

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED

2013 DEC 17 PM 1:12

Office Use Only MAIL CENTER

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

ADDRESS (number and street) P O BOX 56 MOBILE AL 36601-0056

2. FEC IDENTIFICATION NUMBER C 00546366 CITY STATE ZIP CODE STATE DISTRICT 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) SPECIAL OCT 1 - NOV 27, 2013 Termination Report (TER)

(b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on 12 17 2013 in the State of AL (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 10 01 2013 through 11 27 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 R. LEFLORE Signature of Treasurer [Signature] Date 11 11 2013

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

13031143593

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

LEFLORE FOR CONGRESS

Report Covering the Period:

From:

10/01/2013

To:

11/27/2013

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)) ....

4,862.00

12,581.56

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

.00

.00

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

4,862.00

12,581.56

7. Net Operating Expenditures

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

5,010.22

11,277.14

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

.00

.00

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

5,010.22

11,277.14

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

1,304.42

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

.00

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

3,081.45

For further information contact:

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

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

13031143594

**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:

*10 ' 01 ' 2013*

To:

*11 ' 27 ' 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).....

*4,862.00*

*12,581.56*

(ii) Unitemized.....

(iii) TOTAL of contributions from individuals ▶

*4,862.00*

*12,581.56*

(b) Political Party Committees.....

*.00*

*.00*

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

*.00*

*.00*

(d) The Candidate.....

*.00*

*.00*

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

*4,862.00*

*12,581.56*

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

*.00*

*.00*

13. LOANS:

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

*.00*

*.00*

(b) All Other Loans.....

*.00*

*.00*

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

*.00*

*.00*

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

*.00*

*.00*

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

*.00*

*.00*

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

*4,862.00*

*12,581.56*

13031143595

**DETAILED SUMMARY PAGE  
of Disbursements**

FEC Form 3 (Revised 02/2003)

Page 4

**II. DISBURSEMENTS**

**COLUMN A  
Total This Period**

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

17. OPERATING EXPENDITURES.....

, 5,010.22

, 11,277.14

18. TRANSFERS TO OTHER  
AUTHORIZED COMMITTEES.....

.00

.00

19. LOAN REPAYMENTS:

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

.00

.00

(b) Of All Other Loans.....

.00

.00

(c) TOTAL LOAN REPAYMENTS  
(add Lines 19(a) and (b)).....

.00

.00

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other  
Than Political Committees.....

.00

.00

(b) Political Party Committees.....

.00

.00

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

.00

.00

(d) TOTAL CONTRIBUTION REFUNDS  
(add Lines 20(a), (b), and (c)).....

.00

.00

21. OTHER DISBURSEMENTS.....

.00

.00

22. TOTAL DISBURSEMENTS  
(add Lines 17, 18, 19(c), 20(d), and 21) ▶

, 5,010.22

, 11,277.14

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

, 1,452.64

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

, 4,862.00

25. SUBTOTAL (add Line 23 and Line 24).....

, 6,314.64

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

, 5,010.22

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD  
(subtract Line 26 from Line 25).....

, 1,304.42

13031143596

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 1 OF 16	
	<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

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**

A. Full Name (Last, First, Middle Initial) **GRISSETT ALLAN**

Mailing Address **14 LION AVENUE**

City **PITTSBURG** State **CA** Zip Code **94565**

FEC ID number of contributing federal political committee. **C 00546366**

Name of Employer **DAVE JAZZ BAND** Occupation **MUSICIAN**

Receipt For:  Primary  General  Other (specify) **SPECIAL** Election Cycle-to-Date **10.00**

Date of Receipt **10/04/2013**

Amount of Each Receipt this Period **10.00**

B. Full Name (Last, First, Middle Initial) **BOWERS MARIBETH**

Mailing Address **3133 TONDRAH COURT**

City **PLEASANTON** State **CA** Zip Code **94588**

FEC ID number of contributing federal political committee. **C 00546366**

Name of Employer **VALLEY CARE HEALTH SYS** Occupation **CLINICAL LAB SUPERVISOR**

Receipt For:  Primary  General  Other (specify) **SPECIAL** Election Cycle-to-Date **100.00**

Date of Receipt **10/03/2013**

Amount of Each Receipt this Period **100.00**

C. Full Name (Last, First, Middle Initial) **MEMORIAL FUNERAL HOME**

Mailing Address **1302 SAINT STEPHENS ROAD**

City **PRICHARD** State **AL** Zip Code **36610**

FEC ID number of contributing federal political committee. **C 00546366**

Name of Employer **MEMORIAL FUNERAL HOME** Occupation **FUNERAL DIRECTOR**

Receipt For:  Primary  General  Other (specify) **SPECIAL** Election Cycle-to-Date **500.00**

Date of Receipt **10/04/2013**

Amount of Each Receipt this Period **500.00**

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

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

**610.00**  
**610.00**

13031143597

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE <u>2</u> OF <u>4</u>					
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full) LEFLORE FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial) MIDDLETON, JOHN A

Mailing Address 165 No. CANAL STREET

City CHICAGO State IL Zip Code 60606-1408

FEC ID number of contributing federal political committee. C00546366

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  Primary  General  Other (specify) SPECIAL

Election Cycle-to-Date 15.00

Date of Receipt 10/02/2013

Amount of Each Receipt this Period 15.00

**B.** Full Name (Last, First, Middle Initial) HILL CALVIN DOUGLAS

Mailing Address PO BOX 160391

City MOBILE State AL Zip Code 36616-0391

FEC ID number of contributing federal political committee. C00546366

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  Primary  General  Other (specify) SPECIAL

Election Cycle-to-Date 500.00

Date of Receipt 10/13/2013

Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial) KEOUGH DAVID A

Mailing Address 437 No COLLEGE ST

City CARUSLE State PA Zip Code 17013-1846

FEC ID number of contributing federal political committee. C00546366

Name of Employer NA Occupation RETIRED

Receipt For:  Primary  General  Other (specify) SPECIAL

Election Cycle-to-Date 5.00

Date of Receipt 10/08/2013

Amount of Each Receipt this Period 5.00

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

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

570.00

1130.00

13031143598

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)					PAGE <u>3</u> OF <u>16</u>
	<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

A. Full Name (Last, First, Middle Initial) <u>NORFLEET CHARLES L</u>		Date of Receipt <u>70/15/2013</u>
Mailing Address <u>31634 RABBIT DRIVE</u>		Amount of Each Receipt this Period <u>200.00</u>
City <u>SPANISH FORT</u>	State <u>AL</u> Zip Code <u>36527</u>	
FEC ID number of contributing federal political committee. <u>C00546366</u>		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>SPECIAL</u>	Election Cycle-to-Date <u>200.00</u>	

B. Full Name (Last, First, Middle Initial) <u>GODWIN SUSAN R</u>		Date of Receipt <u>10/20/2013</u>
Mailing Address <u>14921 TWIG LANE</u>		Amount of Each Receipt this Period <u>50.00</u>
City <u>FAIRHOPE</u>	State <u>AL</u> Zip Code <u>36532</u>	
FEC ID number of contributing federal political committee. <u>C00546366</u>		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>SPECIAL</u>	Election Cycle-to-Date <u>50.00</u>	

