenue NW		Amount of Each Disbursement this Period 75.54 Transaction ID : B-E-13908
City Washington State DC Zip Code 20220-0001	Purpose of Disbursement 2014 1120 POL Tax Payment	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1297.25
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 119 OF 130			
	<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)
Fleming For Congress

Full Name (Last, First, Middle Initial) A. United States Treasury		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2015
Mailing Address 1500 Pennsylvania Avenue NW		Amount of Each Disbursement this Period 1208.82 Transaction ID : B-E-14005
City Washington State DC Zip Code 20220-0001	Purpose of Disbursement Payroll Taxes	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2015
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 489.37 Transaction ID : B-E-13662
City Dallas State TX Zip Code 75266-0108	Purpose of Disbursement Phones	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2015
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 490.3 Transaction ID : B-E-13869
City Dallas State TX Zip Code 75266-0108	Purpose of Disbursement Phones	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2188.49
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 120 OF 130	
	<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)
Fleming For Congress

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2015
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 499.78 Transaction ID : B-E-13931
City Dallas	State TX	
Zip Code 75266-0108	Purpose of Disbursement Phones	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Courtney Barley		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2015
Mailing Address 109 E North Street		Amount of Each Disbursement this Period 1177.55 Transaction ID : B-E-13741
City Leesville	State LA	
Zip Code 71446-4041	Purpose of Disbursement Salary	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Courtney Barley		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2015
Mailing Address 109 E North Street		Amount of Each Disbursement this Period 1177.54 Transaction ID : B-E-13849
City Leesville	State LA	
Zip Code 71446-4041	Purpose of Disbursement Salary	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2854.87
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 121 OF 130	
	<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)
Fleming For Congress

Full Name (Last, First, Middle Initial) A. Courtney Barley		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2015
Mailing Address 109 E North Street		Amount of Each Disbursement this Period 310.6 Transaction ID : B-E-13935
City Leesville	State LA	
Zip Code 71446-4041	Purpose of Disbursement Reimbursement for Mileage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Courtney Barley		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2015
Mailing Address 109 E North Street		Amount of Each Disbursement this Period 1177.54 Transaction ID : B-E-14003
City Leesville	State LA	
Zip Code 71446-4041	Purpose of Disbursement Salary	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Mr. Mark Malone		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2015
Mailing Address 3801 Greenway Place		Amount of Each Disbursement this Period 489.2 Transaction ID : B-E-13841
City Shreveport	State LA	
Zip Code 71105-2015	Purpose of Disbursement Reimbursement for Travel	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Original vendors exceeding reporting threshold itemized as memo transactions.

SUBTOTAL of Disbursements This Page (optional).....	1977.34
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 122 OF 130	
	<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)
Fleming For Congress

Full Name (Last, First, Middle Initial) A. Delta Airlines		Date of Disbursement MM / DD / YYYY 02 / 25 / 2015
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 489.2
City Atlanta	State GA	
Zip Code 30320-6001	Purpose of Disbursement Airfare	Transaction ID : B-S-1729
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Mark Malone(02/25/15)
State: District:		

Full Name (Last, First, Middle Initial) B. Mr. Mark Malone		Date of Disbursement MM / DD / YYYY 03 / 24 / 2015
Mailing Address 3801 Greenway Place		Amount of Each Disbursement this Period 44.32
City Shreveport	State LA	
Zip Code 71105-2015	Purpose of Disbursement Reimbursement for Campaign Meals- All are under itemization threshold	Transaction ID : B-E-13932
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

Full Name (Last, First, Middle Initial) c. Loraine F. McKenzie		Date of Disbursement MM / DD / YYYY 01 / 21 / 2015
Mailing Address 107 S Hardwick Drive		Amount of Each Disbursement this Period 38.5
City Bossier City	State LA	
Zip Code 71111-6034	Purpose of Disbursement Reimbursement for Mileage	Transaction ID : B-E-13670
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	82.82
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 123 OF 130	
	<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)
Fleming For Congress

Full Name (Last, First, Middle Initial) A. Loraine F. McKenzie		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2015
Mailing Address 107 S Hardwick Drive		Amount of Each Disbursement this Period 1466.79 Transaction ID : B-E-13739
City Bossier City	State LA	
Zip Code 71111-6034	Purpose of Disbursement Salary	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Loraine F. McKenzie		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2015
Mailing Address 107 S Hardwick Drive		Amount of Each Disbursement this Period 165.5 Transaction ID : B-E-13779
City Bossier City	State LA	
Zip Code 71111-6034	Purpose of Disbursement Mileage Reimbursemnt	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Loraine F. McKenzie		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2015
Mailing Address 107 S Hardwick Drive		Amount of Each Disbursement this Period 1309.52 Transaction ID : B-E-13850
City Bossier City	State LA	
Zip Code 71111-6034	Purpose of Disbursement Salary	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2941.81
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 124 OF 130			
	<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)
Fleming For Congress

