



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Fleming For Congress

Report Covering the Period: From:

M M D D Y Y Y Y  
1 0 0 1 2 0 0 8

To:

M M D D Y Y Y Y  
1 0 1 5 2 0 0 8

	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)).....	16985.00	227223.23
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	2000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	16985.00	225223.23
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	131376.52	989123.01
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	4534.74
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	131376.52	984588.27
8. Cash on Hand at Close of Reporting Period (from Line 27).....	15995.49	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	774980.00	

**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  
Fleming For Congress

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

**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).....

15100.00

177102.00

(ii) Unitemized.....

885.00

15421.23

(iii) TOTAL of contributions

15985.00

192523.23

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

1000.00

34300.00

(d) The Candidate.....

0.00

400.00

(e) TOTAL CONTRIBUTIONS (other than loans)

16985.00

227223.23

(add Lines 11(a)(iii), (b), (c), and (d))

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

0.00

0.00

13. LOANS

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

125000.00

774990.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

125000.00

774990.00

(add Lines 13(a) and (b)).....

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.).....

0.00

4534.74

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

0.00

670.53

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

141985.00

1007418.50

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	131376.52	989123.01
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	2000.00
21. OTHER DISBURSEMENTS.....	0.00	300.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	131376.52	991423.01

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	5387.01
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	141985.00
25. SUBTOTAL (add Line 23 and Line 24).....	147372.01
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	131376.52
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	15995.49

# 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 / 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
Fleming For Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Farida Baig	Date of Receipt MM / DD / YYYY 10 / 06 / 2008
	Mailing Address 39328 Magnolia Trce	<b>Transaction ID:</b> 81015.C486
	City State Zip Code Ponchatoula LA 70454-6920	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Self Employed Occupation Physician Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary Runoff 20-08 Election Cycle-to-Date 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Marion Bienvenu	Date of Receipt MM / DD / YYYY 10 / 08 / 2008
	Mailing Address 907 Harling Ln	<b>Transaction ID:</b> 81021.C511
	City State Zip Code Natchitoches LA 71457-5219	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Self Employed Occupation Real Estate Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary Runoff 20-08 Election Cycle-to-Date 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Harry Brinkley	Date of Receipt MM / DD / YYYY 10 / 14 / 2008
	Mailing Address 151 Deer Creek Ln	<b>Transaction ID:</b> 81021.C522
	City State Zip Code Minden LA 71055-8809	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer None Occupation Retired Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary Runoff 20-08 Election Cycle-to-Date 1150.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 63  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  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)  
Fleming For Congress

**A.** Full Name (Last, First, Middle Initial)  
G S Butler

Mailing Address 929 N Main St

City State Zip Code  
Homer LA 71040-3845

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

Name of Employer None Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 0 2 / 2 0 0 8

**Transaction ID:** 81010.C482

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 929 N Main St

City State Zip Code  
Homer LA 71040-3845

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

Name of Employer None Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
 Primary Runoff 20-08

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 1 5 / 2 0 0 8

**Transaction ID:** 81021.C527

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 333 Parkway Dr

City State Zip Code  
Natchitoches LA 71457-5521

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

Name of Employer None Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
 Primary Runoff 20-08

Election Cycle-to-Date ▼ 800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 1 5 / 2 0 0 8

**Transaction ID:** 81021.C530

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

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

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

FOR LINE NUMBER: PAGE 7 / 63  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    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)  
Fleming For Congress

**A.** Full Name (Last, First, Middle Initial)  
Sandra Corley  
Mailing Address 716 Oak Knoll

City State Zip Code  
Minden LA 71055

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼  
 Primary Runoff 20-08 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 0 / 2 0 0 8  
**Transaction ID:** 81021.C519  
 Amount of Each Receipt this Period  
100.00  
 Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Percy Curtis  
Mailing Address 169 Fullbright Cir

City State Zip Code  
Minden LA 71055-6395

FEC ID number of contributing federal political committee. C

Name of Employer None Occupation Retired  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼  
 Primary Runoff 20-08 350.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 8  
**Transaction ID:** 81021.C524  
 Amount of Each Receipt this Period  
250.00  
 Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
George French  
Mailing Address 1106 Broadway St

City State Zip Code  
Minden LA 71055-3343

FEC ID number of contributing federal political committee. C

Name of Employer Minden Medical Center Occupation Hospital Administrator  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼  
 Primary Runoff 20-08 1100.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 0 / 2 0 0 8  
**Transaction ID:** 81021.C517  
 Amount of Each Receipt this Period  
100.00  
 Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... 450.00

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

# 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 / 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
Fleming For Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) F. Bruce Hock	Date of Receipt MM / DD / YYYY 10 / 09 / 2008
	Mailing Address 1528 Highway 531	<b>Transaction ID:</b> 81021.C515
	City State Zip Code Minden LA 71055-6528	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Self Employed Investor	
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary Runoff 20-08	Election Cycle-to-Date ▼ 600.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Larry Hock	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 15727 Highway 80	<b>Transaction ID:</b> 81021.C535
	City State Zip Code Minden LA 71055-6351	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Petro Chem Operating Co President	
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary Runoff 20-08	Election Cycle-to-Date ▼ 1500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Perry Holloway	Date of Receipt MM / DD / YYYY 10 / 09 / 2008
	Mailing Address 142 Maximilian Ln	<b>Transaction ID:</b> 81021.C514
	City State Zip Code Shreveport LA 71105-3351	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Self Employed Business Owner	
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary Runoff 20-08	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 63  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Fleming For Congress

**A.**

Full Name (Last, First, Middle Initial)  
Robert Kenney

Mailing Address 5950 Highland Rd

City State Zip Code  
Baton Rouge LA 70808-6560

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

Name of Employer Self-Employed Occupation Physician

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ Primary Runoff 20-08 650.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 8

Transaction ID: 81015.C491

Amount of Each Receipt this Period  
400.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Catherine Lusk

Mailing Address 744 Hazelwood Dr

City State Zip Code  
Shreveport LA 71106-7225

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

Transaction ID: 81010.C480

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Betty Noe

Mailing Address 7301 Hampson St

City State Zip Code  
New Orleans LA 70118-5109

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

Name of Employer None Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ Primary Runoff 20-08 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 8

