

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED 2013 SEP 12 10:53 Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. LEFLORE FOR CONGRESS

ADDRESS (number and street) P O Box #56 Check if different than previously reported. (ACC) MOBILE AL 36601

2. FEC IDENTIFICATION NUMBER C 00546366 3. IS THIS REPORT NEW (N) OR AMENDED (A) AL 01

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER)

(b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on 09 24 2013 in the State of AL (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on in the State of

5. Covering Period 06 15 2013 through 09 04 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer BURTON B. LEFLORE Signature of Treasurer Date 09 10 2011

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

13031114113

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

LEFLOPE FOR CONGRESS

Report Covering the Period: From:

06 / 15 / 2013

To:

09 / 04 / 2013

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))

\$6,649.56

\$6,649.52

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

0

0

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

\$6,649.56

\$6,649.56

7. Net Operating Expenditures

(a) Total Operating Expenditures
(from Line 17)

\$5,686.75

\$5,686.75

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

0

0

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

\$5,686.75

\$5,686.75

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

\$677.16

\$677.16

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

0

0

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

0

0

For further information contact:

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

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

13031114114

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

LEFLORE FOR CONGRESS

Report Covering the Period: From: ^{M M / D D / Y Y Y Y} 06 15 2013 To: ^{M M / D D / Y Y Y Y} 09 04 2013

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).....
 - (ii) Unitemized.....
 - (iii) TOTAL of contributions from individuals ▶
- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs).....
- (d) The Candidate.....
- (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

\$6,649.56	\$6,649.56
0	0
\$6,649.56	\$6,649.56
0	0
0	0
\$70.00	\$70.00
\$6,649.56	\$6,649.56

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0	0
---	---

13. LOANS:

- (a) Made or Guaranteed by the Candidate.....
- (b) All Other Loans.....
- (c) TOTAL LOANS (add Lines 13(a) and (b)).....

0	0
0	0
0	0

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

0	0
---	---

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

0	0
---	---

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

\$6,649.56	\$6,649.56
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130311415

DETAILED SUMMARY PAGE

13031114116

II. DISBURSEMENTS

**COLUMN A
Total This Period**

**COLUMN B
Election Cycle-to-Date**

17. OPERATING EXPENDITURES.....	, \$5,686.75	, \$5,686.75
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	, , 0	, , 0
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	, \$5,686.75	, \$5,686.75

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0	0
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	, \$6,649.56	, \$6,649.56
25. SUBTOTAL (add Line 23 and Line 24).....	, \$6,649.56	, \$6,649.56
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	, \$5,686.75	, \$5,686.75
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	, \$962.81	, \$962.81

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

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)
LEFLOPE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. EYSTON HUNTE, MD		Date of Receipt MM / DD / YYYY 06 / 18 / 2013
Mailing Address 120 N. LAFAYETTE ST.		Amount of Each Receipt this Period \$250.00
City MOBILE, AL.	State Zip Code 36604	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$250.00
Name of Employer EYESTON A. HUNTE MD	Occupation DOCTOR	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$250.00	

Full Name (Last, First, Middle Initial) B. MS. BEBECCA TAYLOR		Date of Receipt MM / DD / YYYY 06 / 18 / 2013
Mailing Address 1216 SELMA ST.		Amount of Each Receipt this Period \$50.00
City MOBILE, AL.	State Zip Code 36604	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$50.00
Name of Employer RETIRED	Occupation N/A	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$50.00	

Full Name (Last, First, Middle Initial) C. MS. FITZELL COLLINS		Date of Receipt MM / DD / YYYY 06 / 14 / 2013
Mailing Address 1711 CHASE ST.		Amount of Each Receipt this Period \$50.00
City SABALAND, AL.	State Zip Code 36671	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$50.00
Name of Employer RETIRED	Occupation N/A	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$50.00	

SUBTOTAL of Receipts This Page (optional).....	\$350.00
TOTAL This Period (last page this line number only).....	\$6,649.56

