



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Committee to Elect Leslie to Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2013 To: M M / D D / Y Y Y Y 12 / 31 / 2013

|                                                                                                                    | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|--------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------|
| <b>6. Net Contributions (other than loans)</b>                                                                     |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e)) ....                                               | 15725.00                | 45832.00                           |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....                                                          | 0.00                    | 0.00                               |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)) .....                              | 15725.00                | 45832.00                           |
| <b>7. Net Operating Expenditures</b>                                                                               |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....                                                           | 33573.41                | 43975.46                           |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14) .....                                                | 0.00                    | 0.00                               |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)) .....                                        | 33573.41                | 43975.46                           |
| <b>8. Cash on Hand at Close of<br/>Reporting Period (from Line 27) .....</b>                                       | <b>92905.35</b>         |                                    |
| <b>9. Debts and Obligations Owed TO<br/>the Committee (Itemize all on<br/>Schedule C and/or Schedule D) .....</b>  | <b>0.00</b>             |                                    |
| <b>10. Debts and Obligations Owed BY<br/>the Committee (Itemize all on<br/>Schedule C and/or Schedule D) .....</b> | <b>92100.00</b>         |                                    |

**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<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------|
| <b>11. CONTRIBUTIONS (other than loans) FROM:</b>                                                          |                               |                                    |
| (a) Individuals/Persons Other Than Political Committees                                                    |                               |                                    |
| (i) Itemized (use Schedule A).....                                                                         | 10350.00                      | 23025.00                           |
| (ii) Unitemized.....                                                                                       | 5375.00                       | 22737.00                           |
| (iii) TOTAL of contributions from individuals ▶                                                            | 15725.00                      | 45762.00                           |
| (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))..                     | 15725.00                      | 45832.00                           |
| <b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>                                                | 0.00                          | 0.00                               |
| <b>13. LOANS:</b>                                                                                          |                               |                                    |
| (a) Made or Guaranteed by the Candidate.....                                                               | 32900.00                      | 92100.00                           |
| (b) All Other Loans.....                                                                                   | 0.00                          | 0.00                               |
| (c) TOTAL LOANS (add Lines 13(a) and (b)).....                                                             | 32900.00                      | 92100.00                           |
| <b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>                                | 0.00                          | 0.00                               |
| <b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>                                                | 0.00                          | 0.00                               |
| <b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b> | 48625.00                      | 137932.00                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. DISBURSEMENTS                                                            | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....                                              | 33573.41                      | 43975.46                           |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 0.00                               |
| 19. LOAN REPAYMENTS:                                                         |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                          | 0.00                               |
| (b) Of All Other Loans .....                                                 | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                          | 0.00                               |
| 20. REFUNDS OF CONTRIBUTIONS TO:                                             |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 0.00                          | 0.00                               |
| (b) Political Party Committees.....                                          | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs).....                        | 0.00                          | 0.00                               |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0.00                          | 0.00                               |
| 21. OTHER DISBURSEMENTS .....                                                | 0.00                          | 800.00                             |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 33573.41                      | 44775.46                           |

**III. CASH SUMMARY**

|                                                                                       |           |
|---------------------------------------------------------------------------------------|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 77853.76  |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 48625.00  |
| 25. SUBTOTAL (add Line 23 and Line 24).....                                           | 126478.76 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 33573.41  |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 92905.35  |

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

|                                                                         |                                                                                                                                                                                      |              |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                                                                                                                                    | PAGE 5 OF 30 |
|                                                                         | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
**Committee to Elect Leslie to Congress**

|                                                                                                                                               |                                   |                                                          |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Terry Booze</b>                                                                              |                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>12 / 06 / 2013 |  |
| Mailing Address 4913 Cherokee Rd NE                                                                                                           |                                   | <b>Transaction ID : VN8V0BNF0G1</b>                      |  |
| City<br>Albuquerque                                                                                                                           | State<br>NM                       | Zip Code<br>87110-1850                                   |  |
| FEC ID number of contributing federal political committee.<br>C                                                                               |                                   | Amount of Each Receipt this Period<br>1300.00            |  |
| Name of Employer<br>Terry Booze Construction                                                                                                  | Occupation<br>Construction        |                                                          |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>1800.00 |                                                          |  |

|                                                                                                                                               |                                   |                                                          |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Terry Booze</b>                                                                              |                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>12 / 06 / 2013 |  |
| Mailing Address 4913 Cherokee Rd NE                                                                                                           |                                   | <b>Transaction ID : VN8V0BNF0H9</b>                      |  |
| City<br>Albuquerque                                                                                                                           | State<br>NM                       | Zip Code<br>87110-1850                                   |  |
| FEC ID number of contributing federal political committee.<br>C                                                                               |                                   | Amount of Each Receipt this Period<br>500.00             |  |
| Name of Employer<br>Terry Booze Construction                                                                                                  | Occupation<br>Construction        |                                                          |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>1800.00 |                                                          |  |

|                                                                                                                                               |                                     |                                                          |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. William Curley</b>                                                                           |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>12 / 13 / 2013 |  |
| Mailing Address 1818 College Ave                                                                                                              |                                     | <b>Transaction ID : VN8V0BP9KX8</b>                      |  |
| City<br>Alamogordo                                                                                                                            | State<br>NM                         | Zip Code<br>88310-4713                                   |  |
| FEC ID number of contributing federal political committee.<br>C                                                                               |                                     | Amount of Each Receipt this Period<br>100.00             |  |
| Name of Employer<br>Information Requested                                                                                                     | Occupation<br>Information Requested |                                                          |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>700.00    |                                                          |  |

|                                                                 |             |
|-----------------------------------------------------------------|-------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1900.00     |
| <b>TOTAL</b> This Period (last page this line number only)..... | [Empty Box] |