Transaction ID: 81015.C489

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1650.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 63  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    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)  
Fleming For Congress

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

Mailing Address 336 Oakland Pl

City State Zip Code  
Bossier City LA 71112-9741

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼  
 Primary Runoff 20-08 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** 81021.C533

Amount of Each Receipt this Period  
100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 21 Fair Oaks Dr

City State Zip Code  
Haughton LA 71037-2812

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed Occupation Construction

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼  
 Primary Runoff 20-08 1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** 81021.C531

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 104 Cambridge Cir

City State Zip Code  
Bossier City LA 71111-2278

FEC ID number of contributing federal political committee. C

Name of Employer None Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼  
 Primary Runoff 20-08 2300.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 0 / 2 0 0 8

**Transaction ID:** 81021.C518

Amount of Each Receipt this Period  
2300.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... 2900.00

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

# 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 / 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
Fleming For Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Kathy Ross		Date of Receipt MM / DD / YYYY 10 / 02 / 2008
	Mailing Address 9411 Prestonwood Cir		Transaction ID: 81010.C485
	City State Zip Code Shreveport LA 71115-3727	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
	Name of Employer None Occupation Homemaker Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) William Sandifer		Date of Receipt MM / DD / YYYY 10 / 10 / 2008
	Mailing Address 910 Pierremont Rd Ste 410		Transaction ID: 81023.C544
	City State Zip Code Shreveport LA 71106-2056	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
	Name of Employer Self-Employed Occupation Contractor Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary Runoff 20-08	Election Cycle-to-Date ▼ 1250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Donald Smith		Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 3540 Rue De Lac St		Transaction ID: 81021.C529
	City State Zip Code Shreveport LA 71107-7657	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
	Name of Employer Self-Employed Occupation Physician Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary Runoff 20-08	Election Cycle-to-Date ▼ 3000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# 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 / 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
Fleming For Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Hubert Storer	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address PO Box 6761	<b>Transaction ID:</b> 81021.C526
	City State Zip Code Shreveport LA 71136-6761	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self-Employed	Occupation Businessman	
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary Runoff 20-08	Election Cycle-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) James Taylor	Date of Receipt MM / DD / YYYY 10 / 02 / 2008
	Mailing Address 14050 Peairs Rd	<b>Transaction ID:</b> 81010.C483
	City State Zip Code Zachary LA 70791-8405	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self-Employed	Occupation Physician	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Alfred White	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 7419 Highway 518	<b>Transaction ID:</b> 81021.C536
	City State Zip Code Athens LA 71003-3232	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary Runoff 20-08	Election Cycle-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 63  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    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)  
Fleming For Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Richard White</p> <p>Mailing Address 1609 Dogwood Dr</p> <p>City State Zip Code Minden LA 71055-8907</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Walmart Pharmacist</p> <p>Receipt For: 2008  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input checked="" type="checkbox"/> Other (specify) ▼                  Primary Runoff 20-08</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>                  10 / 14 / 2008</p> <p><b>Transaction ID:</b> 81021.C541</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p>Receipt  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
---	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) Mike Woodard</p> <p>Mailing Address PO Box 1178</p> <p>City State Zip Code Minden LA 71058-1178</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Lincoln National Insurance</p> <p>Receipt For: 2008  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input checked="" type="checkbox"/> Other (specify) ▼                  Primary Runoff 20-08</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">2000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>                  10 / 09 / 2008</p> <p><b>Transaction ID:</b> 81021.C513</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p> <p>Receipt  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	---

<p><b>C.</b> Full Name (Last, First, Middle Initial) R E Woodard</p> <p>Mailing Address 419 Garrison Trl</p> <p>City State Zip Code Minden LA 71055-8986</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Woodard Investments Partner</p> <p>Receipt For: 2008  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input checked="" type="checkbox"/> Other (specify) ▼                  Primary Runoff 20-08</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">2000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>                  10 / 08 / 2008</p> <p><b>Transaction ID:</b> 81021.C512</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p> <p>Receipt  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
---	---

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">2250.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;">15100.00</span>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 14 / 63	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full) Fleming For Congress
---

**A.**

Full Name (Last, First, Middle Initial) Renal Physicians Association PAC	
Mailing Address 1700 Rockville Pike Ste 220	
City Rockville	State MD
Zip Code 20852-1631	
FEC ID number of contributing federal political committee.	<b>C</b> C00409391
Name of Employer	Occupation
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY 10 / 06 / 2008
Transaction ID: 81015.C487
Amount of Each Receipt this Period 1000.00
Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	1000.00

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 63  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  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)  
Fleming For Congress

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

Mailing Address PO Box 1236

City State Zip Code  
Minden LA 71058-1236

FEC ID number of contributing federal political committee. **C** C00445015

Name of Employer Self-Employed Occupation  
Physician

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
Primary Runoff 20-08 Election Cycle-to-Date ▼ 670390.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 8

**Transaction ID:** 81015.C488

Amount of Each Receipt this Period  
20000.00

Loans Made/Guaranteed by Cand.  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

NOTE: Personal Funds

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

Mailing Address PO Box 1236

City State Zip Code  
Minden LA 71058-1236

FEC ID number of contributing federal political committee. **C** C00445015

Name of Employer Self-Employed Occupation  
Physician

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
Primary Runoff 20-08 Election Cycle-to-Date ▼ 675390.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 8

**Transaction ID:** 81021.C516

Amount of Each Receipt this Period  
5000.00

Loans Made/Guaranteed by Cand.  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

NOTE: Personal Funds

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

Mailing Address PO Box 1236

City State Zip Code  
Minden LA 71058-1236

FEC ID number of contributing federal political committee. **C** C00445015

Name of Employer Self-Employed Occupation  
Physician

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
Primary Runoff 20-08 Election Cycle-to-Date ▼ 695390.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 8

**Transaction ID:** 81021.C525

Amount of Each Receipt this Period  
20000.00

Loans Made/Guaranteed by Cand.  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