13031114117

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

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NAME OF COMMITTEE (In Full)
LEFLORE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MS. EARNESTINE MOORE		Date of Receipt M M / D D / Y Y Y Y 06 18 2013
Mailing Address 4940 HENRY RD.		Amount of Each Receipt this Period \$50.00
City MOBILE, AL	State Zip Code 36613	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$50.00
Name of Employer	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$50.00	

Full Name (Last, First, Middle Initial) B. MS. VICTOR LOVETT		Date of Receipt M M / D D / Y Y Y Y 07 07 2013
Mailing Address 1000 LOUISE AVE.		Amount of Each Receipt this Period \$50.00
City MOBILE, AL	State Zip Code 36609	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$50.00
Name of Employer LOVETT'S FUNERAL HOME	Occupation FUNERAL DIRECTOR	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$50.00	

Full Name (Last, First, Middle Initial) C. MS. RUBY DANES		Date of Receipt M M / D D / Y Y Y Y 07 15 2013
Mailing Address 1808 CARDINAL DRIVE		Amount of Each Receipt this Period \$35.00
City MOBILE, AL	State Zip Code 36605	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$35.00
Name of Employer PETERED	Occupation N/A	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$35.00	

SUBTOTAL of Receipts This Page (optional).....	\$135.00
TOTAL This Period (last page this line number only).....	\$6,649.56

13031114118

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

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NAME OF COMMITTEE (In Full)
LEFLORE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JASWENDER S. KANDOLA, MD		Date of Receipt M M / D D / Y Y Y Y 07 15 2013
Mailing Address 2552 N. DELWOOD DR.		Amount of Each Receipt this Period \$2,600.00
City MOBILE, AL.	State Zip Code 36605	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$2,600.00
Name of Employer JASWENDERS S. KANDOLA MD	Occupation LARDROLOGIST	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$2,600.00	

Full Name (Last, First, Middle Initial) B. MR. KENNETH M McLANTS		Date of Receipt M M / D D / Y Y Y Y 07 17 2013
Mailing Address 15 S. PINE ST		Amount of Each Receipt this Period \$100.00
City MOBILE, AL.	State Zip Code 36605	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$100.00
Name of Employer HEALTHY TRENDS	Occupation COSMOTOLOGIST	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$100.00	

Full Name (Last, First, Middle Initial) C. MS. VICTORIA GRAY		Date of Receipt M M / D D / Y Y Y Y 07 18 2013
Mailing Address 5880 N. EL CAPITAN WAY		Amount of Each Receipt this Period \$100.00
City LAS VEGAS, NV.	State Zip Code 89149	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$100.00
Name of Employer RETIRED	Occupation N/A	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$100.00	

SUBTOTAL of Receipts This Page (optional).....	\$2,800.00
TOTAL This Period (last page this line number only).....	\$6,649.56

13031114119

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

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NAME OF COMMITTEE (In Full)

LEFLORE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. **MRS. FRANKIE L. NEISS**

Mailing Address

3651 SELESTE RD.

City State Zip Code

MOBILE, AL. 36618

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

Name of Employer

RETIRED

Occupation

NURSE

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

\$25.00

Date of Receipt

07 22 2013

Amount of Each Receipt this Period

\$25.00

Full Name (Last, First, Middle Initial)

B. **MR. EVAN LEFLORE**

Mailing Address

680 SERBRA ST. #E176

City State Zip Code

STANFORD, LA. 94305

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

Name of Employer

STUDENT

Occupation

STUDENT

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

\$25.00

Date of Receipt

07 17 2013

Amount of Each Receipt this Period

\$25.00

Full Name (Last, First, Middle Initial)

C. **MR. CHRISTOPHER BENDER**

Mailing Address

6345 MEMPHIS ST.

City State Zip Code

NEW ORLEANS, LA. 70124

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

Name of Employer

BENDER + ASSOC.

