

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Committee to Elect Leslie to Congress

ADDRESS (number and street)

1909 Cuba Avenue #1

Check if different
than previously
reported. (ACC)

Alamogordo

NM

88310

2. FEC IDENTIFICATION NUMBER ▼

C

C00546374

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

NM

02

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

M M /

D D /

Y Y Y Y

in the
State of(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

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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 Judy Pingel

Signature of Treasurer Judy Pingel

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 25

Write or Type Committee Name

Committee to Elect Leslie to Congress

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

	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))....	5496.76	51328.76
(b) Total Contribution Refunds (from Line 20(d))	2600.00	2600.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	2896.76	48728.76
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	53453.62	97429.08
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	53453.62	97429.08
8. Cash on Hand at Close of Reporting Period (from Line 27)	41348.49	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	92100.00	

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 / 25

Write or Type Committee Name

Committee to Elect Leslie to Congress

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

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).....

2425.00

25450.00

(ii) Unitemized.....

3071.76

25808.76

(iii) TOTAL of contributions from individuals ▶

5496.76

51258.76

(b) Political Party Committees.....

0.00

0.00

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

0.00

0.00

(d) The Candidate.....

0.00

70.00

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

5496.76

51328.76

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

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

0.00

92100.00

(b) All Other Loans.....

0.00

0.00

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

0.00

92100.00

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

0.00

0.00

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

0.00

0.00

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

5496.76

143428.76

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 25

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	53453.62	97429.08
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	2600.00	2600.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	2600.00	2600.00
21. OTHER DISBURSEMENTS	1000.00	1800.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	57053.62	101829.08

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	92905.35
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	5496.76
25. SUBTOTAL (add Line 23 and Line 24).....	98402.11
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	57053.62
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	41348.49

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

PAGE 5 OF 25

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Committee to Elect Leslie to Congress

Full Name (Last, First, Middle Initial)

Eugene C Alvarez

Mailing Address 3306 Ridgeline Dr

City

Las Cruces

State

NM

Zip Code

88005-1155

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information RequestedOccupation
Information Requested

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		17		2014

Transaction ID : VN8V0CA0P09

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Stephanie L Dubois

Mailing Address 618 Willow Ln

City

Tularosa

State

NM

Zip Code

88352-2547

FEC ID number of contributing
federal political committee.

C

Name of Employer
Deming-Luna County Chamber of CommerceOccupation
Former Manager

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		01		2014

Transaction ID : VN8V0C70XQ8

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Patrocinia Duran

Mailing Address 2531 Hamilton Rd
Apt 16

City

Alamogordo

State

NM

Zip Code

88310-7714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information RequestedOccupation
Information Requested

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		17		2014

Transaction ID : VN8V0CA0P49

Amount of Each Receipt this Period

25.00

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

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

150.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 25

(check only one)

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

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NAME OF COMMITTEE (In Full)

Committee to Elect Leslie to Congress

Full Name (Last, First, Middle Initial)

Patrocinia Duran**A.**

Mailing Address 2531 Hamilton Rd

Apt 16

City

Alamogordo

State

NM

Zip Code

88310-7714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information RequestedOccupation
Information Requested

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
01		17		2014

Transaction ID : VN8V0CA0P65

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

Patrocinia Duran**B.**

Mailing Address 2531 Hamilton Rd

Apt 16

City

Alamogordo

State

NM

Zip Code

88310-7714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information RequestedOccupation
Information Requested

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

Transaction ID : VN8V0CJCBW6

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

Paul G Duran**C.**

Mailing Address 12 Puebla

City

La Luz

State

NM

Zip Code

88337-9447

FEC ID number of contributing
federal political committee.

C

Name of Employer
noneOccupation
Retired

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

775.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
01		01		2014

Transaction ID : VN8V0BV3KV6

Amount of Each Receipt this Period

50.00

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

100.00

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 OF 25

(check only one)

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

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NAME OF COMMITTEE (In Full)

Committee to Elect Leslie to Congress

Full Name (Last, First, Middle Initial)

Paul G Duran

A.

Mailing Address 12 Puebla

City

La Luz

State

NM

Zip Code

88337-9447

FEC ID number of contributing
federal political committee.

C

Name of Employer
noneOccupation
Retired

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

825.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		01		2014

Transaction ID : VN8V0C9R3A2

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

Paul G Duran

B.

Mailing Address 12 Puebla

City

La Luz

State

NM

Zip Code

88337-9447

FEC ID number of contributing
federal political committee.

C

Name of Employer
noneOccupation
Retired

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

875.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

Transaction ID : VN8V0CJCBS2

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

Ann L McCullough

C.

