

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED 2013 DEC 17 PM 1:12 Office Use Only

12FE4M5 MAIL CENTER

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

LEFLORE FOR CONGRESS

ADDRESS (number and street)

P O BOX 56

Check if different than previously reported. (ACC)

MOBILE AL 36601-0056

2. FEC IDENTIFICATION NUMBER

C.00546366

3. IS THIS REPORT NEW OR AMENDED CITY STATE ZIP CODE STATE DISTRICT

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
X October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
Convention (12C) X Special (12S)
Election on 12 17 2013 in the State of AL

(c) 30-Day POST-Election Report for the:

- General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period

09 05 2013 through 09 30 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer BURTON R LEFLORE

Signature of Treasurer

[Handwritten Signature]

Date

11 17 2013

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

Table with 7 columns and 1 row for Office Use Only.

FEC FORM 3 (Revised 02/2003)

13031143628

SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

Page 2

Write or Type Committee Name

REFLORE For Congress

Report Covering the Period:

From:

09' 05' 2013

To:

09' 30' 2013

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	1,070.00	7,719.56
(b) Total Contribution Refunds (from Line 20(d)) .....	.00	.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	1,070.00	7,719.56
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	580.17	6,266.92
(b) Total Offsets to Operating Expenditures (from Line 14) .....	.00	.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	580.17	6,266.92
8. Cash on Hand at Close of Reporting Period (from Line 27)	489.73	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	.00	

For further information contact:

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

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

13031143629

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

LEFLORE FOR CONGRESS

Report Covering the Period:

From:

09 ' 05 ' 2013

To:

09 ' 30 ' 2013

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

1,070.00

7,219.56

(ii) Unitemized.....

(iii) TOTAL of contributions from individuals ▶

1,070.00

7,719.56

(b) Political Party Committees.....

.00

.00

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

.00

.00

(d) The Candidate.....

.00

70.00

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

1,070.00

7,789.56

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

.00

.00

13. LOANS:

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

.00

.00

(b) All Other Loans.....

.00

.00

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

.00

.00

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

.00

.00

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

.00

.00

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

1,070.00

7,789.56

13031143630

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	580.17	6,266.92
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	.00	.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	.00	.00
(b) Of All Other Loans .....	.00	.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	.00	.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	.00	.00
(b) Political Party Committees.....	.00	.00
(c) Other Political Committees (such as PACs).....	.00	.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	.00	.00
21. OTHER DISBURSEMENTS .....	.00	.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	580.17	6,266.92

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	9,628.1
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1,070.00
25. SUBTOTAL (add Line 23 and Line 24).....	2,0328.1
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	580.17
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1,452.64

13031143631

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 1 OF 4
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
LEFLORE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) RUFFIN, CREOLA GRAY			Date of Receipt 09' 05' 2013		
Mailing Address 367 AOLE AVE					
City MOBILE	State AL	Zip Code 36604			
FEC ID number of contributing federal political committee. C 00546366			Amount of Each Receipt this Period 100.00		
Name of Employer SELF		Occupation ATTORNEY			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) SPECIAL		Election Cycle-to-Date 100.00			

B. Full Name (Last, First, Middle Initial) COLINS, FRITZEL J.			Date of Receipt 09' 10' 2013		
Mailing Address 1711 CHASE DRIVE					
City SARALAND	State AL	Zip Code 36571			
FEC ID number of contributing federal political committee. C 00546366			Amount of Each Receipt this Period 50.00		
Name of Employer N/A		Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) SPECIAL		Election Cycle-to-Date 50.00			

C. Full Name (Last, First, Middle Initial) LESLIE, PHILLIP M			Date of Receipt 09' 19' 2013		
Mailing Address 121 NO LAFAYETTE STREET					
City MOBILE	State AL	Zip Code 36604			
FEC ID number of contributing federal political committee. C 00546366			Amount of Each Receipt this Period 100.00		
Name of Employer SELF-EMPLOYED		Occupation ATTORNEY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) SPECIAL		Election Cycle-to-Date 100.00			