Occupation

CAMPAGN PEN. CONSULTANT

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

\$25.00

Date of Receipt

07 16 2013

Amount of Each Receipt this Period

\$25.00

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

\$75.00

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

\$6,649.56

13031114120

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

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NAME OF COMMITTEE (in Full)
LEFLORE FOR CONGRESS

A. **DR. HERBERT STONE**
 Mailing Address
33480 ALDER CR.
 City **SPANISH FORT, AL.** State Zip Code **36527**
 Name of Employer **MOBILE INFIRMARY** Occupation **DOCTOR**
 Receipt For:
 Primary General
 Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y
07 25 2013
 Amount of Each Receipt this Period
\$500.00

B. **DAMIEN COLLINS, MD**
 Mailing Address
1700 SPRINGHILL AVE
 City **MOBILE, AL.** State Zip Code **36604**
 Name of Employer **MOBILE DIAGNOSTIC** Occupation **DOCTOR**
 Receipt For:
 Primary General
 Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y
07 22 2013
 Amount of Each Receipt this Period
\$500.00

C. **MR. MAURILE CASEY DOWNING**
 Mailing Address
9 N. HAMILTON ST.
 City **MOBILE, AL.** State Zip Code **36602**
 Name of Employer **CASEY DOWNING** Occupation **SCULPTOR**
 Receipt For:
 Primary General
 Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y
07 24 2013
 Amount of Each Receipt this Period
\$50.00

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

\$1,050.00
\$6,649.56

13031114121

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

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NAME OF COMMITTEE (In Full)
LEFLORE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
IVENS LEFLORE, MD

Mailing Address
14959 OLD FREDERICK RD.

City State Zip Code
WOODBINE, MD 21797

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

Name of Employer
SKIN CARE SPECIALIST

Occupation
DOCTOR

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
\$1,000.00

Date of Receipt
M M / D D / Y Y Y Y
07 25 2013

Amount of Each Receipt this Period
\$1,000.00

B. Full Name (Last, First, Middle Initial)
MS. APRIL JACKSON

Mailing Address
3212 LUNELL DR.

City State Zip Code
ATLANTA, GA. 30311

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

Name of Employer
FINANCIAL CONSULTANT

Occupation
FINANCIAL CONSULTANT

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
\$40.00

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period
\$40.00

C. Full Name (Last, First, Middle Initial)
MR. ISSAC IRBY

Mailing Address
3770 MONICA CT.

City State Zip Code
MOBILE, AL. 36618

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

Name of Employer

Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
\$25.00

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period
\$25.00

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

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

\$1,065.00

\$6,649.50

13031114122

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

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NAME OF COMMITTEE (in Full)
LEFLORE CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. ALFRED PETTWAY

Mailing Address
6608 LAKEWAY ST.

City **PSYDLANTIC, MR.** State **LA** Zip Code **70797**

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period
\$50.00

B. Full Name (Last, First, Middle Initial)
MR. TERRELL HERRON

Mailing Address
5408 TIMBERLANE DR.

City **MOBILE, AL.** State **AL** Zip Code **36693**

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

Name of Employer Occupation
COCA COLA BOTTLING PLANT MANAGER

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period
\$50.00

C. Full Name (Last, First, Middle Initial)
MR. MANUEL X. GIBSON

Mailing Address
403 ANN ST.

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

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

Name of Employer Occupation
USA MEDICAL CENTER RESPIRATORY THERAPIST

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
08 01 2015

Amount of Each Receipt this Period
\$50.00

SUBTOTAL of Receipts This Page (optional)..... **\$150.00**

TOTAL This Period (last page this line number only)..... **\$6,649.56**

13031114123

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

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NAME OF COMMITTEE (In Full)

LEFLORE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. **RAYMOND BELL, MD**

Mailing Address

2261 COSTARDES ST.

City State Zip Code

MOBILE, AL 36617

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

Name of Employer
MOBILE MEDICAL

Occupation
DOCTOR

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

\$300.00

Date of Receipt

M M / D D / Y Y Y Y

08 08 2013

Amount of Each Receipt this Period

\$300.00

Full Name (Last, First, Middle Initial)