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

|                                                                         |                                                                                                                                                                                      |              |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                                                                                                                                    | PAGE 6 OF 30 |
|                                                                         | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
**Committee to Elect Leslie to Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Nancy Dickenson**

Mailing Address 35 Tano Alto

City Santa Fe State NM Zip Code 87506-7503

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

Name of Employer Information Requested Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 08 / 2013

**Transaction ID : VN8V0B1H311**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Stephanie L Dubois**

Mailing Address 618 Willow Ln

City Tularosa State NM Zip Code 88352-2547

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

Name of Employer Deming-Luna County Chamber of Commerce Occupation Former Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 13 / 2013

**Transaction ID : VN8V0BP9M28**

Amount of Each Receipt this Period  
 100.00

**C.** Full Name (Last, First, Middle Initial)  
**Paul G Duran**

Mailing Address 12 Puebla

City La Luz State NM Zip Code 88337-9447

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

Name of Employer none Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 07 / 2013

**Transaction ID : VN8V0B08YE8**

Amount of Each Receipt this Period  
 50.00

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

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

400.00

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

|                                                                         |                                                                                                                                                                                      |              |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                                                                                                                                    | PAGE 7 OF 30 |
|                                                                         | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
**Committee to Elect Leslie to Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Paul G Duran**

Mailing Address 12 Puebla

City La Luz State NM Zip Code 88337-9447

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

Name of Employer none Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **675.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 04 / 2013

**Transaction ID : VN8V0BEYM00**

Amount of Each Receipt this Period  
**50.00**

**B.** Full Name (Last, First, Middle Initial)  
**Paul G Duran**

Mailing Address 12 Puebla

City La Luz State NM Zip Code 88337-9447

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

Name of Employer none Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **725.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 06 / 2013

**Transaction ID : VN8V0BNF0F3**

Amount of Each Receipt this Period  
**50.00**

**C.** Full Name (Last, First, Middle Initial)  
**Steve Endean**

Mailing Address PO Box 1288

City Edgewood State NM Zip Code 87015-1288

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 10 / 2013

**Transaction ID : VN8V0BTMNG7**

Amount of Each Receipt this Period  
**2400.00**

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

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

**2500.00**

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

|                                                                         |                                                                                                                                                                                      |              |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                                                                                                                                    | PAGE 8 OF 30 |
|                                                                         | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
**Committee to Elect Leslie to Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ann L McCullough**

Mailing Address 485 Weinrich Rd

City Las Cruces State NM Zip Code 88007-4836

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

Name of Employer Retired Occupation N/A

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 13 / 2013

**Transaction ID : VN8V0BP9KH4**

Amount of Each Receipt this Period  
 200.00

Amount of Each Receipt this Period  
 350.00

**B.** Full Name (Last, First, Middle Initial)  
**Ann L McCullough**

Mailing Address 485 Weinrich Rd

City Las Cruces State NM Zip Code 88007-4836

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

Name of Employer Retired Occupation N/A

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : VN8V0BWSS44**

Amount of Each Receipt this Period  
 100.00

Amount of Each Receipt this Period  
 450.00

**C.** Full Name (Last, First, Middle Initial)  
**Kate Mott**

Mailing Address 2653 Snow Rd

City Las Cruces State NM Zip Code 88005-4433

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

Name of Employer self Occupation realtor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 16 / 2013

**Transaction ID : VN8V0B7MQT9**

Amount of Each Receipt this Period  
 100.00

Amount of Each Receipt this Period  
 200.00

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

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

400.00



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

|                                                                         |                                                                                                                                                                                      |              |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                                                                                                                                    | PAGE 9 OF 30 |
|                                                                         | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
**Committee to Elect Leslie to Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Kate Mott**

Mailing Address 2653 Snow Rd

City Las Cruces State NM Zip Code 88005-4433

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

Name of Employer self Occupation realtor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 16 / 2013

**Transaction ID : VN8V0BG0FQ8**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Cliff Pelton**

Mailing Address 5725 Robledo Rd

City Las Cruces State NM Zip Code 88012-7231

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : VN8V0BV3M89**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**Connie Potter**

Mailing Address 2505 Desert Dr

City Las Cruces State NM Zip Code 88001-1502

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

Name of Employer Trauma Center Association of America Occupation Nurse

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **100.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 10 / 2013

**Transaction ID : VN8V0B7MR14**

Amount of Each Receipt this Period  
**100.00**

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

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

**1200.00**

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

|                                                                         |                                                                                                                                                                                      |               |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                                                                                                                                    | PAGE 10 OF 30 |
|                                                                         | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Committee to Elect Leslie to Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Connie Potter**

Mailing Address 2505 Desert Dr

City Las Cruces State NM Zip Code 88001-1502

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

Name of Employer Trauma Center Association of America Occupation Nurse

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **150.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 30 / 2013

**Transaction ID : VN8V0BWSSK2**

Amount of Each Receipt this Period  
**50.00**

**B.** Full Name (Last, First, Middle Initial)  
**Connie Potter**

Mailing Address 2505 Desert Dr

City Las Cruces State NM Zip Code 88001-1502

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

Name of Employer Trauma Center Association of America Occupation Nurse

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : VN8V0BWSSN8**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**Dorothy Rall**

Mailing Address 1624 W Millen Dr

City Hobbs State NM Zip Code 88242-9773

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

Name of Employer Self Occupation Speech Pathologist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 13 / 2013

**Transaction ID : VN8V0BP9KZ4**

Amount of Each Receipt this Period  
**50.00**

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

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

**200.00**

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

|                                                                         |                                                                                                                                                                                      |               |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                                                                                                                                    | PAGE 11 OF 30 |
|                                                                         | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Committee to Elect Leslie to Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Gail Richardson**