C. Full Name (Last, First, Middle Initial) <u>HAZZARD TL and TF DR.</u>		Date of Receipt <u>10/31/2013</u>
Mailing Address <u>6322 HILLCREST OAKS DRIVE</u>		Amount of Each Receipt this Period <u>50.00</u>
City <u>MOBILE</u>	State <u>AL</u> Zip Code <u>36693</u>	
FEC ID number of contributing federal political committee. <u>C00546366</u>		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>SPECIAL</u>	Election Cycle-to-Date <u>50.00</u>	

SUBTOTAL of Receipts This Page (optional).....	<u>300.00</u>
TOTAL This Period (last page this line number only).....	<u>1430.00</u>

13031143599

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)					PAGE <u>4</u> OF <u>16</u>
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 11e	<input type="checkbox"/> 11f
	<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. Full Name (Last, First, Middle Initial) MARTIN, EARTHAN R

Mailing Address PO BOX 7584

City SPANISH FORT State AL Zip Code 36577

FEC ID number of contributing federal political committee. C00546366

Name of Employer N/A Occupation RETIRED

Receipt For: Primary  General  Other (specify) SPECIAL Election Cycle-to-Date 50.00

Date of Receipt 11/01/2013

Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial) ROBINSON EDDERIC D

Mailing Address 5960 ST JOHNS CHAPEL ROAD

City EIGHT MILE State AL Zip Code 36613

FEC ID number of contributing federal political committee. C00546366

Name of Employer N/A Occupation RETIRED

Receipt For: Primary  General  Other (specify) SPECIAL Election Cycle-to-Date 15.00

Date of Receipt 11/12/2013

Amount of Each Receipt this Period 15.00

C. Full Name (Last, First, Middle Initial) SINGLETON WILLIAM C

Mailing Address 409 SOUTH WILSON AVE

City PRICHARD State AL Zip Code 36610

FEC ID number of contributing federal political committee. C00546366

Name of Employer SELF - EMPLOYED Occupation LOCKSMITH

Receipt For: Primary  General  Other (specify) SPECIAL Election Cycle-to-Date 100.00

Date of Receipt 10/23/2013

Amount of Each Receipt this Period 100.00

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

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

165.00

1595.00

13031143600



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)					PAGE <u>5</u> OF <u>16</u>		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full) LET FLORE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) <u>ELUISE KAROLA F</u>		Date of Receipt <u>10/31/2013</u>
Mailing Address <u>102 WOODSIDE DRIVE</u>		Amount of Each Receipt this Period <u>15.00</u>
City <u>DAPHNE</u>	State <u>AL</u> Zip Code <u>36526</u>	
FEC ID number of contributing federal political committee. <u>C 00546366</u>		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>SPECIAL</u>	Election Cycle-to-Date <u>15.00</u>	

B. Full Name (Last, First, Middle Initial) <u>THOMPSON CAROL KYSER</u>		Date of Receipt <u>11/05/2013</u>
Mailing Address <u>125-A BRIGADE ROAD</u>		Amount of Each Receipt this Period <u>100.00</u>
City <u>DAPHNE</u>	State <u>AL</u> Zip Code <u>36527-3077</u>	
FEC ID number of contributing federal political committee. <u>C 00546366</u>		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>SPECIAL</u>	Election Cycle-to-Date <u>100.00</u>	

C. Full Name (Last, First, Middle Initial) <u>MONFLEET CHARLES W</u>		Date of Receipt <u>11/08/2013</u>
Mailing Address <u>31654 RHETT DRIVE</u>		Amount of Each Receipt this Period <u>100.00</u>
City <u>SPANISH FORT</u>	State <u>AL</u> Zip Code <u>36527</u>	
FEC ID number of contributing federal political committee. <u>C 00546366</u>		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>SPECIAL</u>	Election Cycle-to-Date <u>300.00</u>	

SUBTOTAL of Receipts This Page (optional).....	<u>215.00</u>
TOTAL This Period (last page this line number only).....	<u>1810.00</u>

13031143601

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE <u>6</u> OF <u>16</u>
	<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) LEFLORE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) <u>LESLIE PAO BETTY M</u>		Date of Receipt <u>11/07/2013</u>
Mailing Address <u>1579 WEST AVE</u>		Amount of Each Receipt this Period <u>100.00</u>
City <u>MOBILE</u>	State <u>AL</u> Zip Code <u>36604</u>	
FEC ID number of contributing federal political committee. <u>C00546366</u>		
Name of Employer <u>COLLEGE INSTRUCTOR</u>	Occupation <u>COLLEGE INSTRUCTOR</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>SPECIAL</u>	Election Cycle-to-Date <u>100.00</u>	

B. Full Name (Last, First, Middle Initial) <u>MATTHEWS WILLIE JR</u>		Date of Receipt <u>11/07/2013</u>
Mailing Address <u>6805 HACEY DRIVE</u>		Amount of Each Receipt this Period <u>100.00</u>
City <u>MOBILE</u>	State <u>AL</u> Zip Code <u>36618</u>	
FEC ID number of contributing federal political committee. <u>C00546366</u>		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>SPECIAL</u>	Election Cycle-to-Date <u>100.00</u>	

C. Full Name (Last, First, Middle Initial) <u>BETTS SAMUEL M</u>		Date of Receipt <u>11/07/2013</u>
Mailing Address <u>479 WEST CREEK CIRCLE</u>		Amount of Each Receipt this Period <u>100.00</u>
City <u>MOBILE</u>	State <u>AL</u> Zip Code <u>36617</u>	
FEC ID number of contributing federal political committee. <u>C00546366</u>		
Name of Employer <u>N/A</u>	Occupation <u>RETIRED</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>SPECIAL</u>	Election Cycle-to-Date <u>100.00</u>	

SUBTOTAL of Receipts This Page (optional).....	<u>300.00</u>
TOTAL This Period (last page this line number only).....	<u>2010.00</u>

13031143602

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name (Last, First, Middle Initial) <b>HASSEB HENRY AND JOYCE M</b>		Date of Receipt <b>11/07/2013</b>
Mailing Address <b>2421 RIDGE ROAD</b>		Amount of Each Receipt this Period <b>100.00</b>
City <b>MOBILE</b>	State Zip Code <b>AL 36617</b>	
FEC ID number of contributing federal political committee. <b>C 00546366</b>		
Name of Employer <b>N/A AND H FINANCIAL</b>	Occupation <b>REAL ESTATE BROKER</b>	
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> Other (specify) <b>SPECIAL</b>	General <b>SPECIAL</b>	
Election Cycle-to-Date <b>100.00</b>		

B. Full Name (Last, First, Middle Initial) <b>GILCHRIST RUBY M</b>		Date of Receipt <b>11/07/2013</b>
Mailing Address <b>3540 BAY FRONT ROAD</b>		Amount of Each Receipt this Period <b>50.00</b>
City <b>MOBILE</b>	State Zip Code <b>AL 36605</b>	
FEC ID number of contributing federal political committee. <b>C 00546366</b>		
Name of Employer <b>N/A</b>	Occupation <b>RETIRED</b>	
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> Other (specify) <b>SPECIAL</b>	General <b>SPECIAL</b>	
Election Cycle-to-Date <b>50.00</b>		

