

FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

LEFLORE FOR CONGRESS

ADDRESS (number and street)

P.O. Box #56

(Check if address
is changed)

MOBILE
CITY

AL
STATE

36601-1
ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address
is changed)

lefloreforcongress@gmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

lefloreforcongress.org

2. DATE

MM / DD / YYYY
02 / 07 / 2014

3. FEC IDENTIFICATION NUMBER

C 00546336

4. IS THIS STATEMENT

NEW

OR

AMENDED

I certify that I have examined this Statement 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

Date

MM / DD / YYYY
02 / 07 / 2014

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9540
Local 202-424-7500

FEC FORM 1
(Revised 09/2012)

14031183876

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate BURTON R LEFLORE

Candidate Party Affiliation _____ Office Sought: House _____ Senate _____ President _____ State AL District 01

- (c) This committee supports/appears only one candidate, and is NOT an authorized committee.

Name of Candidate N/A

Party Committee:

(a) This committee is a _____ (National, State or subordinate) committee of the NATIONAL _____ (Democratic, Republican, etc.) Party. DEMOCRAT

Political Action Committee (PAC):

- (a) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Corporation _____ Corporation with Capital Stock _____ Labor Organization _____
 Membership Organization _____ Trade Association _____ Cooperative _____

In addition, this committee is a Lobbyist/Registered PAC.

- (b) This committee supports/appears more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registered PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (a) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (b) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraising

1. _____ FEC ID number C
2. _____ FEC ID number C
3. _____ FEC ID number C
4. _____ FEC ID number C

14031183877

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

DEMOCRATS FOR AMERICAN DEMOCRACY

Mailing Address

P.O. Box #56

MOBILE

CITY

AL

STATE

36601

ZIP CODE

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name

PATRICIA A LEWIS

Mailing Address

P.O. Box #56

MOBILE

CITY

AL

STATE

36601

ZIP CODE

Title or Position

CUSTODIAN OF RECORDS

Telephone number

202-671-2014

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee, and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

BURTON B. LEFLORE

Mailing Address

P.O. Box #56

MOBILE

CITY

AL

STATE

36601

ZIP CODE

Title or Position

TREASURER

Telephone number

251-648-6560

14031183878

Full Name of Designated Agent

BURTON R LEFLORE

Mailing Address

PO BOX #56

MOBILE

CITY

AL

STATE

36601-

ZIP CODE

Title or Position

DESIGNATED AGENT

Telephone number

251-648-6560

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

PNC BANK

Mailing Address

2020 SPRING HILL AVE.

MOBILE

CITY

AL

STATE

36607-

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

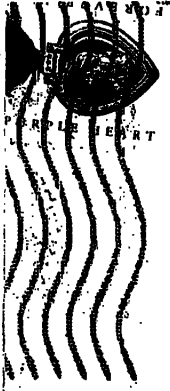
CITY

STATE

ZIP CODE

14031183879

14031183880



MOBILE AL 366

07 FEB 2014 PM 11

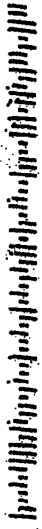
RECEIVED

2014 FEB 14 AM 11:53

FEDERAL ELECTIONS COMM.
909 E. STREET NW
WASHINGTON, D.C. 20463

LEFLORE
FOR CONGRESS
www.LEFLOREFORCONGRESS.com

P.O. Box 56 • Mobile, AL 36601



20463

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked
2/7/2014

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

PY 2/14/2014

PREPARER DATE PREPARED
 (8/2013)

14031183881