Mailing Address 485 Weinrich Rd

City

Las Cruces

State

NM

Zip Code

88007-4836

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
N/A

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
01		17		2014

Transaction ID : VN8V0CA0NX6

Amount of Each Receipt this Period

100.00

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

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

200.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 8 OF 25

(check only one)

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

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NAME OF COMMITTEE (In Full)

Committee to Elect Leslie to Congress

Full Name (Last, First, Middle Initial)

A. Ann L McCullough

Mailing Address 485 Weinrich Rd

City

Las Cruces

State

NM

Zip Code

88007-4836

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

N/A

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

775.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		08		2014

Transaction ID : VN8V0CA4J86

Amount of Each Receipt this Period

225.00

* In-Kind: Supplies & props for photo shoot

Full Name (Last, First, Middle Initial)

B. Merle McElroy-Dunlap

Mailing Address PO Box 138

City

Glencoe

State

NM

Zip Code

88324-0138

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		09		2014

Transaction ID : VN8V0C70XZ1

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Geraldine Murphy

Mailing Address 4110 Tesota Rd

City

Las Cruces

State

NM

Zip Code

88011-7647

FEC ID number of contributing
federal political committee.

C

Name of Employer

none

Occupation

Artist

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		16		2014

Transaction ID : VN8V0C718P4

Amount of Each Receipt this Period

50.00

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

775.00

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:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Committee to Elect Leslie to Congress

Full Name (Last, First, Middle Initial)

A. Geraldine Murphy

Mailing Address 4110 Tesota Rd

City

Las Cruces

State

NM

Zip Code

88011-7647

FEC ID number of contributing
federal political committee.

C

Name of Employer
noneOccupation
Artist

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2014

Transaction ID : VN8V0C9R2A3

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Geraldine Murphy

Mailing Address 4110 Tesota Rd

City

Las Cruces

State

NM

Zip Code

88011-7647

FEC ID number of contributing
federal political committee.

C

Name of Employer
noneOccupation
Artist

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		16		2014

Transaction ID : VN8V0CE7M32

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Connie Potter

Mailing Address 2505 Desert Dr

City

Las Cruces

State

NM

Zip Code

88001-1502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Trauma Center Association of AmericaOccupation
Nurse

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		17		2014

Transaction ID : VN8V0C9R379

Amount of Each Receipt this Period

500.00

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

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

600.00

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

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

FOR LINE NUMBER:

PAGE 10 OF 25

(check only one)

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

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NAME OF COMMITTEE (In Full)

Committee to Elect Leslie to Congress

Full Name (Last, First, Middle Initial)

A. Connie Potter

Mailing Address 2505 Desert Dr

City

Las Cruces

State

NM

Zip Code

88001-1502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Trauma Center Association of America

Occupation

Nurse

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		17		2014

Transaction ID : VN8V0CA0NY4

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Aletta T. Wilson

Mailing Address PO Box 1088

City

Mesilla Park

State

NM

Zip Code

88047-1088

FEC ID number of contributing
federal political committee.

C

Name of Employer

none

Occupation

Homemaker

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		25		2014

Transaction ID : VN8V0C718D3

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Aletta T. Wilson

Mailing Address PO Box 1088

City

Mesilla Park

State

NM

Zip Code

88047-1088

FEC ID number of contributing
federal political committee.

C

Name of Employer

none

Occupation

Homemaker

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2014

Transaction ID : VN8V0CAZP29

Amount of Each Receipt this Period

250.00

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

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

600.00

2425.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 25

<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

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NAME OF COMMITTEE (In Full)

Committee to Elect Leslie to Congress

Full Name (Last, First, Middle Initial)

A. A & B Printing

Mailing Address 2908 S Highland Dr

City	State	Zip Code
Las Vegas	NV	89109-1059

Purpose of Disbursement
Printing

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		27		2014

Amount of Each Disbursement this Period

901.70

Transaction ID : VN7VR9RXEX4

B. Alison Barnes Martin PhotographyMailing Address 425 Washington St
Apt 308

City	State	Zip Code
Kansas City	MO	64105-1115

Purpose of Disbursement
Photography ShootCategory/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		27		2014

Amount of Each Disbursement this Period

2774.04

Transaction ID : VN7VR9RP8W9

c. Stanford Caskey

Mailing Address 2520 Longview St

City	State	Zip Code
Austin	TX	78705-4250

Purpose of Disbursement
UncategorizedCategory/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		12		2014

Amount of Each Disbursement this Period

5000.00

Transaction ID : VN7VR9RXF65

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

8675.74

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 25

<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

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NAME OF COMMITTEE (In Full)

Committee to Elect Leslie to Congress

Full Name (Last, First, Middle Initial)

A. CFO ComplianceMailing Address 1 Park Row
Ste 5

City Providence State RI Zip Code 02903-1235

Purpose of Disbursement
Compliance Consulting

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		08		2014

Amount of Each Disbursement this Period

800.00

Transaction ID : VN7VR9R1RZ1

B. CFO ComplianceMailing Address 1 Park Row
Ste 5

City Providence State RI Zip Code 02903-1235

Purpose of Disbursement
Consulting (Compliance)