Mailing Address 1411 Rockwood

City Alamogordo State NM Zip Code 88310-3920

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : VN8V0BW2072**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Vodene Schultz**

Mailing Address 2806 Swartz Rd

City Las Cruces State NM Zip Code 88007-5125

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

Name of Employer Information Requested Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 13 / 2013

**Transaction ID : VN8V0BP9M10**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Jagdev I. Singh**

Mailing Address 1909 Cuba Ave Ste 1

City Alamogordo State NM Zip Code 88310-5646

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

Name of Employer Self Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 13 / 2013

**Transaction ID : VN8V0BP9KG6**

Amount of Each Receipt this Period  
2600.00

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

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

3350.00

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

|                                                                         |                                                                                                                                                                          |               |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                                                                                                                        | PAGE 12 OF 30 |
|                                                                         | <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)  
**Committee to Elect Leslie to Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Linnie Townsend**

Mailing Address 2607 Saint Andrews

City Alamogordo State NM Zip Code 88310

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 15 / 2013

**Transaction ID : VN8V0BTMNH5**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Paul Weems**

Mailing Address 506 Central Ave

City Socorro State NM Zip Code 87801-4012

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

Name of Employer Information Requested Occupation Information Requested  
 Self-Employed Construction Control Representative

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 13 / 2013

**Transaction ID : VN8V0BP9KW1**

Amount of Each Receipt this Period  
 150.00

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

Mailing Address

City State Zip Code

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

Name of Employer Information Requested Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y 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).....

400.00

10350.00

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

|                                                                         |                                                                                                                                                                                      |               |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                                                                                                                                    | PAGE 13 OF 30 |
|                                                                         | <input type="checkbox"/> 11a<br>12 <input checked="" type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Committee to Elect Leslie to Congress**

|                                                                                                                                               |                                               |                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Leslie Endean-Singh</b>                                                                      |                                               | Date of Receipt<br>M M / D D / Y Y Y Y<br>11 / 12 / 2013 |
| Mailing Address 1909 Cuba Ave<br>Ste 1                                                                                                        |                                               | <b>Transaction ID : VN8V0BF24S5</b>                      |
| City Alamogordo State NM Zip Code 88310-5646                                                                                                  | Amount of Each Receipt this Period<br>5400.00 |                                                          |
| FEC ID number of contributing federal political committee. C                                                                                  |                                               | Amount of Each Receipt this Period<br>64600.00           |
| Name of Employer Self Occupation Lawyer                                                                                                       | Election Cycle-to-Date<br>64600.00            |                                                          |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                               |                                                          |

|                                                                                                                                               |                                               |                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Leslie Endean-Singh</b>                                                                      |                                               | Date of Receipt<br>M M / D D / Y Y Y Y<br>12 / 18 / 2013 |
| Mailing Address 1909 Cuba Ave<br>Ste 1                                                                                                        |                                               | <b>Transaction ID : VN8V0BTMN50</b>                      |
| City Alamogordo State NM Zip Code 88310-5646                                                                                                  | Amount of Each Receipt this Period<br>9000.00 |                                                          |
| FEC ID number of contributing federal political committee. C                                                                                  |                                               | Amount of Each Receipt this Period<br>73600.00           |
| Name of Employer Self Occupation Lawyer                                                                                                       | Election Cycle-to-Date<br>73600.00            |                                                          |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                               |                                                          |

|                                                                                                                                               |                                               |                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Leslie Endean-Singh</b>                                                                      |                                               | Date of Receipt<br>M M / D D / Y Y Y Y<br>12 / 31 / 2013 |
| Mailing Address 1909 Cuba Ave<br>Ste 1                                                                                                        |                                               | <b>Transaction ID : VN8V0BV3J42</b>                      |
| City Alamogordo State NM Zip Code 88310-5646                                                                                                  | Amount of Each Receipt this Period<br>9500.00 |                                                          |
| FEC ID number of contributing federal political committee. C                                                                                  |                                               | Amount of Each Receipt this Period<br>92100.00           |
| Name of Employer Self Occupation Lawyer                                                                                                       | Election Cycle-to-Date<br>92100.00            |                                                          |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                               |                                                          |

|                                                                 |          |
|-----------------------------------------------------------------|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 23900.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... | 23900.00 |

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

|                                                                         |                                                                                                                                                                          |               |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                                                                                                                        | PAGE 14 OF 30 |
|                                                                         | <input type="checkbox"/> 11a 12 <input checked="" 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)  
**Committee to Elect Leslie to Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Leslie Endean-Singh**

Mailing Address 1909 Cuba Ave  
Ste 1

City Alamogordo State NM Zip Code 88310-5646

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

Name of Employer Self Occupation Lawyer

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
92100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : VN8V0BV3M21**

Amount of Each Receipt this Period  
9000.00

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

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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y 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).....