C. Full Name (Last, First, Middle Initial) <b>WILLIAMS CARLIE M</b>		Date of Receipt <b>11/07/2013</b>
Mailing Address <b>158 BETTER STREET</b>		Amount of Each Receipt this Period <b>50.00</b>
City <b>MOBILE</b>	State Zip Code <b>AL 36617</b>	
FEC ID number of contributing federal political committee. <b>C 00546366</b>		
Name of Employer <b>N/A</b>	Occupation <b>RETIRED</b>	
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> Other (specify) <b>SPECIAL</b>	General <b>SPECIAL</b>	
Election Cycle-to-Date <b>50.00</b>		

SUBTOTAL of Receipts This Page (optional).....	<b>200.00</b>
TOTAL This Period (last page this line number only).....	<b>2210.00</b>

13031143603

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

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

FOR LINE NUMBER: PAGE **8** OF **16**  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

A. Full Name (Last, First, Middle Initial) **GRIMES AR AND MARY**

Mailing Address **7280 KIM AVENUE**

City **THEODORE** State **AL** Zip Code **36582-2216**

FEC ID number of contributing federal political committee. **C 00546366**

Name of Employer **NA** Occupation **RETIRED**

Receipt For: Primary  General  Other (specify) **SPECIAL** Election Cycle-to-Date **100.00**

Date of Receipt **11/07/2013**

Amount of Each Receipt this Period **100.00**

B. Full Name (Last, First, Middle Initial) **POWELL MP**

Mailing Address **18 EDGEFIELD ROAD**

City **MOBILE** State **AL** Zip Code **36608**

FEC ID number of contributing federal political committee. **C 00546366**

Name of Employer **SELF EMPLOYED** Occupation **OWNER**

Receipt For: Primary  General  Other (specify) **SPECIAL** Election Cycle-to-Date **100.00**

Date of Receipt **11/07/2013**

Amount of Each Receipt this Period **100.00**

C. Full Name (Last, First, Middle Initial) **KAIGLER LULA ALBERT**

Mailing Address **16325 HWY 45**

City **CITRONELLE** State **AL** Zip Code **36522**

FEC ID number of contributing federal political committee. **C 00546366**

Name of Employer Occupation

Receipt For: Primary  General  Other (specify) **SPECIAL** Election Cycle-to-Date **100.00**

Date of Receipt **11/07/2013**

Amount of Each Receipt this Period **100.00**

**SUBTOTAL** of Receipts This Page (optional)..... **300.00**  
**TOTAL** This Period (last page this line number only)..... **2510.00**

13031143604

**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)  
 11a  11b  11c  11d  
 12  13a  13b  14  15  
 PAGE 9 OF 16

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

**A.** Full Name (Last, First, Middle Initial) *JOHNSON JOHN H. JR*  
 Mailing Address *828 BRANCH AVENUE*  
 City *WHISTLER* State *AL* Zip Code *36612*  
 Date of Receipt *11/07/2013*  
 FEC ID number of contributing federal political committee. *C 00546366*  
 Amount of Each Receipt this Period *60.00*  
 Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
 Receipt For:  Primary  General  Other (specify) *SPECIAL*  
 Election Cycle-to-Date *60.00*

**B.** Full Name (Last, First, Middle Initial) *JOHNSON ELLEN*  
 Mailing Address *834 EAST BRANCH AVENUE*  
 City *WHISTLER* State *AL* Zip Code *36612*  
 Date of Receipt *11/07/2013*  
 FEC ID number of contributing federal political committee. *C 00546366*  
 Amount of Each Receipt this Period *20.00*  
 Name of Employer \_\_\_\_\_ Occupation *REGISTERED NURSE*  
 Receipt For:  Primary  General  Other (specify) *SPECIAL*  
 Election Cycle-to-Date *20.00*

**C.** Full Name (Last, First, Middle Initial) *STEPHENS GEORGE AND JOYCE*  
 Mailing Address *5932 HEATHERWOOD COURT*  
 City *MOBILE* State *AL* Zip Code *36618*  
 Date of Receipt *11/07/2013*  
 FEC ID number of contributing federal political committee. *C 00546366*  
 Amount of Each Receipt this Period *40.00*  
 Name of Employer *N/A* Occupation *RETIRED*  
 Receipt For:  Primary  General  Other (specify) *SPECIAL*  
 Election Cycle-to-Date *40.00*

**SUBTOTAL** of Receipts This Page (optional) ..... *120.00*  
**TOTAL** This Period (last page this line number only) ..... *2630.00*

13031143605

**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 16
	<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) *LEFLORE FOR CONGRESS*

A. Full Name (Last, First, Middle Initial) <i>FAIR RUTH M L</i>		Date of Receipt <i>11/07/2013</i>
Mailing Address <i>611 ROSEDALE AVE</i>		Amount of Each Receipt this Period <i>10.00</i>
City <i>MOBILE</i>	State <i>AL</i> Zip Code	
FEC ID number of contributing federal political committee. <i>C</i>		Amount of Each Receipt this Period <i>10.00</i>
Name of Employer	Occupation <i>EVANGELIST</i>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <i>SPECIAL</i>	Election Cycle-to-Date <i>10.00</i>	

B. Full Name (Last, First, Middle Initial) <i>REESE PAULETTE J</i>		Date of Receipt <i>11/07/2013</i>
Mailing Address <i>9059 HURRICANE ROAD</i>		Amount of Each Receipt this Period <i>20.00</i>
City <i>BAY MINETTE</i>	State <i>AL</i> Zip Code <i>36507</i>	
FEC ID number of contributing federal political committee. <i>C 00546366</i>		Amount of Each Receipt this Period <i>20.00</i>
Name of Employer <i>N/A</i>	Occupation <i>RETIRED TEACHER</i>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <i>SPECIAL</i>	Election Cycle-to-Date <i>20.00</i>	

C. Full Name (Last, First, Middle Initial) <i>TURNER EDNA</i>		Date of Receipt <i>11/16/2013</i>
Mailing Address <i>2129 CORNELL DRIVE</i>		Amount of Each Receipt this Period <i>25.00</i>
City <i>MOBILE</i>	State <i>AL</i> Zip Code <i>36618</i>	
FEC ID number of contributing federal political committee. <i>C 00546366</i>		Amount of Each Receipt this Period <i>25.00</i>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <i>SPECIAL</i>	Election Cycle-to-Date <i>25.00</i>	

SUBTOTAL of Receipts This Page (optional).....	<i>55.00</i>
TOTAL This Period (last page this line number only).....	<i>2685.00</i>

13031143606

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

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

FOR LINE NUMBER: PAGE 11 OF 16  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

