

# 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  
**Fleming For Congress**

ADDRESS (number and street) PO Box 1236  
 Check if different than previously reported. (ACC) Minden LA 71058-1236

2. **FEC IDENTIFICATION NUMBER** ▼ C00445015 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT  
LA 04

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 08 / 17 / 2012 in the State of LA  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on 08 / 17 / 2012 in the State of LA

5. Covering Period 10 / 01 / 2011 through 12 / 31 / 2011

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 Susan Shaw  
Signature of Treasurer Susan Shaw *[Electronically Filed]* Date 01 / 30 / 2012

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  
**Fleming For Congress**

Report Covering the Period: From:  /  /  To:  /  /

	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))....	148160	803085.01
(b) Total Contribution Refunds (from Line 20(d)) .....	0	6080
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	148160	797005.01
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	117260.03	530571.36
(b) Total Offsets to Operating Expenditures (from Line 14).....	0	1446.75
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	117260.03	529124.61
8. Cash on Hand at Close of Reporting Period (from Line 27).....	436125.16	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	495600	

**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:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	92935	614660
(ii) Unitemized.....	3225	15361
(iii) TOTAL of contributions from individuals ▶	96160	630021
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	52000	173064.01
(d) The Candidate.....	0	0
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	148160	803085.01
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0	0
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0	0
(b) All Other Loans.....	0	0
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0	0
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0	1446.75
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	4	3234.08
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	148164	807765.84

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	117260.03	530571.36
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0	80000
(b) Of All Other Loans .....	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	80000
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0	1680
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	4400
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0	6080
21. OTHER DISBURSEMENTS .....	0	0
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	117260.03	616651.36

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	405221.19
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	148164
25. SUBTOTAL (add Line 23 and Line 24).....	553385.19
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	117260.03
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	436125.16

**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 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Gary Abrams**

Mailing Address 7732 Tampa Way

City Shreveport State LA Zip Code 71105-5702

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

Name of Employer Stroud Exploration Co., LLC Occupation Petroleum Geologist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 01 / 2011

**Transaction ID : A-C7509**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Samuel K. Abshire**

Mailing Address PO Box 479

City Homer State LA Zip Code 71040-0479

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

Name of Employer Butler-Abshire Medical Clini Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 13 / 2011

**Transaction ID : A-C7350**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Larry M. Allen**

Mailing Address 234 Clearwood Lane

City Shreveport State LA Zip Code 71105-4104

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

Name of Employer Self Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1920**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2011

**Transaction ID : A-C7364**

Amount of Each Receipt this Period  
**300**

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

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

**1050.00**

**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 6 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Frances M. Anderson**

Mailing Address 8920 Creswell Road

City Shreveport State LA Zip Code 71106-6216

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

Name of Employer Century 21 United Occupation Realtor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 18 / 2011**

**Transaction ID : A-C7436**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. John E. Atkins**

Mailing Address 333 Texas Street Suite 2300

City Shreveport State LA Zip Code 71101-3680

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

Name of Employer Atco Investments Occupation Investor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4900**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 27 / 2011**

**Transaction ID : A-C7596**

Amount of Each Receipt this Period  
**100**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. John E. Atkins**

Mailing Address 333 Texas Street Suite 2300

City Shreveport State LA Zip Code 71101-3680

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

Name of Employer Atco Investments Occupation Investor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4900**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 27 / 2011**

**Transaction ID : A-C7597**

Amount of Each Receipt this Period  
**2400**

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

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

**3500.00**

**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 100  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Ruth K. Atkins**

Mailing Address 333 Texas Street  
Suite 2300

City State Zip Code  
Shreveport LA 71101-3680

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

Name of Employer Occupation  
None Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 27 2011

**Transaction ID : A-C7593**

Amount of Each Receipt this Period  
**2500**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. William J. Atkins Jr.**

Mailing Address 415 Sherwood Road

City State Zip Code  
Shreveport LA 71106-2335

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

Name of Employer Occupation  
Atco Investment Company Executive

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4900**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 27 2011

**Transaction ID : A-C7594**

Amount of Each Receipt this Period  
**100**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. William J. Atkins Jr.**

Mailing Address 415 Sherwood Road

City State Zip Code  
Shreveport LA 71106-2335

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

Name of Employer Occupation  
Atco Investment Company Executive

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4900**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 27 2011