9000.00

32900.00

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

|                                                                         |                                                                                                                                                         |               |  |  |  |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)                                                                                                                    | PAGE 15 OF 30 |  |  |  |
|                                                                         | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Committee to Elect Leslie to Congress**

|                                                                                                                           |                                                                                                                                    |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. ActBlue</b>                                                              |                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 06 / 2013 |
| Mailing Address 366 Summer St                                                                                             |                                                                                                                                    | Amount of Each Disbursement this Period<br>12.26              |
| City<br>Somerville                                                                                                        | State<br>MA                                                                                                                        |                                                               |
| Zip Code<br>02144-3132                                                                                                    | Purpose of Disbursement<br>Credit Card Fees                                                                                        | Transaction ID : VN7VR9PGWV2                                  |
| Candidate Name                                                                                                            | Category/Type                                                                                                                      |                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                               |
| State: District:                                                                                                          |                                                                                                                                    |                                                               |

|                                                                                                                           |                                                                                                                                    |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. ActBlue</b>                                                              |                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 13 / 2013 |
| Mailing Address 366 Summer St                                                                                             |                                                                                                                                    | Amount of Each Disbursement this Period<br>14.83              |
| City<br>Somerville                                                                                                        | State<br>MA                                                                                                                        |                                                               |
| Zip Code<br>02144-3132                                                                                                    | Purpose of Disbursement<br>Credit Card Fees                                                                                        | Transaction ID : VN7VR9PGWW0                                  |
| Candidate Name                                                                                                            | Category/Type                                                                                                                      |                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                               |
| State: District:                                                                                                          |                                                                                                                                    |                                                               |

|                                                                                                                           |                                                                                                                                    |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. ActBlue</b>                                                              |                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 20 / 2013 |
| Mailing Address 366 Summer St                                                                                             |                                                                                                                                    | Amount of Each Disbursement this Period<br>14.83              |
| City<br>Somerville                                                                                                        | State<br>MA                                                                                                                        |                                                               |
| Zip Code<br>02144-3132                                                                                                    | Purpose of Disbursement<br>Credit Card Fees                                                                                        | Transaction ID : VN7VR9PGWX8                                  |
| Candidate Name                                                                                                            | Category/Type                                                                                                                      |                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                               |
| State: District:                                                                                                          |                                                                                                                                    |                                                               |

|                                                                 |       |
|-----------------------------------------------------------------|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 41.92 |
| <b>TOTAL</b> This Period (last page this line number only)..... |       |

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

|                                                                         |                                                                                                                                                         |               |  |  |  |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)                                                                                                                    | PAGE 16 OF 30 |  |  |  |
|                                                                         | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Committee to Elect Leslie to Congress**

|                                                                                                                           |                                                                                                                                    |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. ActBlue</b>                                                              |                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 27 / 2013 |
| Mailing Address 366 Summer St                                                                                             |                                                                                                                                    | Amount of Each Disbursement this Period<br>2.97               |
| City<br>Somerville                                                                                                        | State<br>MA                                                                                                                        |                                                               |
| Zip Code<br>02144-3132                                                                                                    | Purpose of Disbursement<br>Credit Card Fees                                                                                        | Transaction ID : VN7VR9PGWY6                                  |
| Candidate Name                                                                                                            | Category/<br>Type                                                                                                                  |                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                               |
| State: District:                                                                                                          |                                                                                                                                    |                                                               |

|                                                                                                                           |                                                                                                                                    |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. ActBlue</b>                                                              |                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 03 / 2013 |
| Mailing Address 366 Summer St                                                                                             |                                                                                                                                    | Amount of Each Disbursement this Period<br>23.14              |
| City<br>Somerville                                                                                                        | State<br>MA                                                                                                                        |                                                               |
| Zip Code<br>02144-3132                                                                                                    | Purpose of Disbursement<br>Credit Card Fees                                                                                        | Transaction ID : VN7VR9PGWD2                                  |
| Candidate Name                                                                                                            | Category/<br>Type                                                                                                                  |                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                               |
| State: District:                                                                                                          |                                                                                                                                    |                                                               |

|                                                                                                                           |                                                                                                                                    |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. ActBlue</b>                                                              |                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 10 / 2013 |
| Mailing Address 366 Summer St                                                                                             |                                                                                                                                    | Amount of Each Disbursement this Period<br>118.55             |
| City<br>Somerville                                                                                                        | State<br>MA                                                                                                                        |                                                               |
| Zip Code<br>02144-3132                                                                                                    | Purpose of Disbursement<br>Credit Card Fees                                                                                        | Transaction ID : VN7VR9PGWE0                                  |
| Candidate Name                                                                                                            | Category/<br>Type                                                                                                                  |                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                               |
| State: District:                                                                                                          |                                                                                                                                    |                                                               |

|                                                                 |        |
|-----------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 148.66 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



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

|                                                                         |                                                                        |                                                             |                                                              |                                                             |  |
|-------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)                                   | PAGE 17 OF 30                                               |                                                              |                                                             |  |
|                                                                         | <input checked="" type="checkbox"/> 17<br><input type="checkbox"/> 20a | <input type="checkbox"/> 18<br><input type="checkbox"/> 20b | <input type="checkbox"/> 19a<br><input type="checkbox"/> 20c | <input type="checkbox"/> 19b<br><input type="checkbox"/> 21 |  |

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NAME OF COMMITTEE (In Full)  
**Committee to Elect Leslie to Congress**

|                                                                                                                                                                                                                                                  |                                             |                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. ActBlue</b>                                                                                                                                                                                     |                                             | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 17 / 2013 |
| Mailing Address 366 Summer St                                                                                                                                                                                                                    |                                             | Amount of Each Disbursement this Period<br>18.80              |
| City Somerville State MA Zip Code 02144-3132                                                                                                                                                                                                     | Purpose of Disbursement<br>Credit Card Fees |                                                               |
| Candidate Name                                                                                                                                                                                                                                   | Category/Type                               | Transaction ID : VN7VR9PGWG5                                  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District:                            |                                                               |

|                                                                                                                                                                                                                                                  |                                             |                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. ActBlue</b>                                                                                                                                                                                     |                                             | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 24 / 2013 |
| Mailing Address 366 Summer St                                                                                                                                                                                                                    |                                             | Amount of Each Disbursement this Period<br>2.97               |
| City Somerville State MA Zip Code 02144-3132                                                                                                                                                                                                     | Purpose of Disbursement<br>Credit Card Fees |                                                               |
| Candidate Name                                                                                                                                                                                                                                   | Category/Type                               | Transaction ID : VN7VR9PGWH3                                  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District:                            |                                                               |