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NAME OF COMMITTEE (in Full) LEFLORE FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial) PACE CATHERINE  
 Mailing Address 450 PARK AVE # 708  
 City FOLEY State AL Zip Code 36535-1163  
 Date of Receipt 11/08/2013  
 FEC ID number of contributing federal political committee. C 00546366  
 Amount of Each Receipt this Period 20.00  
 Name of Employer N/A Occupation RETIRED  
 Receipt For: Primary  General  Other (specify) SPECIAL Election Cycle-to-Date 20.00

**B.** Full Name (Last, First, Middle Initial) GREEN MANUEL X III  
 Mailing Address 403 ANN STREET  
 City MOBILE State AL Zip Code 36603  
 Date of Receipt 11/09/2013  
 FEC ID number of contributing federal political committee. C 00546366  
 Amount of Each Receipt this Period 50.00  
 Name of Employer Occupation  
 Receipt For: Primary  General  Other (specify) SPECIAL Election Cycle-to-Date 50.00

**C.** Full Name (Last, First, Middle Initial) SMITH RONALD E DR  
 Mailing Address 825 DR MARTIN L KING JR. DRIVE  
 City PRICHARD State AL Zip Code 36610  
 Date of Receipt 11/15/2013  
 FEC ID number of contributing federal political committee. C 00546366  
 Amount of Each Receipt this Period 100.00  
 Name of Employer COMPASS VETERINARY HOSP Occupation VETERINARIAN  
 Receipt For: Primary  General  Other (specify) SPECIAL Election Cycle-to-Date 100.00

**SUBTOTAL** of Receipts This Page (optional)..... 170.00  
**TOTAL** This Period (last page this line number only)..... 2855.00

13031143607

**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)  
 11a  11b  11c  11d  
 12  13a  13b  14  15  
 PAGE 12 OF 16

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NAME OF COMMITTEE (In Full) LEFLORE FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial) RITCHIE MARY E  
 Mailing Address 7900 ROSEMARY ROAD  
 City EIGHT MILE State AL Zip Code 36613  
 Date of Receipt 11/01/2013  
 FEC ID number of contributing federal political committee. C 00546366  
 Amount of Each Receipt this Period 25.00  
 Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
 Receipt For: Primary \_\_\_\_\_ General \_\_\_\_\_  
 Other (specify) SPECIAL Election Cycle-to-Date 25.00

**B.** Full Name (Last, First, Middle Initial) WIGSS FRANKIE L MRS.  
 Mailing Address 3651 SELESTE DR  
 City MOBILE State AL Zip Code 36618-4489  
 Date of Receipt 11/21/2013  
 FEC ID number of contributing federal political committee. C 00546366  
 Amount of Each Receipt this Period 25.00  
 Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
 Receipt For: Primary \_\_\_\_\_ General \_\_\_\_\_  
 Other (specify) SPECIAL Election Cycle-to-Date 25.00

**C.** Full Name (Last, First, Middle Initial) LEFLORE BURTON R  
 Mailing Address 2216 RUE DE LEFLORE STREET  
 City MOBILE State AL Zip Code 36617  
 Date of Receipt 11/21/2013  
 FEC ID number of contributing federal political committee. C 00546366  
 Amount of Each Receipt this Period 100.00  
 Name of Employer SELF-EMPLOYED Occupation CANDIDATE  
 Receipt For: Primary \_\_\_\_\_ General \_\_\_\_\_  
 Other (specify) SPECIAL Election Cycle-to-Date 170.00

SUBTOTAL of Receipts This Page (optional)..... 150.00  
 TOTAL This Period (last page this line number only)..... 3005.00

13031143608



**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)  
 11a  11b  11c  11d  15  
 12  13a  13b  14

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

**A.** Full Name (Last, First, Middle Initial) **ADAMS JOHN W JR**  
 Mailing Address **PO BOX 988**  
 City **MOBILE** State **AL** Zip Code **36601-0988**  
 Date of Receipt **11/25/2013**  
 Amount of Each Receipt this Period **150.00**  
 FEC ID number of contributing federal political committee. **C 00546366**  
 Name of Employer **SELF-EMPLOYED** Occupation **LAWYER**  
 Receipt For: Primary  General  Other (specify)  **SPECIAL** Election Cycle-to-Date **150.00**

**B.** Full Name (Last, First, Middle Initial) **GLEASON, Nancy J.**  
 Mailing Address **PO BOX 98568**  
 City **SEATTLE** State **WA** Zip Code **98198**  
 Date of Receipt **11/23/2013**  
 Amount of Each Receipt this Period **20.00**  
 FEC ID number of contributing federal political committee. **C 00546366**  
 Name of Employer Occupation **RETIRED**  
 Receipt For: Primary  General  Other (specify)  **SPECIAL** Election Cycle-to-Date **20.00**

**C.** Full Name (Last, First, Middle Initial) **BLACKS IN GOVERNMENT**  
 Mailing Address **524 SOUTH UNION STREET**  
 City **MONTGOMERY** State **AL** Zip Code **36106**  
 Date of Receipt **11/26/2013**  
 Amount of Each Receipt this Period **1,000.00**  
 FEC ID number of contributing federal political committee. **C 00546366**  
 Name of Employer Occupation  
 Receipt For: Primary  General  Other (specify)  **SPECIAL** Election Cycle-to-Date **1,000.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1,170.00**  
**TOTAL** This Period (last page this line number only)..... **4,175.00**

13031143609

**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)  
 11a  11b  11c  11d  
 12  13a  13b  14  15  
 PAGE 14 OF 16

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

A. Full Name (Last, First, Middle Initial) **POWELL CAQUITA**  
 Mailing Address **P O BOX 340963**  
 City **FORT SAM** State **TX** Zip Code **78234-0963**  
 Name of Employer **DOD** Occupation **PUBLIC HEALTH**  
 Receipt For:  Primary  General  Other (specify) **SPECIAL** Election Cycle-to-Date **100.00**

Date of Receipt **10/19/2013**  
 Amount of Each Receipt this Period **100.00**

B. Full Name (Last, First, Middle Initial) **CALDWELL TOM**  
 Mailing Address **8470 CR 9240**  
 City **KOSHKONG** State **MO** Zip Code **65692**  
 Name of Employer **SELF-EMPLOYED** Occupation **REAL ESTATE**  
 Receipt For:  Primary  General  Other (specify) **SPECIAL** Election Cycle-to-Date **2.00**

Date of Receipt **10/17/2013**  
 Amount of Each Receipt this Period **2.00**

C. Full Name (Last, First, Middle Initial) **DATES DOUGLAS**  
 Mailing Address **11505 LOCKHART PLACE**  
 City **SILVER SPRINGS** State **MO** Zip Code **20902**  
 Name of Employer **IRS OFFICE CHIEF Counsel** Occupation **ATTORNEY**  
 Receipt For:  Primary  General  Other (specify) **SPECIAL** Election Cycle-to-Date **25.00**

Date of Receipt **10/17/2013**  
 Amount of Each Receipt this Period **25.00**

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

**127.00**  
**4302.00**

13031143610

**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)  
 11a  11b  11c  11d  
 12  13a  13b  14  15  
 PAGE 15 OF 16

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

**A.** Full Name (Last, First, Middle Initial) **CLARK HELEN**  
 Mailing Address **28706 SAMRSON AVENUE**  
 City **ORANGE BEACH** State **AL** Zip Code **36561**  
 Date of Receipt **10/27/2013**  
 FEC ID number of contributing federal political committee. **C 00546366**  
 Amount of Each Receipt this Period **25.00**  
 Name of Employer **N/A** Occupation **RETIRED**  
 Receipt For: Primary  General  Other (specify)  **SPECIAL**  
 Election Cycle-to-Date **25.00**