B. **MR. PETER BRESSE**

Mailing Address

1063 HOUSTON ST.

City State Zip Code

MOBILE, AL 36606

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

Name of Employer
RETIRED

Occupation
N/A

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

\$50.00

Date of Receipt

M M / D D / Y Y Y Y

08 06 2013

Amount of Each Receipt this Period

\$50.00

Full Name (Last, First, Middle Initial)

C. **MS. MARY POWELL**

Mailing Address

18 EDGEFIELD DR.

City State Zip Code

MOBILE, AL 36606

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

Name of Employer
NORTSEDS CHECKS/CHARLES

Occupation
MANAGER

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

\$400.00

Date of Receipt

M M / D D / Y Y Y Y

08 14 2013

Amount of Each Receipt this Period

\$400.00

SUBTOTAL of Receipts This Page (optional)

\$750.00

TOTAL This Period (last page this line number only)

\$6,649.56

13031114124

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

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NAME OF COMMITTEE (in Full)

LEFLORE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. MS. BARBARA WHITE

Mailing Address

**13 MADISALE DR.
HAMPTON, VA. 23664**

Date of Receipt

08 12 2013

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

\$25.00

Name of Employer

HAMPTON SCHOOL SYSTEM

Occupation

ADMINISTRATOR

Receipt For:

Primary
 General
 Other (specify)

Election Cycle-to-Date

\$25.00

Full Name (Last, First, Middle Initial)

B. MR. BURTON H. LEFLORE

Mailing Address

**P.O. BOX 456
MORRIS, AL. 36601**

Date of Receipt

08 04 2013

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

\$170.00

Name of Employer

LEFLORE REAL ESTATE

Occupation

REAL ESTATE BROKER

Receipt For:

Primary
 General
 Other (specify)

Election Cycle-to-Date

\$170.00

Full Name (Last, First, Middle Initial)

C. MR. EDWARD JOHNSON

Mailing Address

**2431 DENMARK ST.
MORRIS, AL 36617**

Date of Receipt

08 25 2013

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

\$25.00

Name of Employer

RETIRED

Occupation

N/A

Receipt For:

Primary
 General
 Other (specify)

Election Cycle-to-Date

\$25.00

SUBTOTAL of Receipts This Page (optional)

\$120.00

TOTAL This Period (last page this line number only)

\$6,049.50

13031114125

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

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

FOR LINE NUMBER:		PAGE		OF	
(check only one)					
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c
<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	15

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NAME OF COMMITTEE (In Full)

LEFLOPE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. MR. WILLIAM CLARKE

Mailing Address

711 S. ATMORE AVE

City State Zip Code

MOBILE, AL. 36682

FEC ID number of contributing federal political committee.

C

Name of Employer

INTERMED

Occupation

N/A

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

\$100.00

Date of Receipt

M M / D D / Y Y Y Y

09 04 2013

Amount of Each Receipt this Period

\$100.00

Full Name (Last, First, Middle Initial)

B. Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

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

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

\$100.00
\$16,619.50

13031114126

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE	OF
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LEFLORE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. GO DADDY		Date of Disbursement M M / D D / Y Y Y Y 06 27 2013
Mailing Address 14455 N. HAYDON RD. #219		Amount of Each Disbursement this Period \$56.85
City SCOTTSDALE, AZ.	State Zip Code 85260	
Purpose of Disbursement DOMAIN REGISTRATION		Category/ Type
Candidate Name BURTON R. LEFLORE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. SOUTHERN STRATEGICAL RELATIONS LLC		Date of Disbursement M M / D D / Y Y Y Y 07 16 2013
Mailing Address 4220 ORCHARD STREET		Amount of Each Disbursement this Period \$2,000.00
City BATON ROUGE, LA.	State Zip Code 70808	
Purpose of Disbursement CONSULTING FEE		Category/ Type
Candidate Name BURTON B. LEFLORE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. CHRIS BINDER CONSULTING		Date of Disbursement M M / D D / Y Y Y Y 07 16 2013
Mailing Address 6845 MEMPHIS ST.		Amount of Each Disbursement this Period \$500.00
City NEW ORLEANS, LA.	State Zip Code 70124	
Purpose of Disbursement CONSULTING FEE		Category/ Type
Candidate Name BURTON R. LEFLORE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	\$2,556.85
TOTAL This Period (last page this line number only).....	\$5,686.75