|                                                                                                                                                                                                                                                  |                                             |                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. ActBlue</b>                                                                                                                                                                                     |                                             | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 01 / 2013 |
| Mailing Address 366 Summer St                                                                                                                                                                                                                    |                                             | Amount of Each Disbursement this Period<br>6.92               |
| City Somerville State MA Zip Code 02144-3132                                                                                                                                                                                                     | Purpose of Disbursement<br>Credit Card Fees |                                                               |
| Candidate Name                                                                                                                                                                                                                                   | Category/Type                               | Transaction ID : VN7VR9PGWJ1                                  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District:                            |                                                               |

|                                                                 |       |
|-----------------------------------------------------------------|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 28.69 |
| <b>TOTAL</b> This Period (last page this line number only)..... |       |

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

|                                                                         |                                               |                                    |                                     |                                    |
|-------------------------------------------------------------------------|-----------------------------------------------|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 18 OF 30                       |                                    |
|                                                                         | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Committee to Elect Leslie to Congress**

|                                                                                                                           |                                                                                                                                    |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. ActBlue</b>                                                              |                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 08 / 2013 |
| Mailing Address 366 Summer St                                                                                             |                                                                                                                                    | Amount of Each Disbursement this Period<br>2.97               |
| City<br>Somerville                                                                                                        | State<br>MA                                                                                                                        |                                                               |
| Zip Code<br>02144-3132                                                                                                    | Purpose of Disbursement<br>Credit Card Fees                                                                                        | Transaction ID : VN7VR9PGWQ1                                  |
| Candidate Name                                                                                                            | Category/Type                                                                                                                      |                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                               |
| State: District:                                                                                                          |                                                                                                                                    |                                                               |

|                                                                                                                           |                                                                                                                                    |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. ActBlue</b>                                                              |                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 15 / 2013 |
| Mailing Address 366 Summer St                                                                                             |                                                                                                                                    | Amount of Each Disbursement this Period<br>13.45              |
| City<br>Somerville                                                                                                        | State<br>MA                                                                                                                        |                                                               |
| Zip Code<br>02144-3132                                                                                                    | Purpose of Disbursement<br>Credit Card Fees                                                                                        | Transaction ID : VN7VR9PGWR9                                  |
| Candidate Name                                                                                                            | Category/Type                                                                                                                      |                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                               |
| State: District:                                                                                                          |                                                                                                                                    |                                                               |

|                                                                                                                           |                                                                                                                                    |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. ActBlue</b>                                                              |                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 22 / 2013 |
| Mailing Address 366 Summer St                                                                                             |                                                                                                                                    | Amount of Each Disbursement this Period<br>13.80              |
| City<br>Somerville                                                                                                        | State<br>MA                                                                                                                        |                                                               |
| Zip Code<br>02144-3132                                                                                                    | Purpose of Disbursement<br>Credit Card Fees                                                                                        | Transaction ID : VN7VR9PGWS6                                  |
| Candidate Name                                                                                                            | Category/Type                                                                                                                      |                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                               |
| State: District:                                                                                                          |                                                                                                                                    |                                                               |

|                                                                 |       |
|-----------------------------------------------------------------|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 30.22 |
| <b>TOTAL</b> This Period (last page this line number only)..... |       |

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

|                                                                         |                                               |                                    |                                     |                                    |  |
|-------------------------------------------------------------------------|-----------------------------------------------|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 19 OF 30                      |                                     |                                    |  |
|                                                                         | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Committee to Elect Leslie to Congress**

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

Mailing Address 366 Summer St

City Somerville State MA Zip Code 02144-3132

Purpose of Disbursement  
Credit Card Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
12 / 31 / 2013

Amount of Each Disbursement this Period  
23.74

Transaction ID : VN7VR9PGWT4

Full Name (Last, First, Middle Initial)  
**B. CFO Compliance**

Mailing Address 1 Park Row Ste 5

City Providence State RI Zip Code 02903-1235

Purpose of Disbursement  
Consultant (Compliance)

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
10 / 03 / 2013

Amount of Each Disbursement this Period  
800.00

Transaction ID : VN7VR9NBE49

Full Name (Last, First, Middle Initial)  
**c. CFO Compliance**

Mailing Address 1 Park Row Ste 5

City Providence State RI Zip Code 02903-1235

Purpose of Disbursement  
Consultant (Compliance)

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
10 / 16 / 2013

Amount of Each Disbursement this Period  
800.00

Transaction ID : VN7VR9NBDY2

**SUBTOTAL** of Disbursements This Page (optional)..... 1623.74

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

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

|                                                                         |                                               |                                    |                                     |                                    |
|-------------------------------------------------------------------------|-----------------------------------------------|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 20 OF 30                       |                                    |
|                                                                         | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Committee to Elect Leslie to Congress**

|                                                                                                                  |                                                                                                                              |                                                               |
|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. CFO Compliance</b>                                              |                                                                                                                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 18 / 2013 |
| Mailing Address 1 Park Row<br>Ste 5                                                                              |                                                                                                                              | Amount of Each Disbursement this Period<br>800.00             |
| City Providence                                                                                                  | State RI Zip Code 02903-1235                                                                                                 |                                                               |
| Purpose of Disbursement<br>Accounting & Compliance Consulting                                                    |                                                                                                                              | Transaction ID : VN7VR9PGWK9                                  |
| Candidate Name                                                                                                   |                                                                                                                              |                                                               |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |                                                               |
| State: District:                                                                                                 |                                                                                                                              |                                                               |