**Transaction ID : A-C7595**

Amount of Each Receipt this Period  
**2400**

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

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

**5000.00**

**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 8 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Carolyn Beaubouef**

Mailing Address 2512 Highway 5

City Grand Cane State LA Zip Code 71032-6118

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

Name of Employer Beaubouef Farms Occupation Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 28 / 2011**

**Transaction ID : A-C7475**

Amount of Each Receipt this Period  
**100**

**B.** Full Name (Last, First, Middle Initial)  
**Dr. James R. Bergeron**

Mailing Address 612 Loch Ridge Drive

City Shreveport State LA Zip Code 71106-6829

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

Name of Employer Self Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4900**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 29 / 2011**

**Transaction ID : A-C7616**

Amount of Each Receipt this Period  
**100**

**C.** Full Name (Last, First, Middle Initial)  
**Dr. James R. Bergeron**

Mailing Address 612 Loch Ridge Drive

City Shreveport State LA Zip Code 71106-6829

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

Name of Employer Self Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4900**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 29 / 2011**

**Transaction ID : A-C7617**

Amount of Each Receipt this Period  
**2400**

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

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

**2600.00**

**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 9 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Amy J. Bicknell**

Mailing Address 320 Johns Bluff Circle

City Shreveport State LA Zip Code 71106-4733

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

Name of Employer None Occupation Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3100**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2011

**Transaction ID : A-C7579**

Amount of Each Receipt this Period  
 1900

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Amy J. Bicknell**

Mailing Address 320 Johns Bluff Circle

City Shreveport State LA Zip Code 71106-4733

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

Name of Employer None Occupation Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3100**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2011

**Transaction ID : A-C7580**

Amount of Each Receipt this Period  
 600

**C.** Full Name (Last, First, Middle Initial)  
**Dr. W. Stewart Bundrick Jr.**

Mailing Address 207 N Beach Drive

City Bossier City State LA Zip Code 71111-5173

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

Name of Employer Ark-La-Tex Urology & Prostat Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2011

**Transaction ID : A-C7489**

Amount of Each Receipt this Period  
 600

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

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

3100.00

**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 10 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Fielder Calhoun**

Mailing Address 7205 Old River Drive

City Shreveport State LA Zip Code 71105-5319

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

Name of Employer Interstate Insurance Occupation Insurance

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 29 / 2011

**Transaction ID : A-C7615**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Edgar Cason**

Mailing Address 5129 Highway 507

City Coushatta State LA Zip Code 71019-5264

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

Name of Employer Self Employed Occupation Farmer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4900**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 29 / 2011

**Transaction ID : A-C7620**

Amount of Each Receipt this Period  
**100**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Edgar Cason**

Mailing Address 5129 Highway 507

City Coushatta State LA Zip Code 71019-5264

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

Name of Employer Self Employed Occupation Farmer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4900**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 29 / 2011

**Transaction ID : A-C7621**

Amount of Each Receipt this Period  
**2400**

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

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

**3500.00**

**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 11 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

Full Name (Last, First, Middle Initial) <b>A. Mrs. Flo Cason</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 29 / 2011
Mailing Address 5129 Highway 507		<b>Transaction ID : A-C7622</b>
City Coushatta	State LA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500
Name of Employer None	Occupation Homemaker	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000	

Full Name (Last, First, Middle Initial) <b>B. Mrs. Merritt Cason</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 29 / 2011
Mailing Address 5195 Highway 507		<b>Transaction ID : A-C7610</b>
City Coushatta	State LA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500
Name of Employer Self	Occupation Homemaker	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500	

Full Name (Last, First, Middle Initial) <b>C. Ms. Stacy E. Cason</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 29 / 2011
Mailing Address 1726 Maryland Street		<b>Transaction ID : A-C7623</b>
City Houston	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500
Name of Employer Greater Houston Anesthesiolo	Occupation Nurse Anesthetist	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7500.00
<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 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Donald J. Chailland**

Mailing Address **PO Box 8627**

City **Metairie** State **LA** Zip Code **70011-8627**

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

Name of Employer **Chailland & Associates** Occupation **President**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 07 / 2011**

**Transaction ID : A-C7544**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. James H. Colvin Jr.**

Mailing Address **939 N Main Street**

City **Homer** State **LA** Zip Code **71040-3845**

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

Name of Employer **Self Employed** Occupation **Attorney**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 18 / 2011**

