

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

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1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 LEFLORE FOR CONGRESS

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

2. FEC IDENTIFICATION NUMBER 000546366 CITY STATE ZIP CODE STATE DISTRICT AL 101

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

(b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on 11 04 2014 in the State of AL

(c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M D D Y Y Y Y in the State of

5. Covering Period 05 15 2014 through 06 30 2014

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

Type or Print Name of Treasurer BURTON R. LEFLORE

Signature of Treasurer [Signature] Date 08 20 2014

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

LE FLORE FOR CONGRESS

Report Covering the Period: From:

03 '15 '2014

To:

06 '30 '2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	1,270.00	15,450.00
(b) Total Contribution Refunds (from Line 20(d))	00	00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	1,270.00	15,450.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	00	3,480.00
(b) Total Offsets to Operating Expenditures (from Line 14)	00	00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	00	3,480.00
8. Cash on Hand at Close of Reporting Period (from Line 27)	15,450.00	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	3,500.00	

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)

Page 3

Write or Type Committee Name

LEFLORE FOR CONGRESS

Report Covering the Period: From:

05' 15' 2014

To:

06' 30' 2014

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).....	<i>1,270.00</i>	<i>1,545.00</i>
(ii) Unitemized.....	<i>00</i>	<i>00</i>
(iii) TOTAL of contributions from individuals ▶	<i>1,270.00</i>	<i>1,545.00</i>
(b) Political Party Committees.....	<i>00</i>	<i>00</i>
(c) Other Political Committees (such as PACs).....	<i>00</i>	<i>00</i>
(d) The Candidate.....	<i>00</i>	<i>00</i>
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	<i>00</i>	<i>1,545.00</i>
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....		
	<i>00</i>	<i>00</i>
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	<i>00</i>	<i>3,500.00</i>
(b) All Other Loans.....	<i>00</i>	<i>00</i>
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	<i>00</i>	<i>3,500.00</i>
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....		
	<i>00</i>	<i>00</i>
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	<i>00</i>	<i>00</i>
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	<i>00</i>	<i>3,045.00</i>

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	.00	3,480.00
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES00	.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	.00	.00
(b) Of All Other Loans06	.06
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	.06	.06
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees00	.00
(b) Political Party Committees.....	.00	.00
(c) Other Political Committees (such as PACs).....	.00	.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	.00	.00
21. OTHER DISBURSEMENTS.....	.00	.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	.00	3,480.00

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	295.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1,270.00
25. SUBTOTAL (add Line 23 and Line 24).....	1,365.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1,365.00

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

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

FOR LINE NUMBER: (check only one)		PAGE / OF	
<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)

BURTON R. LEFLORE / LEFLORE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STONE, HERBERT MD		Date of Receipt M M D D Y Y Y Y 05 25 2014
Mailing Address 33480 ALDER COURT		Amount of Each Receipt this Period 750.00
City SPANISH FORT, AL	State Zip Code AL 36527	
FEC ID number of contributing federal political committee. C 00546366		Amount of Each Receipt this Period 750.00
Name of Employer MOBILE INFIRMARY	Occupation MEDICAL DOCTOR	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00	

Full Name (Last, First, Middle Initial) B. BALL, CLARENCE		Date of Receipt M M D D Y Y Y Y 05 29 2014
Mailing Address 1 SOUTHERN WAY		Amount of Each Receipt this Period 500.00
City MOBILE	State Zip Code AL 36619	
FEC ID number of contributing federal political committee. C 00546366		Amount of Each Receipt this Period 500.00
Name of Employer SELF	Occupation SELF/CD	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) C. SCHNEIDER, FLO		Date of Receipt M M D D Y Y Y Y 05 29 2014
Mailing Address 724 SOUTH MOBILE ST.		Amount of Each Receipt this Period 2000
City FAIRHOPE	State Zip Code AL 36532	
FEC ID number of contributing federal political committee. C 00546366		Amount of Each Receipt this Period 2000
Name of Employer RETIRED	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000	

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

1,270.00

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

1,270.00

NONE THIS PERIOD

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE	OF
	FOR LINE NUMBER: (check only one)	
	<input type="checkbox"/>	9
	<input type="checkbox"/>	10

NAME OF COMMITTEE (In Full)

LEFLORE FOR CONGRESS

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

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

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

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

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

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

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

1-01-02 11:00 AM

NONE THIS PERIOD

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

Supplementary for Information found on Page of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) LEFLORE FOR CONGRESS
FEC IDENTIFICATION NUMBER C

LENDING INSTITUTION (LENDER) Full Name
Amount of Loan
Interest Rate (APR) %

Mailing Address
Date Incurred or Established
City State Zip Code
Date Due

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

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

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

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
What is the value of this collateral?
Does the lender have a perfected security interest in it? No Yes

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

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

Location of account:

Date account established:

Address:

M M / D D / Y Y Y Y

City, State, Zip:

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

G. COMMITTEE TREASURER

Typed Name

Signature

DATE

M M / D D / Y Y Y Y

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

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

AUTHORIZED REPRESENTATIVE

Typed Name

Signature

Title

DATE

M M / D D / Y Y Y Y

FEC FORM 3Z (File with Form 3)

CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS

(To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In Full) BURTON R LEFLORE LEFLORE FOR CONGRESS PO BOX 56 MOBILE, AL 36601-0056		Report Covering Period: From: 05 15 2014 To: 06 30 2014			
Committee Name		(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees		
A LEFLORE For Congress		1270.00	00		
B Column Total Last Page Only.....		1545.00	00		
(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
A 00	00	1270.00	00	00	00
B 00	00	1545.00	00	3500.00	00
(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
A 00	00	00	00	00	00
B 3500.00	00	00	5045.00	3480.00	00
(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
A 00	00	00	00	00	00
B 00	00	00	00	00	00
(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee
A 00	00	00	2950	1545.00	00
B 00	00	3480.00	2950	1545.00	00
(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
A 00	1545.00	3480.00			
B 3500.00					

FEDERAL ELECTION COMMISSION

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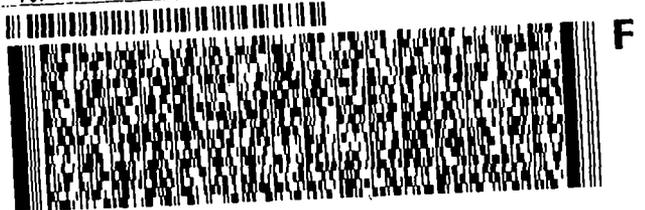
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ACTWGT: 0.4 LB
CAD: /POS1501
DIMS: 0x0x0 IN
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UNITED STATES US

1 From
Date 9/25/14
Sender's Name LEFLORE FOR CONGRESS Phone 257 643 6910
Company
Address P.O. Box #56
City MOBILE State AL ZIP 36601

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FEC
999 E ST NW
NW STE90
WASHINGTON DC 20463
(408) 468-0718 REF:
PO: DEPT:



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3 To Recipient's Name FCC Phone 600 424-9530
Company FEDERAL ELECTION COMM

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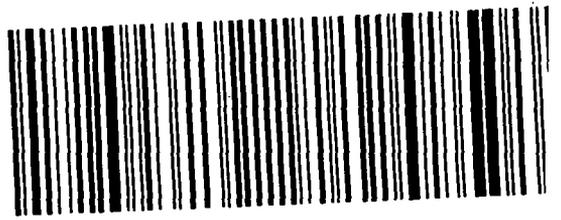
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Federal Election Commission
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<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed Ex</i>	Shipping Date <i>8/25/14</i>
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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