NOTE: Personal Funds

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 16 / 63</span>
	(check only one)
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
Fleming For Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) John Fleming		Date of Receipt
	Mailing Address PO Box 1236		<input type="checkbox"/> 10 / <input type="checkbox"/> 15 / <input type="checkbox"/> 2008
	City	State	Zip Code
	Minden	LA	71058-1236
	FEC ID number of contributing federal political committee.		<b>C</b> C00445015
Name of Employer Self-Employed		Occupation Physician	<b>Transaction ID:</b> 81021.C537 Amount of Each Receipt this Period 60000.00 Loans Made/Guaranteed by Cand. <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008		Election Cycle-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input checked="" type="checkbox"/> Other (specify) ▼ Primary Runoff 20-08		
		755390.00	<b>NOTE:</b> Personal Funds

<b>B.</b>	Full Name (Last, First, Middle Initial) John Fleming		Date of Receipt
	Mailing Address PO Box 1236		<input type="checkbox"/> 10 / <input type="checkbox"/> 15 / <input type="checkbox"/> 2008
	City	State	Zip Code
	Minden	LA	71058-1236
	FEC ID number of contributing federal political committee.		<b>C</b> C00445015
Name of Employer Self-Employed		Occupation Physician	<b>Transaction ID:</b> 81021.C538 Amount of Each Receipt this Period 20000.00 Loans Made/Guaranteed by Cand. <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008		Election Cycle-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input checked="" type="checkbox"/> Other (specify) ▼ Primary Runoff 20-08		
		775390.00	<b>NOTE:</b> Personal Funds

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>80000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>125000.00</b>

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

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)  
Fleming For Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) ADP</p> <p>Mailing Address 5800 Windward Pkwy</p> <p>City Alpharetta State GA Zip Code 30005-8802</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81021.E551</p> <p>Date of Disbursement 10 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 400.75</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>PAYROLL TAXES</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) ADP</p> <p>Mailing Address 5800 Windward Pkwy</p> <p>City Alpharetta State GA Zip Code 30005-8802</p> <p>Purpose of Disbursement Payroll Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81015.E465</p> <p>Date of Disbursement 10 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 92.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>PAYROLL EXPENSE</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) ADP</p> <p>Mailing Address 5800 Windward Pkwy</p> <p>City Alpharetta State GA Zip Code 30005-8802</p> <p>Purpose of Disbursement Payroll Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81022.E556</p> <p>Date of Disbursement 10 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 9.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>PAYROLL EXPENSE</b></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><b>501.75</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

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

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)  
Fleming For Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) ADP</p> <p>Mailing Address 5800 Windward Pkwy</p> <p>City Alpharetta State GA Zip Code 30005-8802</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81022.E561</p> <p>Date of Disbursement 10 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 412.01</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>PAYROLL TAXES</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Aristotle International</p> <p>Mailing Address 205 Pennsylvania Ave SE</p> <p>City Washington State DC Zip Code 20003-1164</p> <p>Purpose of Disbursement Transaction Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81023.E562</p> <p>Date of Disbursement 10 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 18.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>TRANSACTION FEES</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Baldrige-Dumas Communications</p> <p>Mailing Address 605 San Antonio Ave</p> <p>City Many State LA Zip Code 71449-3018</p> <p>Purpose of Disbursement Media Buy</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81021.E494</p> <p>Date of Disbursement 10 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 2125.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>MEDIA BUY</b></p>

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

2555.51

**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)

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

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)  
Fleming For Congress

A.

Full Name (Last, First, Middle Initial)  
Cable Ads Media Group

Mailing Address 266 14th St SW

City Springhill State LA Zip Code 71075-4904

Purpose of Disbursement  
Media Buy

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 81021.E513  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	0	8

Amount of Each Disbursement this Period

1700.00
---------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

MEDIA BUY

B.

Full Name (Last, First, Middle Initial)  
Cumulus Broadcasting

Mailing Address PO Box 5459

City Bossier City State LA Zip Code 71171-5459

Purpose of Disbursement  
Media Buy

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 81021.E517  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	0	8

Amount of Each Disbursement this Period

1147.50
---------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

MEDIA BUY

C.

Full Name (Last, First, Middle Initial)  
Benjamin Davis

Mailing Address 814 Mississippi St

City Monroe State LA Zip Code 71202-4231

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 81022.E558  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	0	8

Amount of Each Disbursement this Period

264.91
--------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SALARY

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

3112.41
---------

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)

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

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)  
Fleming For Congress

A.	Full Name (Last, First, Middle Initial) Elite Broadcasting Mailing Address 213 Renee St City Natchitoches State LA Zip Code 71457-6225 Purpose of Disbursement Media Buy Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81021.E489 Date of Disbursement 10 / 07 / 2008 Amount of Each Disbursement this Period 1955.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MEDIA BUY
B.	Full Name (Last, First, Middle Initial) Elite Broadcasting Mailing Address 213 Renee St City Natchitoches State LA Zip Code 71457-6225 Purpose of Disbursement Media Buy Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81021.E518 Date of Disbursement 10 / 14 / 2008 Amount of Each Disbursement this Period 1955.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MEDIA BUY
C.	Full Name (Last, First, Middle Initial) GAP Broadcasting Mailing Address 6341 W Port Ave City Shreveport State LA Zip Code 71129-2415 Purpose of Disbursement Advertising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81021.E515 Date of Disbursement 10 / 14 / 2008 Amount of Each Disbursement this Period 6375.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ADVERTISING

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10285.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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)  
Fleming For Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) KALB-TV News Channel 5  Mailing Address PO Box 951  City Alexandria State LA Zip Code 71309-0951 Purpose of Disbursement Media Buy Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81021.E497 Date of Disbursement 10 / 09 / 2008  Amount of Each Disbursement this Period 1700.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  MEDIA BUY
<b>B.</b>	Full Name (Last, First, Middle Initial) KALB-TV News Channel 5  Mailing Address PO Box 951  City Alexandria State LA Zip Code 71309-0951 Purpose of Disbursement Media Buy Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81021.E523 Date of Disbursement 10 / 14 / 2008  Amount of Each Disbursement this Period 1700.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  MEDIA BUY
<b>C.</b>	Full Name (Last, First, Middle Initial) KBCL Radio  Mailing Address 1510 Hamilton Rd  City Bossier City State LA Zip Code 71111-3812 Purpose of Disbursement Media Buy Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81021.E493 Date of Disbursement 10 / 07 / 2008  Amount of Each Disbursement this Period 425.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  MEDIA BUY