**B.** Full Name (Last, First, Middle Initial) **SCHIECHE MICHAEL**  
 Mailing Address **728 EAST 3RD AVENUE**  
 City **SPokane** State **WASHINGTON** Zip Code **99203-3128**  
 Date of Receipt **11/08/2013**  
 FEC ID number of contributing federal political committee. **C 00546366**  
 Amount of Each Receipt this Period **25.00**  
 Name of Employer **N/A** Occupation **NONE**  
 Receipt For: Primary  General  Other (specify)  **SPECIAL**  
 Election Cycle-to-Date **25.00**

**C.** Full Name (Last, First, Middle Initial) **CRISSETT ALLAN**  
 Mailing Address **14 210W AVENUE**  
 City **PITTSBURGH** State **PA** Zip Code **15205**  
 Date of Receipt **11/08/2013**  
 FEC ID number of contributing federal political committee. **C 00546366**  
 Amount of Each Receipt this Period **10.00**  
 Name of Employer **DRUMMET JAZZ BAND** Occupation **MUSICIAN**  
 Receipt For: Primary  General  Other (specify)  **SPECIAL**  
 Election Cycle-to-Date **20.00**

**SUBTOTAL** of Receipts This Page (optional) .....  
**TOTAL** This Period (last page this line number only) .....  
**60.00**  
**4362.00**

13031143611

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

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

FOR LINE NUMBER: PAGE 16 OF 16  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full) LEFLORE FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial) LEFLORE, EVAN  
 Mailing Address 271 WEST 47TH STREET -APT. 23C  
 City NEW YORK State NY Zip Code 10036  
 Date of Receipt 11/22/2013  
 FEC ID number of contributing federal political committee. C 00546366  
 Amount of Each Receipt this Period 500.00  
 Name of Employer PROMOTORY FINANCIAL Occupation CONSULTANT  
 Receipt For:  Primary  General  Other (specify) SPECIAL  
 Election Cycle-to-Date 500.00

**B.** Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 Date of Receipt  
 FEC ID number of contributing federal political committee. C 00546366  
 Amount of Each Receipt this Period  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) SPECIAL  
 Election Cycle-to-Date

**C.** Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 Date of Receipt  
 FEC ID number of contributing federal political committee. C 00546366  
 Amount of Each Receipt this Period  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) SPECIAL  
 Election Cycle-to-Date

**SUBTOTAL** of Receipts This Page (optional).....  
**TOTAL** This Period (last page this line number only).....  
500.00  
4862.00

13031143612

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full) *LEFLORE FOR CONGRESS*

Full Name (Last, First, Middle Initial) <b>A. DELCHAMRS PRINTING</b>		Date of Disbursement <i>10/25/2013</i>
Mailing Address <i>310 ST. MICHAEL STREET</i>		Amount of Each Disbursement this Period <i>156.20</i>
City <i>MOBILE</i>	State <i>AL</i>	
Zip Code <i>36608</i>		Category/ Type
Purpose of Disbursement <i>Campaign Handout Cards</i>		
Candidate Name <i>BURTON R. LEFLORE</i>		
Office Sought: House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/>	Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> <input checked="" type="checkbox"/> Other (specify) <i>SPECIAL</i>	
State: <i>AL</i>	District: <i>01</i>	

Full Name (Last, First, Middle Initial) <b>B. MR SANFORD DAVIS</b>		Date of Disbursement <i>10/04/2013</i>
Mailing Address <i>7237 KOBELTA DRIVE</i>		Amount of Each Disbursement this Period <i>500.00</i>
City <i>MOBILE</i>	State <i>AL</i>	
Zip Code <i>36617</i>		Category/ Type
Purpose of Disbursement <i>Campaign Manager (GOTV)</i>		
Candidate Name <i>BURTON R. LEFLORE</i>		
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> <input checked="" type="checkbox"/> Other (specify) <i>SPECIAL</i>	
State: <i>AL</i>	District: <i>01</i>	

Full Name (Last, First, Middle Initial) <b>C. TURK TECHNICAL SERVICES</b>		Date of Disbursement <i>10/15/2013</i>
Mailing Address <i>6417 GASTIG LANE NORTH</i>		Amount of Each Disbursement this Period <i>200.00</i>
City <i>MOBILE</i>	State <i>AL</i>	
Zip Code <i>36695</i>		Category/ Type
Purpose of Disbursement <i>Create a web-site</i>		
Candidate Name <i>BURTON R. LEFLORE</i>		
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> <input checked="" type="checkbox"/> Other (specify) <i>SPECIAL</i>	
State: <i>AL</i>	District: <i>01</i>	

SUBTOTAL of Disbursements This Page (optional).....	<i>856.20</i>
TOTAL This Period (last page this line number only).....	<i>856.20</i>

13031143613

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

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

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NAME OF COMMITTEE (In Full) LEFLORE FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. ABC SIGNS</b>		Date of Disbursement <u>10/20/2013</u>
Mailing Address <u>5851 La Rue Steiner Road</u>		Amount of Each Disbursement this Period <u>1510.17</u>
City <u>Theodore</u>	State <u>AL</u> Zip Code <u>36582</u>	
Purpose of Disbursement <u>YARD SIGNS AND BILLBOARD SIGNS</u>		Category/ Type
Candidate Name <u>BURTON R LEFLORE</u>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>SPECIAL</u>	
State: <u>AL</u> District: <u>01</u>		

Full Name (Last, First, Middle Initial) <b>B. FEDERAL EXPRESS</b>		Date of Disbursement <u>09/11/2013</u>
Mailing Address <u>640 LAKESIDE DRIVE</u>		Amount of Each Disbursement this Period <u>35.00</u>
City <u>MOBILE</u>	State <u>AL</u> Zip Code <u>36693</u>	
Purpose of Disbursement <u>MAIL-OVERNIGHT PAPERWORK</u>		Category/ Type
Candidate Name <u>BURTON R. LEFLORE</u>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>SPECIAL</u>	
State: <u>AL</u> District: <u>01</u>		

Full Name (Last, First, Middle Initial) <b>C. GO DADDY</b>		Date of Disbursement <u>10/15/2013</u>
Mailing Address		Amount of Each Disbursement this Period <u>5.99</u>
City	State Zip Code	
Purpose of Disbursement <u>WEB DOMAIN SITE</u>		Category/ Type
Candidate Name <u>BURTON R. LEFLORE</u>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>SPECIAL</u>	
State: <u>AL</u> District: <u>01</u>		

SUBTOTAL of Disbursements This Page (optional).....	<u>1551.16</u>
TOTAL This Period (last page this line number only).....	<u>2407.36</u>