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	250.00

13031143632

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

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

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NAME OF COMMITTEE (In Full)
LEFLORE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DAVIS, RUBY

Mailing Address
1808 EAST CARONAL DRIVE

City MOBILE State AL Zip Code 36605

FEC ID number of contributing federal political committee. C00546366

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary
 Other (specify) SPECIAL

Election Cycle-to-Date
25.00

Date of Receipt
09/18/2013

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
WAGONER, BARBARA

Mailing Address
263 FULTON STREET, SOUTH

City MOBILE State AL Zip Code 36606

FEC ID number of contributing federal political committee. C00546366

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary
 Other (specify) SPECIAL

Election Cycle-to-Date
50.00

Date of Receipt
09/10/2013

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
LEWIS, PATRICIA

Mailing Address
3713 HOLLY RIDGE CIRCLE

City MOBILE State AL Zip Code 36693

FEC ID number of contributing federal political committee. C00546366

Name of Employer SELF-EMPLOYED Occupation ACCOUNTING

Receipt For:
 Primary
 Other (specify) SPECIAL

Election Cycle-to-Date
100.00

Date of Receipt
09/10/2013

Amount of Each Receipt this Period
100.00

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

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

175.00

425.00

13031143633

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE <u>3</u> OF <u>4</u>
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full) LEFLORE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) HAMILTON, WALTER

Mailing Address 7720 BEDFORD COURT

City MOBILE State AL Zip Code 36695

FEC ID number of contributing federal political committee. C00546366

Name of Employer TEAM HEALTH Occupation HEALTH

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

Date of Receipt 09/22/2013

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial) BERASCONI, MARK

Mailing Address PO BOX 1

City FAIRHOPE State AL Zip Code 36532

FEC ID number of contributing federal political committee. C00546366

Name of Employer NORTHROP GRUMMAN Occupation ENGINEER

Receipt For: Primary General Other (specify) SPECIAL Election Cycle-to-Date 25.00

Date of Receipt 09/18/2013

Amount of Each Receipt this Period 25.00

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

Mailing Address 105 S. CATHERINE STREET

City MOBILE State AL Zip Code 36608

FEC ID number of contributing federal political committee. C00546366

Name of Employer McMillan High Sch. Occupation TEACHER

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

Date of Receipt 09/17/2013

Amount of Each Receipt this Period 15.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

540.00

965.00

13031143634

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE <u>4</u> OF <u>4</u>	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full) LEFLURE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) <u>FISHER, ANDREY</u>		Date of Receipt <u>09/26/2013</u>
Mailing Address <u>9134 WELLES WAY</u>		Amount of Each Receipt this Period <u>30.00</u>
City <u>SAN ANTONIO</u>	State <u>TX</u> Zip Code <u>78240</u>	
FEC ID number of contributing federal political committee. <u>C 00546366</u>		Amount of Each Receipt this Period <u>30.00</u>
Name of Employer <u>N/A</u>	Occupation <u>RETIRED</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>SPECIAL</u>	Election Cycle-to-Date <u>30.00</u>	

B. Full Name (Last, First, Middle Initial) <u>FOLSOM, MICHAEL</u>		Date of Receipt <u>09/25/2013</u>
Mailing Address <u>322 TULANE DRIVE S.E.</u>		Amount of Each Receipt this Period <u>25.00</u>
City <u>ALBUQUERQUE, NM</u>	State <u>NM</u> Zip Code <u>8706</u>	
FEC ID number of contributing federal political committee. <u>C 00546366</u>		Amount of Each Receipt this Period <u>25.00</u>
Name of Employer <u>KNM RESOURCES</u>	Occupation <u>POWER SYSTEM ADMIN</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>SPECIAL</u>	Election Cycle-to-Date <u>25.00</u>	