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3825.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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)  
Fleming For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) KBCL Radio <hr/> Mailing Address 1510 Hamilton Rd <hr/> City Bossier City State LA Zip Code 71111-3812 <hr/> Purpose of Disbursement Media Buy Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81021.E501 Date of Disbursement 10 / 10 / 2008
	Amount of Each Disbursement this Period 425.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	MEDIA BUY
<b>B.</b> Full Name (Last, First, Middle Initial) KBCL Radio <hr/> Mailing Address 1510 Hamilton Rd <hr/> City Bossier City State LA Zip Code 71111-3812 <hr/> Purpose of Disbursement Media Buy Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81021.E521 Date of Disbursement 10 / 14 / 2008
	Amount of Each Disbursement this Period 425.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	MEDIA BUY
<b>C.</b> Full Name (Last, First, Middle Initial) KEEL <hr/> Mailing Address 6341 W Port Ave <hr/> City Shreveport State LA Zip Code 71129-2415 <hr/> Purpose of Disbursement Media Buy Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81021.E485 Date of Disbursement 10 / 07 / 2008
	Amount of Each Disbursement this Period 4250.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	MEDIA BUY

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

5100.00

**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)

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

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)  
Fleming For Congress

A.	Full Name (Last, First, Middle Initial) KJAE Radio <hr/> Mailing Address 101 Lees Ln <hr/> City Leesville State LA Zip Code 71446-3643 <hr/> Purpose of Disbursement Media Buy Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81021.E491 Date of Disbursement 10 / 07 / 2008 <hr/> Amount of Each Disbursement this Period 425.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MEDIA BUY
B.	Full Name (Last, First, Middle Initial) KJAE Radio <hr/> Mailing Address 101 Lees Ln <hr/> City Leesville State LA Zip Code 71446-3643 <hr/> Purpose of Disbursement Media Buy Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81021.E520 Date of Disbursement 10 / 14 / 2008 <hr/> Amount of Each Disbursement this Period 425.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MEDIA BUY
C.	Full Name (Last, First, Middle Initial) KMSS <hr/> Mailing Address 3519 Jewella Ave <hr/> City Shreveport State LA Zip Code 71109-4419 <hr/> Purpose of Disbursement Media Buy Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81021.E496 Date of Disbursement 10 / 09 / 2008 <hr/> Amount of Each Disbursement this Period 850.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MEDIA BUY

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1700.00
<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)

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

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)  
Fleming For Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) KMSS <hr/> Mailing Address 3519 Jewella Ave <hr/> City Shreveport State LA Zip Code 71109-4419 <hr/> Purpose of Disbursement Media Buy Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81021.E514 Date of Disbursement 10 / 14 / 2008 <hr/> Amount of Each Disbursement this Period 850.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MEDIA BUY
<b>B.</b>	Full Name (Last, First, Middle Initial) KPLC-TV <hr/> Mailing Address 320 Division St <hr/> City Lake Charles State LA Zip Code 70601-4228 <hr/> Purpose of Disbursement Media Buy Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81021.E502 Date of Disbursement 10 / 10 / 2008 <hr/> Amount of Each Disbursement this Period 1275.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MEDIA BUY
<b>C.</b>	Full Name (Last, First, Middle Initial) KRMD <hr/> Mailing Address PO Box 5459 <hr/> City Bossier City State LA Zip Code 71171-5459 <hr/> Purpose of Disbursement Media Buy Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81021.E492 Date of Disbursement 10 / 07 / 2008 <hr/> Amount of Each Disbursement this Period 425.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MEDIA BUY

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

2550.00

**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)

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

Any Information copied from such Reports and Statements and 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)  
Fleming For Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) KRMD <hr/> Mailing Address PO Box 5459 <hr/> City State Zip Code Bossier City LA 71171-5459 <hr/> Purpose of Disbursement Media Buy Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81021.E500 Date of Disbursement 10 / 10 / 2008 <hr/> Amount of Each Disbursement this Period 722.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MEDIA BUY
<b>B.</b>	Full Name (Last, First, Middle Initial) KROK <hr/> Mailing Address 168 Kvvp Dr <hr/> City State Zip Code Leesville LA 71446-5817 <hr/> Purpose of Disbursement Media Buy Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81021.E490 Date of Disbursement 10 / 07 / 2008 <hr/> Amount of Each Disbursement this Period 1275.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MEDIA BUY
<b>C.</b>	Full Name (Last, First, Middle Initial) KROK <hr/> Mailing Address 168 Kvvp Dr <hr/> City State Zip Code Leesville LA 71446-5817 <hr/> Purpose of Disbursement Media Buy Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81021.E516 Date of Disbursement 10 / 14 / 2008 <hr/> Amount of Each Disbursement this Period 1275.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MEDIA BUY

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

**3272.50**

**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)

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

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)  
Fleming For Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) KSLA  Mailing Address 1812 Fairfield Ave  City Shreveport State LA Zip Code 71101-4431  Purpose of Disbursement Media Buy Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 81021.E495 <b>Date of Disbursement</b> 10 / 09 / 2008  Amount of Each Disbursement this Period 2550.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>MEDIA BUY</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) KSLA  Mailing Address 1812 Fairfield Ave  City Shreveport State LA Zip Code 71101-4431  Purpose of Disbursement Media Buy Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 81021.E511 <b>Date of Disbursement</b> 10 / 14 / 2008  Amount of Each Disbursement this Period 2125.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>MEDIA BUY</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) KSLA  Mailing Address 1812 Fairfield Ave  City Shreveport State LA Zip Code 71101-4431  Purpose of Disbursement Media Buy Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 81021.E527 <b>Date of Disbursement</b> 10 / 14 / 2008  Amount of Each Disbursement this Period 425.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>MEDIA BUY</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5100.00</b>
<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)