**Transaction ID : A-C7437**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Edward J. Crawford III**

Mailing Address **333 Texas Street  
Suite 2300**

City **Shreveport** State **LA** Zip Code **71101-3680**

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

Name of Employer **Atco Investments** Occupation **Investor**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 27 / 2011**

**Transaction ID : A-C7592**

Amount of Each Receipt this Period  
**2500**

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

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

**3750.00**

**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 13 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Ms. Alison A. Crowther**

Mailing Address 142 Centenary Circle

City Shreveport State LA Zip Code 71104-4505

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

Name of Employer Self-Employed Occupation Agent

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4900**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2011

**Transaction ID : A-C7590**

Amount of Each Receipt this Period  
 100

**B.** Full Name (Last, First, Middle Initial)  
**Ms. Alison A. Crowther**

Mailing Address 142 Centenary Circle

City Shreveport State LA Zip Code 71104-4505

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

Name of Employer Self-Employed Occupation Agent

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4900**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2011

**Transaction ID : A-C7591**

Amount of Each Receipt this Period  
 2400

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Lissa W. Crump**

Mailing Address 1134 Price Drive

City Haynesville State LA Zip Code 71038-6106

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

Name of Employer Crump Oil Company Occupation Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 18 / 2011

**Transaction ID : A-C7375**

Amount of Each Receipt this Period  
 250

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

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

2750.00

**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 14 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Scott Davidson**

Mailing Address 2199 Highway 519

City	State	Zip Code
Athens	LA	71003-3213

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

Name of Employer	Occupation
Self-employed	Farmer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 13 / 2011

**Transaction ID : A-C7349**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. James E. Davison Sr.**

Mailing Address PO Box 607

City	State	Zip Code
Ruston	LA	71273-0607

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

Name of Employer	Occupation
Davison Trucking	Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2011

**Transaction ID : A-C7385**

Amount of Each Receipt this Period  
**2500**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Robert L. Dean**

Mailing Address 2812 Tuscany Circle

City	State	Zip Code
Shreveport	LA	71106-8415

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

Name of Employer	Occupation
Heard, McElroy, & Vestal	CPA

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2011

**Transaction ID : A-C7389**

Amount of Each Receipt this Period  
**1000**

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

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

**3750.00**

**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 15 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Don G. Easterwood Jr.**

Mailing Address 401 Edwards Street  
Suite 1205

City Shreveport State LA Zip Code 71101-5505

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

Name of Employer Sunland Production Occupation Oil & Gas

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 20 / 2011**

**Transaction ID : A-C7381**

Amount of Each Receipt this Period  
**2500**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. G. Wesley Emerson**

Mailing Address 647 W 3rd Street

City Homer State LA Zip Code 71040-3215

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

Name of Employer Emerson Oil Co. Occupation Oil & Gas

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 13 / 2011**

**Transaction ID : A-C7347**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Rand H. Falbaum**

Mailing Address PO Box 5190

City Bossier City State LA Zip Code 71171-5190

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

Name of Employer Gordon, Inc. Occupation Executive

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 04 / 2011**

**Transaction ID : A-C7416**

Amount of Each Receipt this Period  
**100**

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

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

**3100.00**

**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 16 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Rand H. Falbaum**

Mailing Address **PO Box 5190**

City **Bossier City** State **LA** Zip Code **71171-5190**

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

Name of Employer **Gordon, Inc.** Occupation **Executive**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 04 / 2011**

**Transaction ID : A-C7417**

Amount of Each Receipt this Period  
**900**

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Phillip E. Fincher**

Mailing Address **467 Fincher Creek Road**

City **Homer** State **LA** Zip Code **71040**

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

Name of Employer **Self** Occupation **Physician**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 13 / 2011**

**Transaction ID : A-C7351**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Christopher W. Fitzgerald**

Mailing Address **PO Box 6600**

City **Shreveport** State **LA** Zip Code **71136-6600**

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

Name of Employer **Fitzgerald Contractors, LLC** Occupation **Contractors**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 11 / 2011**

**Transaction ID : A-C7356**

Amount of Each Receipt this Period  
**1000**

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

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

**2150.00**

**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 17 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Brian A. Flournoy Sr.**

Mailing Address **PO Box 6764**

City **Shreveport** State **LA** Zip Code **71136-6764**

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

Name of Employer **Flournoy Energy, LLC** Occupation **President**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 21 / 2011**