13031114127

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE OF

17 18 19a 19b
 20a 20b 20c 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)

LEFLORE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y
07 16 2013

A. **PNC BANK**

Mailing Address

2820 SPRING HILL AVE

City State Zip Code

MOBILE, AL. 36607

Purpose of Disbursement

WIRE FEE

Candidate Name

BURTON B. LEFLORE

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: District:

Amount of Each Disbursement this Period

\$45.00

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y
07 31 2013

B. **SOUTHERN STRATEGIC RELATIONS LLC**

Mailing Address

4220 ORCHID ST.

City State Zip Code

BATON ROUGE, LA. 70808

Purpose of Disbursement

MILEAGE REIMBURSEMENT

Candidate Name

BURTON B. LEFLORE

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: District:

Amount of Each Disbursement this Period

\$95.15

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y
08 05 2013

C. **CANDIDATE**

Mailing Address

P.O. BOX #526

City State Zip Code

MOBILE, AL. 36601

Purpose of Disbursement

TRIP FOR TRIP TO MONTGOMERY

Candidate Name

BURTON B. LEFLORE

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: District:

Amount of Each Disbursement this Period

\$110.00

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

\$250.15

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

\$5,686.75

13031114128

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE OF

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

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NAME OF COMMITTEE (In Full)

LEFLORE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y
08 / 05 / 2013

A. **ALABAMA DEMOCRATIC PARTY**

Mailing Address

501 ADAMS AVE.

City State Zip Code

MONTGOMERY, AL. 36104

Purpose of Disbursement

QUALIFYING FEE

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1,740.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y
08 / 14 / 2013

B. **CANDIDATE**

Mailing Address

P.O. BOX #56

City State Zip Code

MOBILE, AL. 36601

Purpose of Disbursement

GAS REIMBURSEMENT FOR MONTGOMERY

Candidate Name

BURTON B. LEFLORE

Category/
Type

Amount of Each Disbursement this Period

\$115.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y
08 / 05 / 2013

C. **CANDIDATE**

Mailing Address

P.O. BOX #56

City State Zip Code

MOBILE, AL. 36601

Purpose of Disbursement

DINNER IN MONTGOMERY ON QUALIFYING

Candidate Name

BURTON B. LEFLORE

Category/
Type

Amount of Each Disbursement this Period

\$24.75

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

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

\$1,879.75

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

\$5,686.75

13031114129

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE	OF
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c

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NAME OF COMMITTEE (In Full)
LEFLORE FOR CONGRESS

13031114130

Full Name (Last, First, Middle Initial) A. SOUTHERN STRATEGIC RELATIONS LLC		Date of Disbursement M M / D D / Y Y Y Y 08 04 2013
Mailing Address 4720 ORCHARD ST.		Amount of Each Disbursement this Period \$ 1,000.00
City BATON ROUGE, LA.	State Zip Code 70808	
Purpose of Disbursement CONSULTING FEE	Candidate Name BURTON B. LOFLORE	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: _____ District: _____		

Full Name (Last, First, Middle Initial) B.		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	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.		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	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).....	\$ 1,000.00
TOTAL This Period (last page this line number only).....	\$ 5,686.75

SCHEDULE C. (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full)
LEFLORE FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) N/A	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address N/A	
City N/A	State ZIP Code

Original Amount of Loan **N/A** Cumulative Payment To Date **N/A** Balance Outstanding at Close of This Period