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

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)  
Fleming For Congress

A.	Full Name (Last, First, Middle Initial) KTBS	Transaction ID: 81021.E484 Date of Disbursement 10 / 07 / 2008
	Mailing Address 312 E Kings Hwy	Amount of Each Disbursement this Period 4250.00
	City Shreveport State LA Zip Code 71104-3504	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Media Buy Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type MEDIA BUY
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) KTBS	Transaction ID: 81021.E507 Date of Disbursement 10 / 13 / 2008
	Mailing Address 312 E Kings Hwy	Amount of Each Disbursement this Period 4250.00
	City Shreveport State LA Zip Code 71104-3504	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Media Buy Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type MEDIA BUY
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) KTBS	Transaction ID: 81021.E529 Date of Disbursement 10 / 15 / 2008
	Mailing Address 312 E Kings Hwy	Amount of Each Disbursement this Period 5000.00
	City Shreveport State LA Zip Code 71104-3504	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Media Buy Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type MEDIA BUY
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	13500.00
<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)

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

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)  
Fleming For Congress

A.	Full Name (Last, First, Middle Initial) KXKS	Transaction ID: 81021.E522 Date of Disbursement 10 / 14 / 2008
	Mailing Address 50 E Rivercenter Blvd	Amount of Each Disbursement this Period 850.00
	City Shreveport State LA Zip Code 71107-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Media Buy Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		MEDIA BUY

B.	Full Name (Last, First, Middle Initial) Lifewise Cable	Transaction ID: 81021.E482 Date of Disbursement 10 / 06 / 2008
	Mailing Address 312 E Kings Hwy	Amount of Each Disbursement this Period 510.00
	City Shreveport State LA Zip Code 71104-3504	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Media Buy Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		MEDIA BUY

C.	Full Name (Last, First, Middle Initial) Lifewise Cable	Transaction ID: 81021.E487 Date of Disbursement 10 / 07 / 2008
	Mailing Address 312 E Kings Hwy	Amount of Each Disbursement this Period 4250.00
	City Shreveport State LA Zip Code 71104-3504	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Media Buy Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		MEDIA BUY

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5610.00
<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)

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

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)  
Fleming For Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Lifewise Cable Mailing Address 312 E Kings Hwy City Shreveport State LA Zip Code 71104-3504 Purpose of Disbursement Media Buy Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81021.E498 Date of Disbursement 10 / 09 / 2008 Amount of Each Disbursement this Period 1275.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MEDIA BUY
<b>B.</b>	Full Name (Last, First, Middle Initial) Lifewise Cable Mailing Address 312 E Kings Hwy City Shreveport State LA Zip Code 71104-3504 Purpose of Disbursement Media Buy Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81021.E508 Date of Disbursement 10 / 13 / 2008 Amount of Each Disbursement this Period 4250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MEDIA BUY
<b>C.</b>	Full Name (Last, First, Middle Initial) Lifewise Cable Mailing Address 312 E Kings Hwy City Shreveport State LA Zip Code 71104-3504 Purpose of Disbursement Media Buy Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81021.E526 Date of Disbursement 10 / 14 / 2008 Amount of Each Disbursement this Period 1275.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MEDIA BUY

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6800.00
<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)

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

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)  
Fleming For Congress

A.	Full Name (Last, First, Middle Initial) Louisiana Family Forum	Transaction ID: 81010.E456 Date of Disbursement 10 / 01 / 2008
	Mailing Address 655 Saint Ferdinand St	Amount of Each Disbursement this Period 500.00
	City Baton Rouge State LA Zip Code 70802-6152	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Event Ticket	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		EVENT TICKET

B.	Full Name (Last, First, Middle Initial) McRei, Inc.	Transaction ID: 81021.E506 Date of Disbursement 10 / 15 / 2008
	Mailing Address 3937 Pines Rd	Amount of Each Disbursement this Period 18500.00
	City Shreveport State LA Zip Code 71119-7301	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Telephone Calls	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		TELEPHONE CALLS

C.	Full Name (Last, First, Middle Initial) Postmaster	Transaction ID: 81010.E457 Date of Disbursement 10 / 01 / 2008
	Mailing Address 1925 E 70th St	Amount of Each Disbursement this Period 67.50
	City Shreveport State LA Zip Code 71105-5303	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Postage	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		POSTAGE

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	19067.50
<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)

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

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)  
Fleming For Congress

A.

Full Name (Last, First, Middle Initial)  
Postmaster

Mailing Address 1925 E 70th St

City Shreveport State LA Zip Code 71105-5303

Purpose of Disbursement  
Postage

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 81021.E481  
Date of Disbursement

10 / 06 / 2008

Amount of Each Disbursement this Period

126.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

POSTAGE

B.

Full Name (Last, First, Middle Initial)  
PT 1610 LLC

Mailing Address 1610 E Bert Kouns

City Shreveport State LA Zip Code 71115-

Purpose of Disbursement  
Rent

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 81021.E503  
Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

1400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

RENT

C.

Full Name (Last, First, Middle Initial)  
Sharon Williams and Associates

Mailing Address 176 Duchesne Road

City Eros State LA Zip Code 71238-

Purpose of Disbursement  
Polling

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 81010.E455  
Date of Disbursement

10 / 01 / 2008

Amount of Each Disbursement this Period

1110.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

POLLING

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

2636.00

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)

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

Any Information copied from such Reports and Statements and 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)  
Fleming For Congress

A.

Full Name (Last, First, Middle Initial)  
Shreveport Times

Mailing Address 222 Lake St

City Shreveport State LA Zip Code 71101-3738

Purpose of Disbursement  
Advertising

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81021.E504  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	0		2	0	0	8

Amount of Each Disbursement this Period

2442.00
---------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

ADVERTISING

B.

Full Name (Last, First, Middle Initial)  
Shreveport Times

Mailing Address 222 Lake St

City Shreveport State LA Zip Code 71101-3738

Purpose of Disbursement  
Advertising

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81021.E509  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	8

Amount of Each Disbursement this Period

2524.64
---------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

ADVERTISING

C.