C. Full Name (Last, First, Middle Initial) <u>ROLAND, LINDA</u>		Date of Receipt <u>09/25/2013</u>
Mailing Address <u>7400 KIM AVE</u>		Amount of Each Receipt this Period <u>50.00</u>
City <u>THEODORE, AL</u>	State <u>AL</u> Zip Code <u>36582-2276</u>	
FEC ID number of contributing federal political committee. <u>C 00546366</u>		Amount of Each Receipt this Period <u>50.00</u>
Name of Employer <u>N/A</u>	Occupation <u>RETIRED</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>SPECIAL</u>	Election Cycle-to-Date <u>50.00</u>	

SUBTOTAL of Receipts This Page (optional).....	<u>105.00</u>
TOTAL This Period (last page this line number only).....	<u>1070.00</u>

13031143635

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

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

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

Full Name (Last, First, Middle Initial) A. ABC SIGNS		Date of Disbursement <i>09 ' 20 ' 2013</i>
Mailing Address <i>5851 LARUE STEINER ROAD</i>		Amount of Each Disbursement this Period <i>500.17</i>
City <i>THEODORE</i>	State <i>AL</i>	
Zip Code <i>36582</i>		Category/ Type
Purpose of Disbursement <i>PURCHASE CAMPAIGN SIGNS</i>		
Candidate Name <i>BURTON LEFLORE</i>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <i>SPECIAL</i>	
State: <i>AL</i> District: <i>01</i>		

Full Name (Last, First, Middle Initial) B. DEMOCRACY FOR AMERICA		Date of Disbursement <i>09 ' 07 ' 2013</i>
Mailing Address		Amount of Each Disbursement this Period <i>8000</i>
City	State	
Zip Code		Category/ Type
Purpose of Disbursement		
Candidate Name <i>BURTON LEFLORE</i>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <i>SPECIAL</i>	
State: <i>AL</i> District: <i>01</i>		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		Category/ Type
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<i>580.17</i>
TOTAL This Period (last page this line number only)	<i>580.17</i>

13031143636

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 1 OF 1

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

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

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

Mailing Address

City State ZIP Code

Election:
 Primary
 General
 Other (specify) *SPECIAL*

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

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

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

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

SUBTOTALS This Period This Page (optional) *00*

TOTALS This Period (last page in this line only) *00*

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

13031143637

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

Supplementary for
 Information found on
 Page _____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

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

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

A. Has loan been restructured? No Yes If yes, date originally incurred M M / D D / Y Y Y Y

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

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

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

What is the value of this collateral?
00

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: *NA*

What is the estimated value?
00

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

Location of account: _____
 Address: _____
 Date account established: M M / D D / Y Y Y Y
 City, State, Zip: _____

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

G. COMMITTEE TREASURER Typed Name <i>BURTON R. LEFLORE</i> Signature <i>[Signature]</i>	DATE <i>11 / 17 / 2013</i>
---	-------------------------------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

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

AUTHORIZED REPRESENTATIVE Typed Name Signature <i>NA</i>	Title	DATE M M / D D / Y Y Y Y
--	-------	-----------------------------

13031143638

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

NAME OF COMMITTEE (In Full) LEFLORE FOR CONGRESS

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

Outstanding Balance Beginning This Period _____
 Amount Incurred This Period _____ Payment This Period _____ Outstanding Balance at Close of This Period _____

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

Outstanding Balance Beginning This Period _____
 Amount Incurred This Period _____ Payment This Period _____ Outstanding Balance at Close of This Period _____

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

Outstanding Balance Beginning This Period _____
 Amount Incurred This Period _____ Payment This Period _____ Outstanding Balance at Close of This Period _____

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

13031143639

FEC FORM 3Z (File with Form 3)

CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS

(To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In Full) <i>LEFlore For Congress</i>		Report Covering Period: From: <i>09' 05' 2013</i>		To: <i>09' 30' 2013</i>		
Committee Name				(a) Line No. 11(a) Total Contributions From Indiv/Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees	
A	<i>LEFlore For Congress</i>			<i>1070.00</i>	<i>.00</i>	
B	Column Total Last Page Only.....			<i>1070.00</i>	<i>.00</i>	
	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
A	<i>.00</i>	<i>.00</i>	<i>1070.00</i>	<i>.00</i>	<i>.00</i>	<i>.00</i>
B						
	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
A	<i>.00</i>	<i>.00</i>	<i>.00</i>	<i>1070.00</i>	<i>580.17</i>	<i>.00</i>
B						
	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Cand- idate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
A	<i>.00</i>	<i>.00</i>	<i>-012</i>	<i>.00</i>	<i>.00</i>	<i>-00</i>
B						
	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee
A	<i>.00</i>	<i>00</i>	<i>580.17</i>	<i>96281</i>	<i>145264</i>	<i>.00</i>
B						
	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
A	<i>.00</i>	<i>1070.00</i>	<i>580.17</i>			
B						

13031143640

13031143641

SHIP DATE: 16DEC13
ACTWGT: 0.6 LB
CAD: /POS1424
DIM5: 0x0x0 IN
BILL SENDER

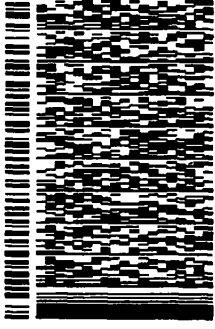
ORIGIN ID:MOBR

UNITED STATES US

TO RYAN FURMA
FEDERAL ELECTION COMMISSION
999 E ST NW

WASHINGTON DC 20463
REF: (251) 202-1151
PO1

DEPT1:

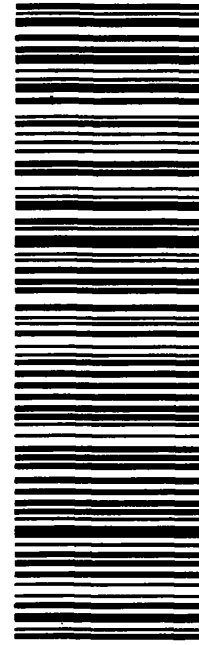


TUE - 17 DEC 10:30A
PRIORITY OVERNIGHT

TRK# 8043 6611 7122
0200

DSR
20463
DC-US IAD

XC RDVA



Mail Pak

FedEx NEW Package
Express US Airbill

FedEx Tracking Number 8043 6611 7122

1 From
Date 16 DEC 2013
Sender's Name BURTON R LEFURE Phone 251 648-6560
Company LEFURE FOR CONGRESS
Address PO BOX 56
City MOBILE State AL ZIP 36601-0056

2 Your Internal Billing Reference

3 To
Recipient's Name RYAN FURMA Phone 251 202-1151
Company FEDERAL ELECTION COMMISSION
Address 999 E STREET NW
We cannot deliver to P.O. boxes or P.O. ZIP codes.
Dept./Floor/Suite/Room
Address
Use this line for the HOLD location address or for continuation of your shipping address.
City WASHINGTON State DC ZIP 20463

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

N Business Day
 FedEx First Overnight
 FedEx Priority Overnight
 FedEx Standard Overnight

2 or 3 Business
 FedEx 2Day A.M.
 FedEx 2Day
 FedEx Express

5 Packaging * Declared value limit \$500.
 FedEx Envelope*
 FedEx Pak*
 FedEx Box

6 Special Handling and Delivery Signature Options
 SATURDAY Delivery
 No Signature Required
 Direct Sign

Does this shipment contain...
 Hazardous goods for placed in a FedEx box

7 Payment
 Sender's Account No. in Section 1 will be billed.
 Third Party
 Credit Card
 Total Packages Total Weight
 Our liability is limited to US\$100 unless you declare a higher value. See the current FedEx Services Guide for details.
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8043 6611 7122

RT 677 6
12/17/13

Federal Election Commission
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 The FEC added this page to the end of this filing to indicate how it was received.

13031143642

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed. Exp</i>	Shipping Date <i>12/16/17</i>
	Next Business Day Delivery <input checked="" type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

[Signature]
 PREPARER
 (8/2013)

8/18/17
 DATE PREPARED