TERMS Date Incurred **N/A** Date Due **N/A** Interest Rate **N/A** Secured: Yes No
MM/DD/YYYY MM/DD/YYYY % (apr)

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial) N/A	Name of Employer N/A
Mailing Address N/A	Occupation N/A
City N/A	State ZIP Code
	Amount Guaranteed Outstanding: N/A
2. Full Name (Last, First, Middle Initial)	Name of Employer N/A
Mailing Address N/A	Occupation N/A
City N/A	State ZIP Code
	Amount Guaranteed Outstanding: N/A
3. Full Name (Last, First, Middle Initial)	Name of Employer N/A
Mailing Address N/A	Occupation N/A
City N/A	State ZIP Code
	Amount Guaranteed Outstanding: N/A
4. Full Name (Last, First, Middle Initial)	Name of Employer N/A
Mailing Address N/A	Occupation N/A
City N/A	State ZIP Code
	Amount Guaranteed Outstanding: N/A

SUBTOTALS This Period This Page (optional) ▶ **N/A**
TOTALS This Period (last page in this line only) ▶ **N/A**

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

1303114131

SCHEDULE C-1 (FEC Form 3)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
 Information found on
 Page ___ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) LEFLORE FOR CONGRESS	FEC IDENTIFICATION NUMBER C 00546366
--	--

LENDING INSTITUTION (LENDER) Full Name N/A	Amount of Loan N/A	Interest Rate (APR) N/A %
Mailing Address N/A	Date Incurred or Established M M / D D / Y Y Y Y N/A	
City N/A State Zip Code	Date Due N/A	M M / D D / Y Y Y Y

A. Has loan been restructured? No Yes If yes, date originally incurred

B. If line of credit, Amount of this Draw: **N/A** Total Outstanding Balance: **N/A**

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

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

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

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

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

G. COMMITTEE TREASURER
 Typed Name **DURTON B. LEFLORE** DATE
 Signature **[Signature]** **09 10 2013**

H. Attach a signed copy of the loan agreement.

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

AUTHORIZED REPRESENTATIVE
 Typed Name **DURTON B. LEFLORE** DATE
 Signature **[Signature]** Title **CANDIDATE** **09 10 2013**

13031114132

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

NAME OF COMMITTEE (In Full)
LEFLOBE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor N/A		Nature of Debt (Purpose): N/A
Mailing Address N/A		
City	State	

Outstanding Balance Beginning This Period N/A	Amount Incurred This Period N/A	Payment This Period N/A	Outstanding Balance at Close of This Period
---	---	-----------------------------------	---

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor N/A		Nature of Debt (Purpose): N/A
Mailing Address N/A		
City	State	

Outstanding Balance Beginning This Period N/A	Amount Incurred This Period N/A	Payment This Period N/A	Outstanding Balance at Close of This Period N/A
---	---	-----------------------------------	---

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor N/A		Nature of Debt (Purpose):
Mailing Address N/A		
City	State	

Outstanding Balance Beginning This Period N/A	Amount Incurred This Period N/A	Payment This Period N/A	Outstanding Balance at Close of This Period N/A
---	---	-----------------------------------	---

1) SUBTOTALS This Period This Page (optional)	N/A
2) TOTALS This Period (last page this line number only)	N/A
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	N/A
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	N/A

1303114133

FEC FORM 3Z (File with Form 3)

CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS

(To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In-Full) LEFLORE FOR CONGRESS		Report Covering Period: From: 06 15 2013 To: 09 04 2013				
Committee Name		(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees			
A	LEFLORE FOR CONGRESS	\$6,649.56	0			
B	Column Total Last Page Only.....	\$6,649.56	0			
	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
A	0	\$70.00	\$6,649.56	0	0	0
B	0	\$70.00	\$6,649.56	0	0	0
	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
A	0	0	0	\$6,649.56	\$5,686.75	0
B	0	0	0	\$6,649.56	\$5,686.75	0
	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Candidate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
A	0	0	0	0	0	0
B	0	0	0	0	0	0
	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee
A	0	0	\$5,686.75	0	\$962.81	0
B	0	0	\$5,686.75	0	\$962.81	0
	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 8(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
A	0	\$6,649.56	\$5,686.75			
B	0	\$6,649.56	\$5,686.75			