Full Name (Last, First, Middle Initial)  
State of Louisiana

Mailing Address PO Box 94125

City Baton Rouge State LA Zip Code 70804-9125

Purpose of Disbursement  
Voter Data

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81021.E505  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	0		2	0	0	8

Amount of Each Disbursement this Period

760.00
--------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

VOTER DATA

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

5726.64
---------

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)

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

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)  
Fleming For Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) State of Louisiana</p> <p>Mailing Address PO Box 94125</p> <p>City Baton Rouge State LA Zip Code 70804-9125</p> <p>Purpose of Disbursement Voter Data</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81021.E528 <b>Date of Disbursement</b> 10 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 131.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>VOTER DATA</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Suddenlink Cable</p> <p>Mailing Address PO Box 1175</p> <p>City Arcata State CA Zip Code 95518-1175</p> <p>Purpose of Disbursement Media Buy</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81021.E486 <b>Date of Disbursement</b> 10 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 4250.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>MEDIA BUY</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Suddenlink Cable</p> <p>Mailing Address PO Box 1175</p> <p>City Arcata State CA Zip Code 95518-1175</p> <p>Purpose of Disbursement Media Buy</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81021.E512 <b>Date of Disbursement</b> 10 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 4250.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>MEDIA BUY</b></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>8631.00</b>
<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)

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

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)  
Fleming For Congress

A.	Full Name (Last, First, Middle Initial) Talk of the Town	Transaction ID: 81015.E459 Date of Disbursement 10 / 03 / 2008
	Mailing Address PO Box 5459	Amount of Each Disbursement this Period 350.00
	City Bossier City State LA Zip Code 71171-5459	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Advertising Candidate Name	ADVERTISING
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Holly Talley	Transaction ID: 81021.E483 Date of Disbursement 10 / 06 / 2008
	Mailing Address 1189 Bellevue Rd	Amount of Each Disbursement this Period 22.24
	City Haughton State LA Zip Code 71037-8002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement See Below-No Itemization Necessary Candidate Name	SEE BELOW-NO ITEMIZATION NECESSARY
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Holly Talley	Transaction ID: 81022.E559 Date of Disbursement 10 / 15 / 2008
	Mailing Address 1189 Bellevue Rd	Amount of Each Disbursement this Period 708.89
	City Haughton State LA Zip Code 71037-8002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Salary Candidate Name	SALARY
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1081.13</b>
<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)

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

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)  
Fleming For Congress

A.	Full Name (Last, First, Middle Initial) The Fletcher Group	Transaction ID: 81015.E458 Date of Disbursement 10 / 02 / 2008
	Mailing Address 321 N 2nd St	Amount of Each Disbursement this Period 10769.00
	City Monroe State LA Zip Code 71201-6725	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Campaign Management Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CAMPAIGN MANAGEMENT

B.	Full Name (Last, First, Middle Initial) The Fletcher Group	Transaction ID: 81021.E525 Date of Disbursement 10 / 14 / 2008
	Mailing Address 321 N 2nd St	Amount of Each Disbursement this Period 13500.00
	City Monroe State LA Zip Code 71201-6725	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Direct Marketing Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		DIRECT MARKETING

C.	Full Name (Last, First, Middle Initial) Turner Research	Transaction ID: 81021.E510 Date of Disbursement 10 / 13 / 2008
	Mailing Address 116 Touline St	Amount of Each Disbursement this Period 1250.00
	City Natchitoches State LA Zip Code 71457-4639	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Research Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		RESEARCH

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	25519.00
<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 37 / 63

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

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)  
Fleming For Congress

A.

Full Name (Last, First, Middle Initial)

Abby Varnadore

Mailing Address 490 Sommersby Dr

City  
Minden

State  
LA

Zip Code  
71055-6216

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81022.E560

Date of Disbursement

/   /

Amount of Each Disbursement this Period

434.58

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SALARY

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

434.58

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

131376.52

**SCHEDULE C (FEC Form 3)**

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

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

**LOANS**

NAME OF COMMITTEE (In Full)  
Fleming For Congress

**Transaction ID: LS80411.C4**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John Fleming - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 1236	
City Minden State LA ZIP Code 71058-1236	

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

**TERMS**

Date Incurred MM DD YY YY 02 08 2008	Date Due 20081231	Interest Rate .0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	----------------------	--------------------------------	---

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input style="width: 100%;" type="text" value="25000.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input style="width: 100%;" type="text" value=".00"/>
<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)

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

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

## LOANS

NAME OF COMMITTEE (In Full)  
Fleming For Congress

Transaction ID: LS80411.C3

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
John Fleming - [PERSONAL FUNDS]

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address PO Box 1236

City Minden State LA ZIP Code 71058-1236

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1215.00	0.00	1215.00

### TERMS

Date Incurred: MM/02 DD/07 YYYY/2008 Date Due: 20081231 Interest Rate: .0000 % (apr) Secured:  Yes  No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
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) .....	▶	1215.00
<b>TOTALS</b> 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.

# SCHEDULE C (FEC Form 3)

## LOANS

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

PAGE 40 / 63

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

NAME OF COMMITTEE (In Full)  
Fleming For Congress

**Transaction ID: LS80411.C2**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
John Fleming - [PERSONAL FUNDS]

Mailing Address PO Box 1236

City Minden State LA ZIP Code 71058-1236

Election:  
 Primary  
 General  
 Other (specify) ▼

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100.00	0.00	100.00

**TERMS**

Date Incurred: MM DD YY Y Y Y Y

Date Due:

Interest Rate:  % (apr)

Secured:  Yes  No

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

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="100.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input type="text" value=".00"/>

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)

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

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

## LOANS

NAME OF COMMITTEE (In Full)  
Fleming For Congress

Transaction ID: LS80411.C5

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
John Fleming - [PERSONAL FUNDS]

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address PO Box 1236

City Minden State LA ZIP Code 71058-1236

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

### TERMS

Date Incurred: MM/YY 02/2008 Date Due: 20081231 Interest Rate: .0000 % (apr) Secured:  Yes  No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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) .....	▶	10000.00
<b>TOTALS</b> 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.

**SCHEDULE C (FEC Form 3)**

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

**LOANS**

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

NAME OF COMMITTEE (In Full)  
Fleming For Congress

Transaction ID: LS80411.C11

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
John Fleming - [PERSONAL FUNDS]

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address PO Box 1236

City Minden State LA ZIP Code 71058-1236

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10.00	0.00	10.00

**TERMS**

Date Incurred: MM/03 DD/06 YY/08  
Date Due: 20081231  
Interest Rate: .0000 % (apr)  
Secured:  Yes  No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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) .....	▶	10.00
<b>TOTALS</b> 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.