Full Name (Last, First, Middle Initial) A. Loraine F. McKenzie			Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2015
Mailing Address 107 S Hardwick Drive			Amount of Each Disbursement this Period 106.5 Transaction ID : B-E-13863
City Bossier City	State LA	Zip Code 71111-6034	
Purpose of Disbursement Mileage Reimbursement		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. Loraine F. McKenzie			Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2015
Mailing Address 107 S Hardwick Drive			Amount of Each Disbursement this Period 1407.42 Transaction ID : B-E-14004
City Bossier City	State LA	Zip Code 71111-6034	
Purpose of Disbursement Salary		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) c. Mrs. Abby Varnadore			Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2015
Mailing Address 490 Sommersby Drive			Amount of Each Disbursement this Period 81 Transaction ID : B-E-13548
City Minden	State LA	Zip Code 71055-6216	
Purpose of Disbursement Reimbursement for Mileage		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	1594.92
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 125 OF 130	
	<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)
Fleming For Congress

Full Name (Last, First, Middle Initial) A. Mrs. Abby Varnadore		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2015
Mailing Address 490 Sommersby Drive		Amount of Each Disbursement this Period 1438.83 Transaction ID : B-E-13740
City Minden	State LA Zip Code 71055-6216	
Purpose of Disbursement Salary	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. Mrs. Abby Varnadore		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2015
Mailing Address 490 Sommersby Drive		Amount of Each Disbursement this Period 42 Transaction ID : B-E-13780
City Minden	State LA Zip Code 71055-6216	
Purpose of Disbursement Mileage Reimbursement	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) C. Mrs. Abby Varnadore		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2015
Mailing Address 490 Sommersby Drive		Amount of Each Disbursement this Period 1438.83 Transaction ID : B-E-13848
City Minden	State LA Zip Code 71055-6216	
Purpose of Disbursement Salary	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2919.66
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 126 OF 130	
	<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)
Fleming For Congress

Full Name (Last, First, Middle Initial) A. Mrs. Abby Varnadore		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2015
Mailing Address 490 Sommersby Drive		Amount of Each Disbursement this Period 40 Transaction ID : B-E-13864
City Minden	State LA	
Purpose of Disbursement Mileage Reimbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. Mrs. Abby Varnadore		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2015
Mailing Address 490 Sommersby Drive		Amount of Each Disbursement this Period 1438.83 Transaction ID : B-E-14002
City Minden	State LA	
Purpose of Disbursement Salary		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....	1478.83
TOTAL This Period (last page this line number only).....	68926.36

**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 127 OF 130	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Fleming For Congress

Full Name (Last, First, Middle Initial) A. Louisiana Federation of Republican Women		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2015
Mailing Address PO Box 2102		Amount of Each Disbursement this Period 600.00 Transaction ID : B-E-13825
City Mandeville	State LA	
Zip Code 70470-2102	Purpose of Disbursement Direct Contribution	Category/ Type 012
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Louisiana Federation of Republican Women		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2015
Mailing Address PO Box 2102		Amount of Each Disbursement this Period 100.00 Transaction ID : B-E-13826
City Mandeville	State LA	
Zip Code 70470-2102	Purpose of Disbursement Direct Contribution	Category/ Type 012
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	600.00

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

NAME OF COMMITTEE (In Full) **Fleming For Congress** Transaction ID : **SC/10-L721**

LOAN SOURCE Full Name (Last, First, Middle Initial) Mr. John C Fleming(Line of Credit) Jr.	Election: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary Runoff 2008
Mailing Address PO Box 1236	

City	State	ZIP Code
Minden	LA	71058-1236

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000	31264.92	18735.08

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
10 / 17 / 2008	On Demand	0.00 % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial) Mr. John C Fleming Jr.	Name of Employer Self-Employed
Mailing Address PO Box 1236	Occupation Physician
City State ZIP Code Minden LA 71058-1236	Amount Guaranteed Outstanding: 18735.08 Transaction ID : SC/10-L721.G
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).....	18735.08
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Fleming For Congress** Transaction ID : **SC/10-L755**

LOAN SOURCE Full Name (Last, First, Middle Initial) Mr. John C Fleming(Line of Credit) Jr.	Election: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary Runoff 2008
Mailing Address PO Box 1236	

City	State	ZIP Code
Minden	LA	71058-1236

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
60000	0	60000

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 10 / D 15 / Y 2008	M M / D D / Y On Demand	0.00 % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial) Mr. John C Fleming Jr.	Name of Employer Self-Employed
Mailing Address PO Box 1236	Occupation Physician
City State ZIP Code Minden LA 71058-1236	Amount Guaranteed Outstanding: 60000 Transaction ID : SC2/10-L755.G
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).....	60000.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Fleming For Congress** Transaction ID : **SC/10-L784**

LOAN SOURCE Full Name (Last, First, Middle Initial) Mr. John C Fleming(Line of Credit) Jr.	Election: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary Runoff 2008
Mailing Address PO Box 1236	

City	State	ZIP Code
Minden	LA	71058-1236

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
70000	0	70000

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 10 / D 28 / Y 2008	M M / D D / Y On Demand	0.00 % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial) Mr. John C Fleming Jr.	Name of Employer Self-Employed
Mailing Address PO Box 1236	Occupation Physician
City State ZIP Code Minden LA 71058-1236	Amount Guaranteed Outstanding: 70000 Transaction ID : SC2/10-L784.G
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).....	70000.00
TOTALS This Period (last page in this line only).....	148735.08

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