|                                                                                                                  |                                                                                                                                              |                                                               |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. CFO Consultants</b>                                             |                                                                                                                                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 03 / 2013 |
| Mailing Address 1 Park Row<br>Ste 5                                                                              |                                                                                                                                              | Amount of Each Disbursement this Period<br>3880.33            |
| City Providence                                                                                                  | State RI Zip Code 02903-1235                                                                                                                 |                                                               |
| Purpose of Disbursement<br>Consultant (Fundraising)                                                              |                                                                                                                                              | Transaction ID : VN7VR9NBE31                                  |
| Candidate Name                                                                                                   |                                                                                                                                              |                                                               |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |                                                               |
| State: District:                                                                                                 |                                                                                                                                              |                                                               |

|                                                                                                                  |                                                                                                                                              |                                                               |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. CFO Consultants</b>                                             |                                                                                                                                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 16 / 2013 |
| Mailing Address 1 Park Row<br>Ste 5                                                                              |                                                                                                                                              | Amount of Each Disbursement this Period<br>6000.00            |
| City Providence                                                                                                  | State RI Zip Code 02903-1235                                                                                                                 |                                                               |
| Purpose of Disbursement<br>Consultant (Fundraising)                                                              |                                                                                                                                              | Transaction ID : VN7VR9NBDZ0                                  |
| Candidate Name                                                                                                   |                                                                                                                                              |                                                               |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |                                                               |
| State: District:                                                                                                 |                                                                                                                                              |                                                               |

|                                                                 |          |
|-----------------------------------------------------------------|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 10680.33 |
| <b>TOTAL</b> This Period (last page this line number only)..... |          |

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

|                                                                               |                                               |                                    |                                     |                                    |
|-------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 21 OF 30                       |                                    |
|                                                                               | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Committee to Elect Leslie to Congress**

|                                                                                                                           |                                                                                                                                    |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. CFO Consultants</b>                                                      |                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 23 / 2013 |
| Mailing Address 1 Park Row<br>Ste 5                                                                                       |                                                                                                                                    | Amount of Each Disbursement this Period<br>4020.79            |
| City Providence                                                                                                           | State RI Zip Code 02903-1235                                                                                                       |                                                               |
| Purpose of Disbursement<br>Fundraising & General Strategy Consulting                                                      |                                                                                                                                    | <b>Transaction ID : VN7VR9PGWP3</b>                           |
| Candidate Name                                                                                                            |                                                                                                                                    |                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                               |
| State: District:                                                                                                          |                                                                                                                                    |                                                               |

|                                                                                                                           |                                                                                                                                    |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Art Davis</b>                                                            |                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 05 / 2013 |
| Mailing Address Adobe Ranch Court                                                                                         |                                                                                                                                    | Amount of Each Disbursement this Period<br>656.40             |
| City Alamogordo                                                                                                           | State NM Zip Code                                                                                                                  |                                                               |
| Purpose of Disbursement<br>Accounting                                                                                     |                                                                                                                                    | <b>Transaction ID : VN7VR9PGVR6</b>                           |
| Candidate Name                                                                                                            |                                                                                                                                    |                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                               |
| State: District:                                                                                                          |                                                                                                                                    |                                                               |

|                                                                                                                           |                                                                                                                                                    |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>c. Cole Haymond</b>                                                         |                                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 21 / 2013 |
| Mailing Address 5415 Connecticut Ave NW<br>Apt 136                                                                        |                                                                                                                                                    | Amount of Each Disbursement this Period<br>2788.00            |
| City Washington                                                                                                           | State DC Zip Code 20015-2736                                                                                                                       |                                                               |
| Purpose of Disbursement<br>Payroll Expenses                                                                               |                                                                                                                                                    | <b>Transaction ID : VN7VR9NBDM3</b>                           |
| Candidate Name                                                                                                            |                                                                                                                                                    |                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                               |
| State: District:                                                                                                          |                                                                                                                                                    |                                                               |

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 7465.19 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|                                                                               |                                               |                                    |                                     |                                    |
|-------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 22 OF 30                       |                                    |
|                                                                               | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Committee to Elect Leslie to Congress**

|                                                                                                                                                                                                                                                                        |                                         |                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. JC Penney</b>                                                                                                                                                                                                         |                                         | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 18 / 2013 |
| Mailing Address 3199 N White Sands Blvd                                                                                                                                                                                                                                |                                         | Amount of Each Disbursement this Period<br>74.05              |
| City Alamogordo State NM Zip Code 88310-6151                                                                                                                                                                                                                           | Purpose of Disbursement Office Supplies |                                                               |
| Candidate Name                                                                                                                                                                                                                                                         | Category/Type                           | Transaction ID : VN7VR9NXJG2                                  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:                        |                                                               |

|                                                                                                                                                                                                                                                                        |                                                |                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. PolPress</b>                                                                                                                                                                                                          |                                                | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 16 / 2013 |
| Mailing Address 5566 N Northwest Hwy                                                                                                                                                                                                                                   |                                                | Amount of Each Disbursement this Period<br>2640.00            |
| City Chicago State IL Zip Code 60630-1116                                                                                                                                                                                                                              | Purpose of Disbursement Printing (Fundraising) |                                                               |
| Candidate Name                                                                                                                                                                                                                                                         | Category/Type                                  | Transaction ID : VN7VR9NBE08                                  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:                               |                                                               |

|                                                                                                                                                                                                                                                                        |                                  |                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Print Professionals</b>                                                                                                                                                                                               |                                  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 19 / 2013 |
| Mailing Address 9910 Trumbull Ave SE                                                                                                                                                                                                                                   |                                  | Amount of Each Disbursement this Period<br>666.61             |
| City Albuquerque State NM Zip Code 87123-3289                                                                                                                                                                                                                          | Purpose of Disbursement Printing |                                                               |
| Candidate Name                                                                                                                                                                                                                                                         | Category/Type                    | Transaction ID : VN7VR9NXJA7                                  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:                 |                                                               |