**Transaction ID : A-C7450**

Amount of Each Receipt this Period  
**2500**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. G. Archer Frierson II**

Mailing Address **10985 Harts Island Road**

City **Shreveport** State **LA** Zip Code **71115-9579**

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

Name of Employer **Frierson Brothers, LLC** Occupation **Partner**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4800**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 31 / 2011**

**Transaction ID : A-C7632**

Amount of Each Receipt this Period  
**100**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. G. Archer Frierson II**

Mailing Address **10985 Harts Island Road**

City **Shreveport** State **LA** Zip Code **71115-9579**

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

Name of Employer **Frierson Brothers, LLC** Occupation **Partner**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4800**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 31 / 2011**

**Transaction ID : A-C7633**

Amount of Each Receipt this Period  
**2300**

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

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

**4900.00**

**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 18 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Josephine Futrell**

Mailing Address 10875 Belle Cour Way

City Shreveport State LA Zip Code 71106-7771

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

Name of Employer Willis Knighton Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4900**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2011

**Transaction ID : A-C7585**

Amount of Each Receipt this Period  
 100

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Josephine Futrell**

Mailing Address 10875 Belle Cour Way

City Shreveport State LA Zip Code 71106-7771

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

Name of Employer Willis Knighton Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4900**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2011

**Transaction ID : A-C7586**

Amount of Each Receipt this Period  
 2400

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Michael G. Futrell**

Mailing Address 10875 Belle Cour Way

City Shreveport State LA Zip Code 71106-7771

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

Name of Employer Self Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4900**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2011

**Transaction ID : A-C7583**

Amount of Each Receipt this Period  
 2400

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

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

4900.00

**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 19 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Michael G. Futrell**

Mailing Address 10875 Belle Cour Way

City Shreveport State LA Zip Code 71106-7771

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

Name of Employer Self Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4900**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2011

**Transaction ID : A-C7584**

Amount of Each Receipt this Period  
 100

**B.** Full Name (Last, First, Middle Initial)  
**Dr. John F. George Jr.**

Mailing Address 10249 Ellerbe Road

City Shreveport State LA Zip Code 71106-7449

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

Name of Employer Fisher Exploration Occupation Oil & Gas

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 04 / 2011

**Transaction ID : A-C7415**

Amount of Each Receipt this Period  
 500

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Francis Grigsby**

Mailing Address 1403 Fairfield Avenue

City Shreveport State LA Zip Code 71101-4301

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

Name of Employer Self Employed Occupation Real Estate

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **575**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 06 / 2011

**Transaction ID : A-C7540**

Amount of Each Receipt this Period  
 35

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

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

635.00

**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 20 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Vic G. Gross**

Mailing Address 231 Goodwill Road

City Minden State LA Zip Code 71055-7703

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

Name of Employer Crown Crude Service Occupation Owner/President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 13 / 2011

**Transaction ID : A-C7355**

Amount of Each Receipt this Period  
 100

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Vic G. Gross**

Mailing Address 231 Goodwill Road

City Minden State LA Zip Code 71055-7703

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

Name of Employer Crown Crude Service Occupation Owner/President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 13 / 2011

**Transaction ID : A-C7358**

Amount of Each Receipt this Period  
 900

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Gregory G. Hall**

Mailing Address 15832 Highway 157

City Benton State LA Zip Code 71006-4705

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

Name of Employer Self Employed Occupation Petroleum Engineer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2011

**Transaction ID : A-C7399**

Amount of Each Receipt this Period  
 1250

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

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

2250.00

**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 21 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Dr. John C. Hardin III**

Mailing Address 948 Trabue Street

City Shreveport State LA Zip Code 71106-1115

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

Name of Employer Louisiana Heart Associates Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2011

**Transaction ID : A-C7383**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Eddie R. Harmon**

Mailing Address 1986 Harmon Loop

City Homer State LA Zip Code 71040-5802

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

Name of Employer Harmon Wood Company, Inc. Occupation Timber Dealer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 13 / 2011

**Transaction ID : A-C7348**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Joseph S. Heard**

Mailing Address 725 Wilder Place

City Shreveport State LA Zip Code 71104-4327

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

Name of Employer The Delta Pathology Group Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2011

**Transaction ID : A-C7578**

Amount of Each Receipt this Period  
**2500**

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

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

**3750.00**

**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 22 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Charlotte S. Hebert**