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		27		2014

Amount of Each Disbursement this Period

800.00

Transaction ID : VN7VR9RP8V1

C. CFO ConsultantsMailing Address 1 Park Row
Ste 5

City Providence State RI Zip Code 02903-1235

Purpose of Disbursement
Fundraising & General Consultant

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		03		2014

Amount of Each Disbursement this Period

3681.23

Transaction ID : VN7VR9R1S09

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

5281.23

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 25

<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

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NAME OF COMMITTEE (In Full)

Committee to Elect Leslie to Congress

Full Name (Last, First, Middle Initial)

A. CFO ConsultantsMailing Address 1 Park Row
Ste 5

City Providence State RI Zip Code 02903-1235

Purpose of Disbursement
Fundraising & General Consultant

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		06		2014

Amount of Each Disbursement this Period

5330.72

Transaction ID : VN7VR9R2X22

B. CFO ConsultantsMailing Address 1 Park Row
Ste 5

City Providence State RI Zip Code 02903-1235

Purpose of Disbursement
Fundraising & General Consultant

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		12		2014

Amount of Each Disbursement this Period

3426.95

Transaction ID : VN7VR9RP8T3

c. Hamilton Campaigns

Mailing Address 4201 Connecticut Ave NW

City Washington State DC Zip Code 20008-1158

Purpose of Disbursement
Consultants (Polling/Research)

005

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		17		2014

Amount of Each Disbursement this Period

20625.00

Transaction ID : VN7VR9R2WD6

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

29382.67

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 25

<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

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NAME OF COMMITTEE (In Full)

Committee to Elect Leslie to Congress

Full Name (Last, First, Middle Initial)

A. Ann L McCullough

Mailing Address 485 Weinrich Rd

City	State	Zip Code
Las Cruces	NM	88007-4836

Purpose of Disbursement
Supplies & props for photo shoot

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		08		2014

Amount of Each Disbursement this Period

225.00

Transaction ID : VN8V0CA4J86I

* In-Kind Received

B. Print Professionals

Mailing Address 9910 Trumbull Ave SE

City	State	Zip Code
Albuquerque	NM	87123-3289

Purpose of Disbursement
Printing (Fundraising)

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		25		2014

Amount of Each Disbursement this Period

3750.35

Transaction ID : VN7VR9RP8Q0

c. Christopher RosenblattMailing Address 100 Crews Ave
Apt E14

City	State	Zip Code
Alamogordo	NM	88310-4448

Purpose of Disbursement
Fundraising Consultant

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		08		2014

Amount of Each Disbursement this Period

550.00

Transaction ID : VN7VR9R1RX5

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

4525.35

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 25

<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

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NAME OF COMMITTEE (In Full)

Committee to Elect Leslie to Congress

Full Name (Last, First, Middle Initial)

A. Christopher RosenblattMailing Address 100 Crews Ave
Apt E14

City Alamogordo State NM Zip Code 88310-4448

Purpose of Disbursement
Fundraising Printing & Postage

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		08		2014

Amount of Each Disbursement this Period

476.30

Transaction ID : VN7VR9R1RY3

B. RSH CampaignsMailing Address 1250 I St NW
Ste 200

City Washington State DC Zip Code 20005-5977

Purpose of Disbursement
Consulting Fee (Media)

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		12		2014

Amount of Each Disbursement this Period

720.13

Transaction ID : VN7VR9R9XF49

c. Mark Steffen

Mailing Address

City Las Cruces State NM Zip Code

Purpose of Disbursement
Communications/Field Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		10		2014

Amount of Each Disbursement this Period

400.00

Transaction ID : VN7VR9R9XF16

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

1596.43

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 25

<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

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NAME OF COMMITTEE (In Full)

Committee to Elect Leslie to Congress

Full Name (Last, First, Middle Initial)

A. The Dover GroupMailing Address 4471 Dean Martin Dr
Unit 2304

City Las Vegas State NV Zip Code 89103-4243

Purpose of Disbursement
Campaign Consultant

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		27		2014

Amount of Each Disbursement this Period

696.80

Transaction ID : VN7VR9RP8N4

B. The Dover GroupMailing Address 4471 Dean Martin Dr
Unit 2304

City Las Vegas State NV Zip Code 89103-4243

Purpose of Disbursement
Campaign Consultant - Media/Web

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		12		2014

Amount of Each Disbursement this Period

300.00

Transaction ID : VN7VR9RP8P2

c. Peter Urmston

Mailing Address 2051 Briarwood Ln

City Las Cruces State NM Zip Code 88005-1524

Purpose of Disbursement
Field & Political Consulting

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		03		2014

Amount of Each Disbursement this Period

1160.71

Transaction ID : VN7VR9RXP24

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

2157.51

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 25

<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

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NAME OF COMMITTEE (In Full)