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 3380.66 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|                                                                         |                                               |                                    |                                     |                                    |
|-------------------------------------------------------------------------|-----------------------------------------------|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 23 OF 30                       |                                    |
|                                                                         | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Committee to Elect Leslie to Congress**

|                                                                                                                                                                                                                                                                        |                                                                                     |                                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Chris Rosenblatt</b>                                                                                                                                                                                                  |                                                                                     | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 30 / 2013                             |
| Mailing Address 100 Crews Ave<br>Apt E14                                                                                                                                                                                                                               |                                                                                     | Amount of Each Disbursement this Period<br>3000.00<br><b>Transaction ID : VN7VR9NBDV8</b> |
| City Alamogordo State NM Zip Code 88310-4448                                                                                                                                                                                                                           | Purpose of Disbursement Consultant (Fundraising)<br>Candidate Name<br>Category/Type |                                                                                           |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:                                                                    |                                                                                           |

|                                                                                                                                                                                                                                                        |                                                                                     |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Chris Rosenblatt</b>                                                                                                                                                                                  |                                                                                     | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 27 / 2013                             |
| Mailing Address 100 Crews Ave<br>Apt E14                                                                                                                                                                                                               |                                                                                     | Amount of Each Disbursement this Period<br>4000.00<br><b>Transaction ID : VN7VR9PGVZ1</b> |
| City Alamogordo State NM Zip Code 88310-4448                                                                                                                                                                                                           | Purpose of Disbursement Consulting (fundraising)<br>Candidate Name<br>Category/Type |                                                                                           |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:                                                                    |                                                                                           |

|                                                                                                                                                                                                                                                                        |                                                                          |                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>c. Leslie Singh</b>                                                                                                                                                                                                      |                                                                          | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 30 / 2013                            |
| Mailing Address 1909 Cuba Ave                                                                                                                                                                                                                                          |                                                                          | Amount of Each Disbursement this Period<br>600.00<br><b>Transaction ID : VN7VR9NE6Y2</b> |
| City Alamogordo State NM Zip Code 88310-5646                                                                                                                                                                                                                           | Purpose of Disbursement Reimbursement<br>Candidate Name<br>Category/Type |                                                                                          |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:                                                         |                                                                                          |

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 7600.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|                                                                               |                                               |                                    |                                     |                                    |
|-------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 24 OF 30                       |                                    |
|                                                                               | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Committee to Elect Leslie to Congress**

|                                                                                                                           |                                                                                                                                                    |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. NGP VAN</b>                                                              |                                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 30 / 2013 |
| Mailing Address 1101 15th St NW<br>Ste 500                                                                                |                                                                                                                                                    | Amount of Each Disbursement this Period<br>600.00             |
| City Washington                                                                                                           | State DC                                                                                                                                           |                                                               |
| Zip Code 20005-5006                                                                                                       | Purpose of Disbursement<br>Fundraising/Compliance Database                                                                                         | Transaction ID : VN7VR9NE6Z0                                  |
| Candidate Name                                                                                                            | Category/Type                                                                                                                                      |                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]<br>*                                              |
| State: District:                                                                                                          |                                                                                                                                                    |                                                               |

|                                                                                                                           |                                                                                                                                                    |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. The Dover Group</b>                                                      |                                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 03 / 2013 |
| Mailing Address 4471 Dean Martin Dr<br>Unit 2304                                                                          |                                                                                                                                                    | Amount of Each Disbursement this Period<br>1000.00            |
| City Las Vegas                                                                                                            | State NV                                                                                                                                           |                                                               |
| Zip Code 89103-4243                                                                                                       | Purpose of Disbursement<br>Consultant (Campaign)                                                                                                   | Transaction ID : VN7VR9NBE57                                  |
| Candidate Name                                                                                                            | Category/Type                                                                                                                                      |                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                               |
| State: District:                                                                                                          |                                                                                                                                                    |                                                               |

|                                                                                                                           |                                                                                                                                                    |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>c. The Dover Group</b>                                                      |                                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 30 / 2013 |
| Mailing Address 4471 Dean Martin Dr<br>Unit 2304                                                                          |                                                                                                                                                    | Amount of Each Disbursement this Period<br>1000.00            |
| City Las Vegas                                                                                                            | State NV                                                                                                                                           |                                                               |
| Zip Code 89103-4243                                                                                                       | Purpose of Disbursement<br>Consultant (Campaign)                                                                                                   | Transaction ID : VN7VR9NBDT0                                  |
| Candidate Name                                                                                                            | Category/Type                                                                                                                                      |                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                               |
| State: District:                                                                                                          |                                                                                                                                                    |                                                               |

|                                                                 |          |
|-----------------------------------------------------------------|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2000.00  |
| <b>TOTAL</b> This Period (last page this line number only)..... | 32995.41 |