Mailing Address 341 Ridgeway Drive

City State Zip Code  
Metairie LA 70001-3044

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 13 / 2011**

**Transaction ID : A-C7357**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Dr. David L. Hilton**

Mailing Address 183 Waters Edge Drive

City State Zip Code  
Shreveport LA 71106-7775

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

Name of Employer Information Requested Occupation Information Requested  
Self Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**600**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 28 / 2011**

**Transaction ID : A-C7472**

Amount of Each Receipt this Period  
**200**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Larry L. Hock**

Mailing Address 15727 Highway 80

City State Zip Code  
Minden LA 71055-6351

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

Name of Employer Information Requested Occupation Information Requested  
Petro Chem Operating Co President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4900**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 29 / 2011**

**Transaction ID : A-C7618**

Amount of Each Receipt this Period  
**100**

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

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

**800.00**

**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 23 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Larry L. Hock**

Mailing Address 15727 Highway 80

City Minden State LA Zip Code 71055-6351

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

Name of Employer Petro Chem Operating Co Occupation President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4900**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 29 / 2011

**Transaction ID : A-C7619**

Amount of Each Receipt this Period  
 2400

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Clay Johnson**

Mailing Address 2240 Bridges Road

City Arcadia State LA Zip Code 71001-5320

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

Name of Employer Self Employed Occupation Insurance Agent

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 04 / 2011

**Transaction ID : A-C7414**

Amount of Each Receipt this Period  
 250

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Paul A. Jordan**

Mailing Address 1817 Hunter Circle

City Shreveport State LA Zip Code 71119-4103

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

Name of Employer LSU HSC Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4900**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 29 / 2011

**Transaction ID : A-C7613**

Amount of Each Receipt this Period  
 100

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

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

2750.00

**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 24 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Paul A. Jordan**

Mailing Address 1817 Hunter Circle

City Shreveport State LA Zip Code 71119-4103

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

Name of Employer LSU HSC Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4900**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 29 / 2011

**Transaction ID : A-C7614**

Amount of Each Receipt this Period  
 2400

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Alexander B. Kenton**

Mailing Address 55 Westelm Circle

City San Antonio State TX Zip Code 78230-2641

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

Name of Employer Self Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 20 / 2011

**Transaction ID : A-C7573**

Amount of Each Receipt this Period  
 2500

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Edward Koechle**

Mailing Address 5411 Concord Street

City Bossier City State LA Zip Code 71111-5505

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

Name of Employer None Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 09 / 2011

**Transaction ID : A-C7551**

Amount of Each Receipt this Period  
 100

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

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

5000.00

**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 25 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Luther W. Lott Jr.**

Mailing Address 909 Parkway Drive

City Natchitoches State LA Zip Code 71457-5533

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

Name of Employer Lott Oil Company, Inc. Occupation Self employed

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 28 / 2011**

**Transaction ID : A-C7467**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Thomas E. McElroy Jr.**

Mailing Address 330 Johns Bluff Circle

City Shreveport State LA Zip Code 71106-4733

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

Name of Employer McElroy Metal, Inc. Occupation Executive

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 27 / 2011**

**Transaction ID : A-C7391**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. George E. Mcinnis**

Mailing Address 5840 Fairfield Avenue

City Shreveport State LA Zip Code 71106-1718

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

Name of Employer McInnis Brothers Occupation Construction

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 31 / 2011**

**Transaction ID : A-C7636**

Amount of Each Receipt this Period  
**250**

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

**TOTAL** 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: (check only one)	PAGE 26 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Frank Scott Moran**

Mailing Address PO Box 4848

City State Zip Code  
Shreveport LA 71134-0848

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 29 / 2011**

**Transaction ID : A-C7609**

Amount of Each Receipt this Period  
**2500**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. J. Michael Morrison**

Mailing Address 597 Pine Cove Road

City State Zip Code  
Elm Grove LA 71051-8787

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

Name of Employer Occupation  
Coldwell Banker Realtor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 27 / 2011**

**Transaction ID : A-C7390**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Suzanne S. Newell**

Mailing Address 195 Tanglewood Road

City State Zip Code  
Homer LA 71040-2533

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

Name of Employer Occupation  
Newell & Newell Secretary

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 08 / 2011**

**Transaction ID : A-C7433**

Amount of Each Receipt this Period  
**250**

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

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

**3250.00**

**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 27 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Ray P. Oden Jr.**