13031143614

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

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

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

A. Full Name (Last, First, Middle Initial) <b>RANKINS JONET</b>		Date of Disbursement <b>10/12/2013</b>
Mailing Address <b>1866 B-GOVERNMENT ST</b>		Amount of Each Disbursement this Period <b>100.00</b>
City <b>MOBILE</b>	State Zip Code <b>AL 36606</b>	
Purpose of Disbursement <b>RENT FOR HEADQUARTERS</b>		Category/ Type
Candidate Name <b>BURTON R. LEFLORE</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>SPECIAL</b>	
State: <b>AL</b> District: <b>01</b>		

B. Full Name (Last, First, Middle Initial) <b>DAVIS SANFORD</b>		Date of Disbursement <b>10/04/2013</b>
Mailing Address <b>2251 ROBERTA DRIVE</b>		Amount of Each Disbursement this Period <b>250.00</b>
City <b>MOBILE</b>	State Zip Code <b>AL 36617</b>	
Purpose of Disbursement <b>CAMPAIGN-GOTV</b>		Category/ Type
Candidate Name <b>BURTON R. LEFLORE</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>SPECIAL</b>	
State: <b>AL</b> District: <b>01</b>		

C. Full Name (Last, First, Middle Initial) <b>DELCHAMPS PRINTING</b>		Date of Disbursement <b>11/11/2013</b>
Mailing Address <b>310 ST. MICHAEL STREET</b>		Amount of Each Disbursement this Period <b>143.00</b>
City <b>MOBILE</b>	State Zip Code <b>AL 36603</b>	
Purpose of Disbursement <b>CAMPAIGN LITERATURE</b>		Category/ Type
Candidate Name <b>BURTON R. LEFLORE</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>SPECIAL</b>	
State: <b>AL</b> District: <b>01</b>		

SUBTOTAL of Disbursements This Page (optional).....	<b>493.08</b>
TOTAL This Period (last page this line number only).....	<b>2900.36</b>

13031143615

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

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

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NAME OF COMMITTEE (In Full) LEFLORE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) <u>GRIFFITH SERVICE + GAS</u>		Date of Disbursement <u>10/13/2013</u>
Mailing Address <u>1280 GOVERNMENT STREET</u>		Amount of Each Disbursement this Period <u>112.02</u>
City <u>MOBILE</u>	State - Zip Code <u>AL 36604</u>	
Purpose of Disbursement <u>GAS FOR CANDIDATE TRAVELS IN DISTRICT 1</u>		Category/ Type
Candidate Name <u>BURTON R. LEFLORE</u>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>SPECIAL</u>	
State: <u>AL</u> District: <u>01</u>		

B. Full Name (Last, First, Middle Initial) <u>SANTORD DAULS</u>		Date of Disbursement <u>11/19/2013</u>
Mailing Address <u>1251 ROBERTA DRIVE</u>		Amount of Each Disbursement this Period <u>250.00</u>
City <u>MOBILE</u>	State - Zip Code <u>AL 36617</u>	
Purpose of Disbursement <u>CAMPAIGN MANAGER (GOTV)</u>		Category/ Type
Candidate Name <u>BURTON R. LEFLORE</u>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>SPECIAL</u>	
State: <u>AL</u> District: <u>01</u>		

C. Full Name (Last, First, Middle Initial) <u>AMERICAN TAX SERVICE</u>		Date of Disbursement <u>11/19/2013</u>
Mailing Address <u>1866 B GOVERNMENT STREET</u>		Amount of Each Disbursement this Period <u>150.00</u>
City <u>MOBILE</u>	State - Zip Code <u>AL 36606</u>	
Purpose of Disbursement <u>RENT OF CAMPAIGN HEADQUARTERS</u>		Category/ Type
Candidate Name <u>BURTON R. LEFLORE</u>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>SPECIAL</u>	
State: <u>AL</u> District: <u>01</u>		

SUBTOTAL of Disbursements This Page (optional).....	<u>512.02</u>
TOTAL This Period (last page this line number only).....	<u>3412.38</u>

13031143616



**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 8

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

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NAME OF COMMITTEE (In Full)

*LEFLORE FOR CONGRESS*

Full Name (Last, First, Middle Initial)

A. *DELCHAMPS PRINTING*

Date of Disbursement

Mailing Address

*310 ST MICHAEL STREET*

*11/15/2013*

City

*MOBILE*

State

*AL*

Zip Code

*36608*

Amount of Each Disbursement this Period

*10230*

Purpose of Disbursement

*CAMPAIGN LITERATURE*

Candidate Name

*BURTON R. LEFLORE*

Category/  
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify)

*SPECIAL*

State:

*AL*

District:

*01*

Full Name (Last, First, Middle Initial)

B. *DUAL-MART*

Date of Disbursement

Mailing Address

*101 I-65 SERVICE ROAD, SOUTH*

*10/31/2013*

City

*MOBILE*

State

*AL*

Zip Code

*36606*

Amount of Each Disbursement this Period

*32.74*

Purpose of Disbursement

*SUPPLIES FOR HEADQUARTERS*

Candidate Name

*BURTON R. LEFLORE*

Category/  
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify)

*SPECIAL*

State:

*AL*

District:

*01*

Full Name (Last, First, Middle Initial)

C. *POPEYE'S*

Date of Disbursement

Mailing Address

*1966 GOVERNMENT STREET*

*11/05/2013*

City

*MOBILE*

State

*AL*

Zip Code

*36606*

Amount of Each Disbursement this Period

*25.16*

Purpose of Disbursement

*LUNCH FOR CAMPAIGN WORKERS*

Candidate Name

*BURTON R. LEFLORE*

Category/  
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify)

*SPECIAL*

State:

*AL*

District:

*01*

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

*160.20*

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

*3674.88*

13031143617

**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 <b>6</b> OF <b>B</b>
	<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**

A. Full Name (Last, First, Middle Initial) <b>SAM'S CLUB</b>		Date of Disbursement <b>11/05/2013</b>
Mailing Address <b>1001 EAST I-65 SERVICE ROAD</b>		Amount of Each Disbursement this Period <b>66.40</b>
City <b>MOBILE</b>	State <b>AL</b>	
Zip Code <b>36606</b>		
Purpose of Disbursement <b>GAS FOR TRUCK TO PUT SIGNS UP</b>		
Candidate Name <b>BURTON R. LEFLORE</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>SPECIAL</b>	
State: <b>AL</b>	District: <b>01</b>	

B. Full Name (Last, First, Middle Initial) <b>LOWES</b>		Date of Disbursement <b>11/01/2013</b>
Mailing Address <b>151 EAST I-65 SERVICE ROAD</b>		Amount of Each Disbursement this Period <b>198.40</b>
City <b>MOBILE, AL</b>	State <b>AL</b>	
Zip Code <b>36606</b>		
Purpose of Disbursement <b>LUMBER FOR SIGNS</b>		
Candidate Name <b>BURTON R. LEFLORE</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>SPECIAL</b>	
State: <b>AL</b>	District: <b>01</b>	