**SCHEDULE C (FEC Form 3)**

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

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

**LOANS**

NAME OF COMMITTEE (In Full)  
Fleming For Congress

**Transaction ID:** LS80411.C17

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John Fleming - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 1236	
City Minden State LA ZIP Code 71058-1236	

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

**TERMS**

Date Incurred MM DD YY YY 03 18 2008	Date Due 20081231	Interest Rate .0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	----------------------	--------------------------------	---

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input style="width: 100%;" type="text" value="25000.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input style="width: 100%;" type="text" value=".00"/>

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	PAGE 44 / 63
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
Fleming For Congress

**Transaction ID:** LS80411.C19

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John Fleming - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 1236	
City Minden State LA ZIP Code 71058-1236	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	0.00	100000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 03 D D 26 Y Y Y Y 2008	20081231	.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	100000.00
<b>TOTALS</b> 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.

**SCHEDULE C (FEC Form 3)**

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

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

**LOANS**

NAME OF COMMITTEE (In Full)  
Fleming For Congress

Transaction ID: LS80411.C20

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
John Fleming - [PERSONAL FUNDS]

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address PO Box 1236

City Minden State LA ZIP Code 71058-1236

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
88685.00	0.00	88685.00

**TERMS**

Date Incurred: MM DD YY Y Y Y Y  03  27 2008  
Date Due: 20081231  
Interest Rate: .0000 % (apr)  
Secured:  Yes  No

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

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="88685.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input type="text" value=".00"/>

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)**

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

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

**LOANS**

NAME OF COMMITTEE (In Full)  
Fleming For Congress

**Transaction ID: LS80709.C182**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John Fleming - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 1236	
City Minden State LA ZIP Code 71058-1236	

Original Amount of Loan 95000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 95000.00
-------------------------------------	------------------------------------	---

**TERMS**

Date Incurred MM DD YY YY 06 27 2008	Date Due 20081231	Interest Rate .0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	----------------------	--------------------------------	---

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input style="width: 100%;" type="text" value="95000.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input style="width: 100%;" type="text" value=".00"/>

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)**

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

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

**LOANS**

NAME OF COMMITTEE (In Full)  
Fleming For Congress

**Transaction ID: LS80818.C333**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John Fleming - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 1236	
City Minden State LA ZIP Code 71058-1236	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
80000.00	0.00	80000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 08 D D 15 Y Y Y Y 2008	20081231	.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input style="width: 100%;" type="text" value="80000.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input style="width: 100%;" type="text" value=".00"/>

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)**

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

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

**LOANS**

NAME OF COMMITTEE (In Full)  
Fleming For Congress

Transaction ID: LS80903.C378

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
John Fleming - [PERSONAL FUNDS]

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address PO Box 1236

City Minden State LA ZIP Code 71058-1236

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3000.00	0.00	3000.00

**TERMS**

Date Incurred: MM/09 DD/02 YY/08  
Date Due: 20081231  
Interest Rate: .0000 % (apr)  
Secured:  Yes  No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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) .....	▶	3000.00
<b>TOTALS</b> 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.

**SCHEDULE C (FEC Form 3)**

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

**LOANS**

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

NAME OF COMMITTEE (In Full)  
Fleming For Congress

Transaction ID: LS80903.C390

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
John Fleming - [PERSONAL FUNDS]

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address PO Box 1236

City Minden State LA ZIP Code 71058-1236

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3000.00	0.00	3000.00

**TERMS**

Date Incurred: MM DD YY Y Y Y Y  09  03  2008  
Date Due: 20081231  
Interest Rate: .0000 % (apr)  
Secured:  Yes  No

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

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="3000.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input type="text" value=".00"/>

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)

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

## LOANS

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

NAME OF COMMITTEE (In Full)  
Fleming For Congress

Transaction ID: LS80903.C392

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
John Fleming - [PERSONAL FUNDS]

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address PO Box 1236

City Minden State LA ZIP Code 71058-1236

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10.00	0.00	10.00

### TERMS

Date Incurred: MM/09 DD/03 YY/20 YY/08  
 Date Due: 20081231  
 Interest Rate: .0000 % (apr)  
 Secured:  Yes  No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
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) .....	▶	10.00
<b>TOTALS</b> 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.

**SCHEDULE C (FEC Form 3)**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 51 / 63
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
Fleming For Congress

**Transaction ID: LS80912.C427**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John Fleming - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 1236	
City Minden State LA ZIP Code 71058-1236	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 09 D D 11 Y Y Y Y 2008	20081231	.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	5000.00
<b>TOTALS</b> 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.

# SCHEDULE C (FEC Form 3)

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

## LOANS

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

NAME OF COMMITTEE (In Full)  
Fleming For Congress

Transaction ID: LS80916.C446

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
John Fleming - [PERSONAL FUNDS]

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address PO Box 1236

City Minden State LA ZIP Code 71058-1236

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2500.00	0.00	2500.00

### TERMS

Date Incurred: MM/YY 09/16      Date Due: 20081231      Interest Rate: .0000 % (apr)      Secured:  Yes  No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
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) .....	▶	2500.00
<b>TOTALS</b> 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.

**SCHEDULE C (FEC Form 3)**

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

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

**LOANS**

NAME OF COMMITTEE (In Full)  
Fleming For Congress

**Transaction ID: LS80919.C450**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John Fleming - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 1236	
City Minden State LA ZIP Code 71058-1236	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
11000.00	0.00	11000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 09 D D 19 Y Y Y Y 2008	20081231	.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input style="width: 100%;" type="text" value="11000.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input style="width: 100%;" type="text" value=".00"/>
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)**

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

PAGE 54 / 63

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

**LOANS**

NAME OF COMMITTEE (In Full)  
Fleming For Congress

**Transaction ID: LS80922.C452**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
John Fleming - [PERSONAL FUNDS]

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address PO Box 1236

City Minden State LA ZIP Code 71058-1236

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
11000.00	0.00	11000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:																
<table style="font-size: small;"> <tr><td>M</td><td>M</td></tr> <tr><td>0</td><td>9</td></tr> </table>	M	M	0	9	<table style="font-size: small;"> <tr><td>D</td><td>D</td></tr> <tr><td>2</td><td>2</td></tr> </table>	D	D	2	2	<table style="font-size: small;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table>	Y	Y	Y	Y	2	0	0	8	20080922
M	M																		
0	9																		
D	D																		
2	2																		
Y	Y	Y	Y																
2	0	0	8																
		.0000	% (apr) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input style="width: 100%;" type="text" value="11000.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input style="width: 100%;" type="text" value=".00"/>

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)**

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

**LOANS**

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

NAME OF COMMITTEE (In Full)  
Fleming For Congress

Transaction ID: LS80922.C453

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
John Fleming - [PERSONAL FUNDS]

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address PO Box 1236

City Minden State LA ZIP Code 71058-1236

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5960.00	0.00	5960.00

**TERMS**

Date Incurred: MM/YY 09/22 2008 Date Due: 20080922 Interest Rate: .0000 % (apr) Secured:  Yes  No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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) .....	5960.00
<b>TOTALS</b> 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.