Committee to Elect Leslie to Congress

Full Name (Last, First, Middle Initial)

A. Peter Urmston

Mailing Address 2051 Briarwood Ln

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		17		2014

City	State	Zip Code
Las Cruces	NM	88005-1524

Amount of Each Disbursement this Period

1625.00

Purpose of Disbursement
Payroll

001

Transaction ID : VN7VR9RXF31

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
		<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
		<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

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

1625.00

53243.93

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 25

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

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NAME OF COMMITTEE (In Full)

Committee to Elect Leslie to Congress

Full Name (Last, First, Middle Initial)

A. Jagdev I. SinghMailing Address 1909 Cuba Ave
Ste 1

City Alamogordo State NM Zip Code 88310-5646

Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		18		2014

Amount of Each Disbursement this Period

2600.00

Transaction ID : VN7VR9RXF08

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

--

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

--

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

2600.00

2600.00

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 20 OF 25

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

NAME OF COMMITTEE (In Full)

Transaction ID : VN8V0AZW2G0L

Committee to Elect Leslie to Congress

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

Leslie Endean-Singh

[PERSONAL FUNDS]

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
1909 Cuba Ave
Ste 1

City

State

ZIP Code

Alamogordo

NM

88310-5646

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
09 / 24 / 2013

Date Due

M M / D D / Y Y Y Y
none

Interest Rate

none % (apr)

Secured:

☐ Yes ☒ No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

25000.00

TOTALS This Period (last page in this line only)..... ►

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 21 OF 25

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

NAME OF COMMITTEE (In Full)

Transaction ID : VN8V0AZW0M8L

Committee to Elect Leslie to Congress

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

Leslie Endean-Singh

[PERSONAL FUNDS]

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
1909 Cuba Ave
Ste 1

City

State

ZIP Code

Alamogordo

NM

88310-5646

Original Amount of Loan

34200.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

34200.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
09 / 30 / 2013

Date Due

M M / D D / Y Y Y Y
none

Interest Rate

none % (apr)

Secured:

☐ Yes ☒ No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

34200.00

TOTALS This Period (last page in this line only)..... ►

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 22 OF 25

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

NAME OF COMMITTEE (In Full)

Transaction ID : VN8V0BF24S5L

Committee to Elect Leslie to Congress

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

Leslie Endean-Singh

[PERSONAL FUNDS]

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
1909 Cuba Ave
Ste 1

City

State

ZIP Code

Alamogordo

NM

88310-5646

Original Amount of Loan

5400.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5400.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
11 / 12 / 2013

Date Due

M M / D D / Y Y Y Y
None

Interest Rate

0%
% (apr)

Secured:

☐ Yes ☒ No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

5400.00

TOTALS This Period (last page in this line only)..... ►

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 23 OF 25

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VN8V0BTMN50L

Committee to Elect Leslie to Congress

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

[PERSONAL FUNDS]

Election: 2014

Leslie Endean-Singh

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
1909 Cuba Ave
Ste 1

City

State

ZIP Code

Alamogordo

NM

88310-5646

Original Amount of Loan

9000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

9000.00

TERMS

Date Incurred

M 12 / D 18 / Y 2013

Date Due

M / D / Y None

Interest Rate

0% % (apr)

Secured:

☐ Yes ☒ No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

9000.00

TOTALS This Period (last page in this line only)..... ►

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 24 OF 25

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VN8V0BV3J42L

Committee to Elect Leslie to Congress

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

[PERSONAL FUNDS]

Election: 2014

Leslie Endean-Singh

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

1909 Cuba Ave
Ste 1

City

State

ZIP Code

Alamogordo

NM

88310-5646

Original Amount of Loan

9500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

9500.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
12 31 / 2013

Date Due

M M / D D / Y Y Y Y
None

Interest Rate

No

% (apr)

Secured:

☐ Yes☒ No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

9500.00

TOTALS This Period (last page in this line only)..... ►

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 25 OF 25

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

NAME OF COMMITTEE (In Full)

Transaction ID : VN8V0BV3M21L

Committee to Elect Leslie to Congress

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

Leslie Endean-Singh

[PERSONAL FUNDS]

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
1909 Cuba Ave
Ste 1

City

State

ZIP Code

Alamogordo

NM

88310-5646

Original Amount of Loan

9000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

9000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
12 31 / 2013

Date Due

M M / D D / Y Y Y Y
None

Interest Rate

No

% (apr)

Secured:

☐ Yes☒ No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

9000.00

TOTALS This Period (last page in this line only)..... ►

92100.00

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