C. Full Name (Last, First, Middle Initial) <b>GRICITH SERVICE STATION</b>		Date of Disbursement <b>10/31/2013</b>
Mailing Address <b>1200 GOVERNMENT STREET</b>		Amount of Each Disbursement this Period <b>110.01</b>
City <b>MOBILE</b>	State <b>AL</b>	
Zip Code <b>36604</b>		
Purpose of Disbursement <b>GAS FOR CANDIDATES TRAVELS</b>		
Candidate Name <b>BURTON R. LEFLORE</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>SPECIAL</b>	
State: <b>AL</b>	District: <b>01</b>	

SUBTOTAL of Disbursements This Page (optional)..... **374.81**

TOTAL This Period (last page this line number only)..... **4049.69**

13031143618

**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 <u>7</u> OF <u>8</u>
	<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) LEFLORE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) <u>WINN-DIXIE</u>		Date of Disbursement <u>10/26/2013</u>
Mailing Address <u>GOVERNMENT STREET</u>		Amount of Each Disbursement this Period <u>66.28</u>
City <u>MOBILE</u>	State <u>AL</u> Zip Code <u>36604</u>	
Purpose of Disbursement <u>BEVERAGES FOR CAMPAIGN OFFICE</u>		Category/ Type
Candidate Name <u>BURTON R. LEFLORE</u>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input checked="" type="checkbox"/> Other (specify) General <u>SPECIAL</u>	
State: <u>AL</u> District: <u>01</u>		

B. Full Name (Last, First, Middle Initial) <u>LOWE'S</u>		Date of Disbursement <u>10/27/2013</u>
Mailing Address <u>151 EAST I-65 SERVICE ROAD</u>		Amount of Each Disbursement this Period <u>90.35</u>
City <u>MOBILE</u>	State <u>AL</u> Zip Code <u>36606</u>	
Purpose of Disbursement <u>BOLTS AND LUMBER FOR SIGNS</u>		Category/ Type
Candidate Name <u>BURTON R. LEFLORE</u>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input checked="" type="checkbox"/> Other (specify) General <u>SPECIAL</u>	
State: <u>AL</u> District: <u>01</u>		

C. Full Name (Last, First, Middle Initial) <u>WIRELESS &amp; BEYOND</u>		Date of Disbursement <u>11/02/2013</u>
Mailing Address		Amount of Each Disbursement this Period <u>200.06</u>
City <u>MOBILE</u>	State <u>AL</u> Zip Code	
Purpose of Disbursement <u>TELEPHONES FOR CAMPAIGN HEADQUARTERS</u>		Category/ Type
Candidate Name <u>BURTON R. LEFLORE</u>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input checked="" type="checkbox"/> Other (specify) General <u>SPECIAL</u>	
State: <u>AL</u> District: <u>01</u>		

SUBTOTAL of Disbursements This Page (optional).....	<u>356.63</u>
TOTAL This Period (last page this line number only).....	<u>4406.32</u>

13031143619

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

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

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NAME OF COMMITTEE (In Full) LEFLORE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) <u>HECENA'S</u>		Date of Disbursement <u>11/07/2013</u>
Mailing Address <u>1570 ST STEPHENS ROAD</u>		Amount of Each Disbursement this Period <u>250.00</u>
City <u>MOBILE</u>	State <u>AL</u>	
Zip Code <u>36607</u>		
Purpose of Disbursement <u>RENTAL OF HALL FOR FUND RAISER</u>		
Candidate Name <u>BURTON R. LEFLORE</u>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input checked="" type="checkbox"/> Other (specify) <u>SPECIAL</u>	
State: <u>AL</u>	District: <u>01</u>	

B. Full Name (Last, First, Middle Initial) <u>DELCHAMPS PRINTING</u>		Date of Disbursement <u>11/13/2013</u>
Mailing Address <u>310 ST MICHAEL STREET</u>		Amount of Each Disbursement this Period <u>317.90</u>
City <u>MOBILE</u>	State <u>AL</u>	
Zip Code <u>36602</u>		
Purpose of Disbursement <u>Campaign Flyers</u>		
Candidate Name <u>BURTON R. LEFLORE</u>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input checked="" type="checkbox"/> Other (specify) <u>SPECIAL</u>	
State: <u>AL</u>	District: <u>01</u>	

C. Full Name (Last, First, Middle Initial) <u>PNC BANK</u>		Date of Disbursement <u>11/26/2013</u>
Mailing Address <u>SPRING HILL AVENUE</u>		Amount of Each Disbursement this Period <u>36.00</u>
City <u>MOBILE</u>	State <u>AL</u>	
Zip Code <u>36607</u>		
Purpose of Disbursement <u>BANK FEE</u>		
Candidate Name <u>BURTON R. LEFLORE</u>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input checked="" type="checkbox"/> Other (specify) <u>SPECIAL</u>	
State: <u>AL</u>	District: <u>01</u>	

SUBTOTAL of Disbursements This Page (optional) ..... 603.90

TOTAL This Period (last page this line number only) ..... 5010.22

13031143620

**SCHEDULE D (FEC Form 3)  
DEBTS AND OBLIGATIONS**

**Excluding Loans**

NAME OF COMMITTEE (In Full) LEFLORE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor TURK TECHNICAL SERVICES Nature of Debt (Purpose): CREATED WEB SITE FOR CANDIDATE  
Mailing Address 6417 GASLIGHT LANE, NORTH  
City State Zip Code MOBILE AL 36695

Outstanding Balance Beginning This Period 00  
Amount Incurred This Period 00 Payment This Period 200.00 Outstanding Balance at Close of This Period 500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ABC SIGNS Nature of Debt (Purpose): CAMPAIGN SIGNS  
Mailing Address 5851 KARUE STEENER ROAD  
City State Zip Code THEODORE AL 36582

Outstanding Balance Beginning This Period 00  
Amount Incurred This Period 3,705.62 Payment This Period 1,510.17 Outstanding Balance at Close of This Period 2,195.45

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor DELCHAMPS PRINTING Nature of Debt (Purpose): PRINTING OF CAMPAIGN FLYGERS LITERATURE + STATIONERY  
Mailing Address 310 ST MICHAEL STREET  
City State Zip Code MOBILE AL 36602

Outstanding Balance Beginning This Period 00  
Amount Incurred This Period 1,105.50 Payment This Period 719.40 Outstanding Balance at Close of This Period 386.10

1) SUBTOTALS This Period This Page (optional) .....	<u>3,081.45</u>
2) TOTALS This Period (last page this line number only) .....	<u>3,081.45</u>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) .....	<u>00</u>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<u>3,081.45</u>

13031143621

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

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

PAGE 1 OF 1

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

NAME OF COMMITTEE (In Full) *LePore For Congress*

LOAN SOURCE Full Name (Last, First, Middle Initial) *N/A*

Mailing Address

City State ZIP Code

Election:  
 Primary  
 General  
 Other (specify) *SPECIAL*

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

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

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

1. Full Name (Last, First, Middle Initial) <i>N/A</i>	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial) <i>N/A</i>	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial) <i>N/A</i>	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial) <i>N/A</i>	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) *0.00*

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

13031143622

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

Supplementary for  
 Information found on  
 Page 1 of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) <i>KEFLORE For Congress</i>	FEC IDENTIFICATION NUMBER <i>C 00 546366</i>
--	---

LENDING INSTITUTION (LENDER) Full Name <i>NA</i>	Amount of Loan <i>00</i>	Interest Rate (APR) <i>NA</i> %
Mailing Address	Date Incurred or Established M M / D D / Y Y Y Y	
City State Zip Code	Date Due <i>NA</i>	

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

B. If line of credit,  
 Amount of this Draw: *00* Total Outstanding Balance: *00*

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

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  
 No  Yes If yes, specify: \_\_\_\_\_

What is the value of this collateral?  
*00*

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: *NA*

What is the estimated value?  
*00*

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).