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

NAME OF COMMITTEE (In Full) **Committee to Elect Leslie to Congress** Transaction ID : VN8V0AZW2G0L

|                                                                                          |                         |                                                                                                                                                 |
|------------------------------------------------------------------------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)<br><b>Leslie Endean-Singh</b> | <b>[PERSONAL FUNDS]</b> | Election: 2014<br><input checked="" type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Mailing Address<br>1909 Cuba Ave<br>Ste 1                                                |                         |                                                                                                                                                 |
| City                                                                                     | State                   | ZIP Code                                                                                                                                        |
| Alamogordo                                                                               | NM                      | 88310-5646                                                                                                                                      |

|                         |                            |                                             |
|-------------------------|----------------------------|---------------------------------------------|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 25000.00                | 0.00                       | 25000.00                                    |

|              |                                       |                             |               |                                                                     |
|--------------|---------------------------------------|-----------------------------|---------------|---------------------------------------------------------------------|
| <b>TERMS</b> | Date Incurred                         | Date Due                    | Interest Rate | Secured:                                                            |
|              | M M / D D / Y Y Y Y<br>09 / 24 / 2013 | M M / D D / Y Y Y Y<br>none | none % (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: [ ] |

|                                                                                                                                             |   |          |
|---------------------------------------------------------------------------------------------------------------------------------------------|---|----------|
| <b>SUBTOTALS</b> This Period This Page (optional).....                                                                                      | ▶ | 25000.00 |
| <b>TOTALS</b> This Period (last page in this line only).....                                                                                | ▶ | [ ]      |
| <b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b> |   |          |

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

NAME OF COMMITTEE (In Full) **Committee to Elect Leslie to Congress** Transaction ID : VN8V0AZW0M8L

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014  
**Leslie Endean-Singh**  Primary  
 Mailing Address 1909 Cuba Ave Ste 1  General  
 Other (specify) ▼

City State ZIP Code  
 Alamogordo NM 88310-5646

|                         |                            |                                             |
|-------------------------|----------------------------|---------------------------------------------|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 34200.00                | 0.00                       | 34200.00                                    |

**TERMS** Date Incurred Date Due Interest Rate Secured:  
 M M / D D / Y Y Y Y M M / D D / Y Y Y Y none % (apr)  Yes  No  
 09 / 30 / 2013 none

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)..... ▶ 34200.00  
**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**

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)

Transaction ID : VN8V0BF24S5L

Committee to Elect Leslie to Congress

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

[PERSONAL FUNDS]

Election: 2014

Leslie Endean-Singh

Primary  
 General  
 Other (specify) ▼

Mailing Address  
1909 Cuba Ave  
Ste 1

City State ZIP Code  
Alamogordo NM 88310-5646

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 / D 12 / Y 2013 M M / D D / Y None 0% % (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)..... 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 : VN8V0BTMN50L

|                                                                                          |                         |                                                                                                                                                 |
|------------------------------------------------------------------------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)<br><b>Leslie Endean-Singh</b> | <b>[PERSONAL FUNDS]</b> | Election: 2014<br><input checked="" type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Mailing Address<br>1909 Cuba Ave<br>Ste 1                                                |                         |                                                                                                                                                 |
| City                                                                                     | State                   | ZIP Code                                                                                                                                        |
| Alamogordo                                                                               | NM                      | 88310-5646                                                                                                                                      |

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

|              |                      |                |               |                                                                     |
|--------------|----------------------|----------------|---------------|---------------------------------------------------------------------|
| <b>TERMS</b> | Date Incurred        | Date Due       | Interest Rate | Secured:                                                            |
|              | M 12 / D 18 / Y 2013 | M / D / Y None | 0% % (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: [ ] |

|                                                                                                                                             |   |         |
|---------------------------------------------------------------------------------------------------------------------------------------------|---|---------|
| <b>SUBTOTALS</b> This Period This Page (optional).....                                                                                      | ▶ | 9000.00 |
| <b>TOTALS</b> This Period (last page in this line only).....                                                                                | ▶ | [ ]     |
| <b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b> |   |         |

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

NAME OF COMMITTEE (In Full) **Committee to Elect Leslie to Congress** Transaction ID : VN8V0BV3J42L

**LOAN SOURCE** Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2014  
**Leslie Endean-Singh**  Primary  
 Mailing Address General  
 1909 Cuba Ave Ste 1  Other (specify) ▼

City State ZIP Code  
 Alamogordo NM 88310-5646

|                         |                            |                                             |
|-------------------------|----------------------------|---------------------------------------------|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 9500.00                 | 0.00                       | 9500.00                                     |

**TERMS** Date Incurred Date Due Interest Rate Secured:  
 M 12 / D 31 / Y 2013 M M / D D / Y None No % (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: <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).....   
**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 : VN8V0BV3M21L

|                                                                                          |                         |                                                                                                                                                 |
|------------------------------------------------------------------------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)<br><b>Leslie Endean-Singh</b> | <b>[PERSONAL FUNDS]</b> | Election: 2014<br><input checked="" type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Mailing Address<br>1909 Cuba Ave<br>Ste 1                                                |                         |                                                                                                                                                 |
| City<br>Alamogordo                                                                       | State<br>NM             | ZIP Code<br>88310-5646                                                                                                                          |

|                                    |                                    |                                                        |
|------------------------------------|------------------------------------|--------------------------------------------------------|
| Original Amount of Loan<br>9000.00 | Cumulative Payment To Date<br>0.00 | Balance Outstanding at Close of This Period<br>9000.00 |
|------------------------------------|------------------------------------|--------------------------------------------------------|

|              |                                       |                            |                             |                                                                                 |
|--------------|---------------------------------------|----------------------------|-----------------------------|---------------------------------------------------------------------------------|
| <b>TERMS</b> | Date Incurred<br>M 12 / D 31 / Y 2013 | Date Due<br>M / D / Y None | Interest Rate<br>No % (apr) | Secured:<br><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: [ ] |

|                                                              |   |          |
|--------------------------------------------------------------|---|----------|
| <b>SUBTOTALS</b> This Period This Page (optional).....       | ▶ | 9000.00  |
| <b>TOTALS</b> This Period (last page in this line only)..... | ▶ | 92100.00 |

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