1303114134

SHIP DATE: 11SEP13
ACTWGT: 0.3 LB
CAD: /POSTAGE
DIMS: 0x0x0 IN
BILL SENDER

UNITED STATES US
TO

FEDERAL ELECTION COMMISSION
999 E ST NW

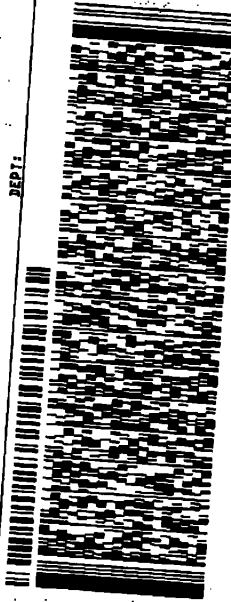
WASHINGTON DC 20463
REF: (202) 694-1665

DEPT:

REF:

DEPT:

FedEx Express



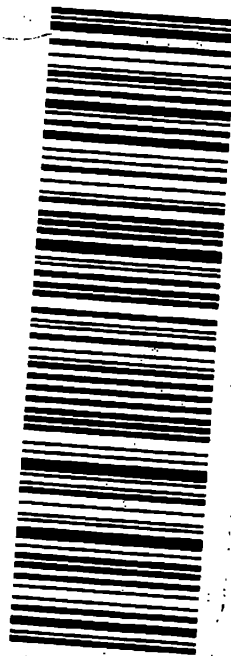
THU - 12 SEP 10:30A
PRIORITY OVERNIGHT

TRK# 8030 3909 2929
0200

XC RDVA

20463

DC-US IAD



RT 677 6
FZ

2929
09.12

X-RAYED BY FEC SECURITY

carbon-neutral
shipping

FedEx NEW Package
Express US Airbill

FedEx Tracking Number

8030 3909 2929

Form 10/10 0200

Recipient's Copy

1 From [Redacted] Date 9/11/13

Sender's Name BURTON R. LOFLORE Phone 251 649-6510

Company LEFLORE FOR CONGRESS

Address P.O. BOX 486

City MOBILE, State AL ZIP 36601

2 Your Internal Billing Reference

3 To Recipient's Name [Redacted] Phone [Redacted]

Company FEDERAL ELECTION COMMISSION

Address 999 L ST. NW Dept./Floor/Suite/Room

Address [Redacted] City WASHINGTON DC State DC ZIP 20463

4 Express Package Service *To most locations. NOTE: Service order has changed. Please select carefully. Packages up to 150 lbs. For packages over 150 lbs, use the new FedEx Express Freight US Airbill.

Next Business Day

2 or 3 Business Days

- FedEx First Overnight
 FedEx Priority Overnight
 FedEx Standard Overnight

- FedEx 2Day A.M.
 FedEx 2Day
 FedEx Express Saver

5 Packaging *Declared value limit \$500.

- FedEx Envelope*
 FedEx Pak*
 FedEx Box
 FedEx Tube
 Other

6 Special Handling and Delivery Signature Options

- SATURDAY Delivery
 No Signature Required
 Direct Signature
 Indirect Signature

Does this shipment contain dangerous goods? One box must be checked.

- No
 Yes
 Dry Ice
 Cargo Aircraft Only

7 Payment Bill to:

- Sender
 Recipient
 Third Party
 Credit Card
 Cash/Check

fedex.com 1.800.GoFedEx 1.800.463.3339

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): **Fed Ex** Shipping Date
9/11/13
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked



PREPARER

9/12/13

DATE PREPARED

13031114136