Date account established: \_\_\_\_\_

Location of account: \_\_\_\_\_

Address: \_\_\_\_\_

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: <i>BARRON R. KEFLORE</i> Signature: <i>[Signature]</i>	DATE M M / D D / Y Y Y Y <i>11 / 11 / 2013</i>
---	--

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 Signature	Title	DATE M M / D D / Y Y Y Y
--	-------	-----------------------------

13031143623

FEC FORM 3Z (File with Form 3)

CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS

(To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In Full) <i>LEFLORE FOR CONGRESS</i>	Report Covering Period: From: <i>10 ' 01 ' 2013</i> To: <i>11 ' 27 ' 2013</i>
---	--

Committee Name	(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees
<i>LEFLORE FOR CONGRESS</i>	<i>4862.00</i>	<i>.00</i>
<b>B</b> Column Total Last Page Only.....	<i>12581.56</i>	<i>.00</i>

	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
<b>A</b>	<i>.00</i>	<i>.00</i>	<i>4862.00</i>	<i>.00</i>	<i>.00</i>	<i>.00</i>
<b>B</b>	<i>.00</i>	<i>.00</i>	<i>12581.50</i>	<i>.00</i>	<i>.00</i>	<i>.00</i>
	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
<b>A</b>	<i>.00</i>	<i>.00</i>	<i>.00</i>	<i>4862.00</i>	<i>5010.22</i>	<i>.00</i>
<b>B</b>	<i>.00</i>	<i>.00</i>	<i>.00</i>	<i>12581.50</i>	<i>11277.14</i>	<i>.00</i>
	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
<b>A</b>	<i>.00</i>	<i>.00</i>	<i>.00</i>	<i>.00</i>	<i>.00</i>	<i>.00</i>
<b>B</b>	<i>.00</i>	<i>.00</i>	<i>.00</i>	<i>.00</i>	<i>.00</i>	<i>.00</i>
	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee
<b>A</b>	<i>.00</i>	<i>.00</i>	<i>5010.22</i>	<i>1452.64</i>		<i>.00</i>
<b>B</b>	<i>.00</i>	<i>.00</i>	<i>11277.14</i>	<i>1452.64</i>	<i>1304.42</i>	<i>.00</i>
	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
<b>A</b>	<i>3081.45</i>	<i>4862.00</i>	<i>5010.22</i>			
<b>B</b>		<i>12581.56</i>	<i>11277.14</i>			

13031143624



13031043625

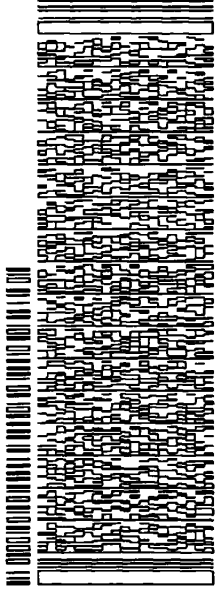
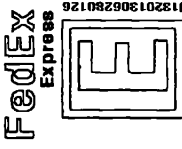
SHIP DATE: 16DEC13  
ACTWGT: 0.6 LB  
CAD: /POS1424  
DIMS: 0x0x0 IN  
BILL SENDER

ORIGIN ID:MOBA

UNITED STATES US

TO RYAN FURMA  
FEDERAL ELECTION COMMISSION  
999 E ST NW

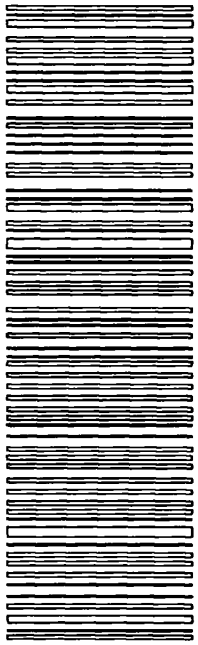
WASHINGTON DC 20463  
REF: (251) 202-1151  
DEPT: P01



TUE - 17 DEC 10:30A  
PRIORITY OVERNIGHT  
DSR  
20463  
DC-US IAD

TRK# 8043 6611 7122  
0200

XC RDVA



12/17/13  
12/17/13  
6  
R-677  
FZ

FedEx NEW Package  
Express US Airbill

FedEx Tracking Number 8043 6611 7122

Form ID No. 0200

Re

1 From

Date 16 DEC 2013

Sender's Name BURTON R LEFURE Phone 251 648-6560

Company LEFURE FOR CONGRESS

Address PO BOX 56

City MOBILE State AL ZIP 36601-0056

4 Express Package Service \*To most locations.  
NOTE: Service order has changed. Please select carefully.

Next Business Day

FedEx First Overnight  
Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

FedEx Priority Overnight  
Next business morning.\* Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

FedEx Standard Overnight  
Next business afternoon.\* Saturday Delivery NOT available.

2 or 3 Business Day

FedEx 2Day A.M.  
Second business morning.\* Saturday Delivery NOT available.

FedEx 2Day  
Second business afternoon.\* Delivery is selected.

FedEx Express Save  
Third business day.\* Saturday Delivery NOT available.

2 Your Internal Billing Reference

3 To

Recipient's Name RYAN FURMA Phone 251 202-1151

Company FEDERAL ELECTION COMMISSION

Address 999 E STREET NW  
We cannot deliver to P.O. boxes or P.O. ZIP codes.

City WASHINGTON State DC ZIP 20463

HOLD Weekday  
FedEx location address  
REQUIRED. NOT available for  
FedEx First Overnight.

HOLD Saturday  
FedEx location address  
REQUIRED. Available ONLY for  
FedEx Priority Overnight and  
FedEx 2Day to select locations.

5 Packaging \*Declared value limit \$500.

FedEx Envelope\*  FedEx Pak\*  FedEx Box

6 Special Handling and Delivery Signature Options

SATURDAY Delivery  
NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Save.\*

No Signature Required  
Package may be left without obtaining a signature for delivery.

Direct Sign

Does this shipment contain...  
 No  
 Yes (if yes, please specify goods to be placed in a FedEx container)

7 Payment.

Sender's Account No. in Section 1 will be billed.

Third Party  Credit Card

Total Packages Total Weight lbs.

Credit Card Auth.



8043 6611 7122

fedex.com 1.800.GoFedEx 1.800.463.3339

ED BY FCC SECURITY

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): *FedEx* Shipping Date  
*12/16/13*  
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

*JMP*  
 PREPARER  
 (8/2013)

*12/18/13*  
 DATE PREPARED

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