

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
COMMITTEE TO ELECT LESLIE TO CONGRESS

ADDRESS (number and street) 1909 CUBA AVENUE
#1
 Check if different than previously reported. (ACC) ALAMOGORDO NM 88310

2. **FEC IDENTIFICATION NUMBER** C00546374 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
NM 02

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

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on 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 Judy Pingel
Signature of Treasurer Judy Pingel [Electronically Filed] Date M M / D D / Y Y Y Y 04 / 14 / 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

COMMITTEE TO ELECT LESLIE TO 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))....	0.00	51328.76
(b) Total Contribution Refunds (from Line 20(d))	0.00	2600.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	48728.76
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	0.00	110236.46
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	0.00	110236.46
8. Cash on Hand at Close of Reporting Period (from Line 27).....	0.00	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	63558.89	

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

COMMITTEE TO ELECT LESLIE TO 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).....	0.00	25450.00
(ii) Unitemized.....	0.00	25808.76
(iii) TOTAL of contributions from individuals ▶	0.00	51258.76
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	70.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	51328.76
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	92100.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	92100.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	0.00	143428.76

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	0.00	110236.46
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	28541.11	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	28541.11	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	2600.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	2600.00
21. OTHER DISBURSEMENTS	0.00	1800.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	28541.11	114636.46

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	28541.11
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	28541.11
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	28541.11
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 OF 11	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" 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)
COMMITTEE TO ELECT LESLIE TO CONGRESS

Full Name (Last, First, Middle Initial) A. Leslie Endean-Singh		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2015
Mailing Address 1909 Cuba Ave Suite 1		Amount of Each Disbursement this Period 25000.00 Transaction ID : SB19A.4152
City Alamogordo State NM Zip Code 88310	Purpose of Disbursement Candidate Name Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Leslie Endean-Singh		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2015
Mailing Address 1909 Cuba Ave Suite 1		Amount of Each Disbursement this Period 3541.11 Transaction ID : SB19A.4153
City Alamogordo State NM Zip Code 88310	Purpose of Disbursement Candidate Name Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	28541.11
TOTAL This Period (last page this line number only).....	28541.11

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
COMMITTEE TO ELECT LESLIE TO CONGRESS

Transaction ID : **SC/10.4137**

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

[PERSONAL FUNDS]

Election: 2014

Leslie Endean-Singh

Primary

General

Other (specify) ▼

Mailing Address

1909 Cuba Ave Suite 1

City

State

ZIP Code

Alamogordo

NM

88310

Original Amount of Loan

25000.00

Cumulative Payment To Date

25000.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
09 / 24 / 2013

Date Due

M M / D D / Y Y Y Y
none

Interest Rate

0.00 % (apr)

Secured:

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

0.00

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) **COMMITTEE TO ELECT LESLIE TO CONGRESS** Transaction ID : **SC/10.4139**

LOAN SOURCE Full Name (Last, First, Middle Initial) Leslie Endean-Singh	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1909 Cuba Ave Suite 1		

City	State	ZIP Code
Alamogordo	NM	88310

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
34200.00	3541.11	30658.89

TERMS			
Date Incurred	Date Due	Interest Rate	Secured:
M 09 / D 30 / Y 2013	M M / D D / Y none	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	30658.89
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) **COMMITTEE TO ELECT LESLIE TO CONGRESS** Transaction ID : **SC/10.4140**

LOAN SOURCE Full Name (Last, First, Middle Initial) Leslie Endean-Singh	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1909 Cuba Ave Suite 1		

City	State	ZIP Code
Alamogordo	NM	88310

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5400.00	0.00	5400.00

TERMS		Date Incurred	Date Due	Interest Rate	Secured:
M 11 M / D 12 D / Y 2013 Y	M M / D D / Y none Y			0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	5400.00
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) **COMMITTEE TO ELECT LESLIE TO CONGRESS** Transaction ID : **SC/10.4141**

LOAN SOURCE Full Name (Last, First, Middle Initial) Leslie Endean-Singh	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1909 Cuba Ave Suite 1		

City	State	ZIP Code
Alamogordo	NM	88310

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
9000.00	0.00	9000.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	M M / D D / Y Y Y Y 12 / 18 / 2013	M M / D D / Y Y Y Y none	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	<input type="text" value="9000.00"/>
TOTALS This Period (last page in this line only).....	<input type="text"/>
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

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
COMMITTEE TO ELECT LESLIE TO CONGRESS

Transaction ID : **SC/10.4142**

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

[PERSONAL FUNDS]

Election: 2014

Leslie Endean-Singh

Primary

General

Other (specify) ▼

Mailing Address

1909 Cuba Ave Suite 1

City

State

ZIP Code

Alamogordo

NM

88310

Original Amount of Loan

9500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

9500.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 12 M /

D 31 D /

Y 2013 Y

M M /

D D /

Y none Y

0.00 % (apr)

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

9500.00

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) **COMMITTEE TO ELECT LESLIE TO CONGRESS** Transaction ID : **SC/10.4143**

LOAN SOURCE Full Name (Last, First, Middle Initial) Leslie Endean-Singh	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1909 Cuba Ave Suite 1		

City	State	ZIP Code
Alamogordo	NM	88310

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
9000.00	0.00	9000.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	M 12 / D 31 / Y 2013	M / D / Y none	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	9000.00
TOTALS This Period (last page in this line only).....	63558.89
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	