**SCHEDULE C (FEC Form 3)**

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

**LOANS**

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

NAME OF COMMITTEE (In Full)  
Fleming For Congress

Transaction ID: LS80925.C454

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
John Fleming - [PERSONAL FUNDS]

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address PO Box 1236

City Minden State LA ZIP Code 71058-1236

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
8000.00	0.00	8000.00

**TERMS**

Date Incurred: MM DD YY Y Y Y Y  Secured:  Yes  No  
 09 24 2008 2008 2008 2008 20080925 .0000 % (apr)

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
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) .....	▶	8000.00
<b>TOTALS</b> 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.

**SCHEDULE C (FEC Form 3)**

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

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

**LOANS**

NAME OF COMMITTEE (In Full)  
Fleming For Congress

Transaction ID: LS80925.C455

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
John Fleming - [PERSONAL FUNDS]

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address PO Box 1236

City Minden State LA ZIP Code 71058-1236

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20500.00	0.00	20500.00

**TERMS**

Date Incurred: MM DD YY Y Y Y Y  Secured:  Yes  No  
 09 25 2008 20080925 .0000 % (apr)

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
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) .....	▶	20500.00
<b>TOTALS</b> 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.

**SCHEDULE C (FEC Form 3)**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 58 / 63
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

**LOANS**

NAME OF COMMITTEE (In Full)  
Fleming For Congress

**Transaction ID: LS81015.C488**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John Fleming - [PERSONAL FUNDS]	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary Runoff 2008
Mailing Address PO Box 1236	
City Minden State LA ZIP Code 71058-1236	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20000.00	0.00	20000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
<input type="text" value="10"/> <input type="text" value="08"/> <input type="text" value="2008"/>	<input type="text" value="20081008"/>	<input type="text" value=".0000"/> % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="20000.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input type="text" value=".00"/>

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)**

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

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

**LOANS**

NAME OF COMMITTEE (In Full)  
Fleming For Congress

**Transaction ID: LS81021.C516**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John Fleming - [PERSONAL FUNDS]	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary Runoff 2008
Mailing Address PO Box 1236	
City Minden State LA ZIP Code 71058-1236	

Original Amount of Loan 5000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5000.00
------------------------------------	------------------------------------	--

**TERMS**

Date Incurred MM DD YY YY 10 09 2008	Date Due 20081021	Interest Rate .0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	----------------------	--------------------------------	---

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	5000.00
<b>TOTALS</b> 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.

# 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)  
Fleming For Congress

Transaction ID: LS81021.C525

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
John Fleming - [PERSONAL FUNDS]

Election:  
 Primary  
 General  
 Other (specify) ▼  
Primary Runoff 2008

Mailing Address PO Box 1236

City Minden State LA ZIP Code 71058-1236

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20000.00	0.00	20000.00

### TERMS

Date Incurred: MM DD YY Y Y Y Y  10  14  2008  
 Date Due: 20081021  
 Interest Rate: .0000 % (apr)  
 Secured:  Yes  No

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

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="20000.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input type="text" value=".00"/>

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)**

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

PAGE 61 / 63

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

**LOANS**

NAME OF COMMITTEE (In Full)  
Fleming For Congress

**Transaction ID: LS81021.C537**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
John Fleming - [PERSONAL FUNDS]

Mailing Address PO Box 1236

City Minden State LA ZIP Code 71058-1236

Election:  
 Primary  
 General  
 Other (specify) ▼  
 Primary Runoff 2008

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
60000.00	0.00	60000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:																
<table style="font-size: small;"> <tr><td>M</td><td>M</td></tr> <tr><td>1</td><td>0</td></tr> </table> <table style="font-size: small;"> <tr><td>D</td><td>D</td></tr> <tr><td>1</td><td>5</td></tr> </table> <table style="font-size: small;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table>	M	M	1	0	D	D	1	5	Y	Y	Y	Y	2	0	0	8	20081021	.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M	M																		
1	0																		
D	D																		
1	5																		
Y	Y	Y	Y																
2	0	0	8																

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input style="width: 100%;" type="text" value="60000.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input style="width: 100%;" type="text" value=".00"/>

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)**

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

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

**LOANS**

NAME OF COMMITTEE (In Full)  
Fleming For Congress

**Transaction ID: LS81021.C538**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John Fleming - [PERSONAL FUNDS]	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary Runoff 2008
Mailing Address PO Box 1236	
City Minden State LA ZIP Code 71058-1236	

Original Amount of Loan 20000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 20000.00
-------------------------------------	------------------------------------	---

**TERMS**

Date Incurred MM DD YY YY 10 15 2008	Date Due 20081021	Interest Rate .0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	----------------------	--------------------------------	---

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input style="width: 100%;" type="text" value="20000.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input style="width: 100%;" type="text" value=".00"/>

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)

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

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

## LOANS

NAME OF COMMITTEE (In Full)  
Fleming For Congress

Transaction ID: LS80714.C237

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
John Fleming - [PERSONAL FUNDS]

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address PO Box 1236

City Minden State LA ZIP Code 71058-1236

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
155000.00	0.00	155000.00

### TERMS

Date Incurred: MM DD YY YY  06  30 2008  
 Date Due: 20081231  
 Interest Rate: .0000 % (apr)  
 Secured:  Yes  No

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

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="155000.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input type="text" value="774980.00"/>

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