Mailing Address 702 Thora Boulevard

City Shreveport State LA Zip Code 71106-1824

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

Name of Employer Retired Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4900**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2011

**Transaction ID : A-C7587**

Amount of Each Receipt this Period  
 100

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Ray P. Oden Jr.**

Mailing Address 702 Thora Boulevard

City Shreveport State LA Zip Code 71106-1824

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

Name of Employer Retired Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4900**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2011

**Transaction ID : A-C7588**

Amount of Each Receipt this Period  
 2400

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Patrick W. Peavy**

Mailing Address 942 Ontario Street

City Shreveport State LA Zip Code 71106-1151

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

Name of Employer O'Brien Energy Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 02 / 2011

**Transaction ID : A-C7517**

Amount of Each Receipt this Period  
 1000

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

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

3500.00

**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 28 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Melvin H. Procell**

Mailing Address 5220 Highway 79

City Homer State LA Zip Code 71040-2002

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

Name of Employer Self Occupation Physician - Dentist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 18 / 2011

**Transaction ID : A-C7376**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Freddie Rivers**

Mailing Address PO Box 516

City Zwolle State LA Zip Code 71486-0516

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

Name of Employer Rivers Builders Supply, Inc. Occupation Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 01 / 2011

**Transaction ID : A-C7510**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Jess B. Robertson**

Mailing Address 706 Beverly Drive

City Homer State LA Zip Code 71040-3002

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

Name of Employer CocaCola Bev Co of Minden Occupation Chairman

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2011

**Transaction ID : A-C7683**

Amount of Each Receipt this Period  
**250**

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

**TOTAL** 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: (check only one)	PAGE 29 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Paul J. Ross**

Mailing Address 9411 Prestonwood Circle

City Shreveport State LA Zip Code 71115-3727

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

Name of Employer Bobcat Pipe and Supply Occupation President - Oilfield Services

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 14 / 2011**

**Transaction ID : A-C7362**

Amount of Each Receipt this Period  
**700**

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Alma P. Rozeman**

Mailing Address 510 Longleaf Road

City Shreveport State LA Zip Code 71106-1224

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

Name of Employer None Occupation Homemaker

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **3500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 05 / 2011**

**Transaction ID : A-C7538**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Alma P. Rozeman**

Mailing Address 510 Longleaf Road

City Shreveport State LA Zip Code 71106-1224

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

Name of Employer None Occupation Homemaker

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **3500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 31 / 2011**

**Transaction ID : A-C7634**

Amount of Each Receipt this Period  
**1500**

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

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

**3200.00**

**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 30 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Alma P. Rozeman**

Mailing Address 510 Longleaf Road

City Shreveport State LA Zip Code 71106-1224

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

Name of Employer None Occupation Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : A-C7635**

Amount of Each Receipt this Period  
 1000

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Clifton W. Salmon**

Mailing Address 185 Coleman Loop

City Homer State LA Zip Code 71040-5707

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 13 / 2011

**Transaction ID : A-C7352**

Amount of Each Receipt this Period  
 250

**C.** Full Name (Last, First, Middle Initial)  
**Ms. Margaret S. Shehee-Cole**

Mailing Address 7717 Creswell Road Lot 25

City Shreveport State LA Zip Code 71106-6032

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

Name of Employer Self Employed Occupation Insurance Agent

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2690**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2011

**Transaction ID : A-C7365**

Amount of Each Receipt this Period  
 250

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

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

1500.00

**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 31 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Ms. Margaret S. Shehee-Cole**

Mailing Address 7717 Creswell Road  
Lot 25

City Shreveport State LA Zip Code 71106-6032

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

Name of Employer Self Employed Occupation Insurance Agent

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2690**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**11 / 15 / 2011**

**Transaction ID : A-C7435**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Ms. Margaret S. Shehee-Cole**

Mailing Address 7717 Creswell Road  
Lot 25

City Shreveport State LA Zip Code 71106-6032

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

Name of Employer Self Employed Occupation Insurance Agent

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2690**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**12 / 15 / 2011**

**Transaction ID : A-C7562**

Amount of Each Receipt this Period  
**190**

**C.** Full Name (Last, First, Middle Initial)  
**Ms. Margaret S. Shehee-Cole**

Mailing Address 7717 Creswell Road  
Lot 25

City Shreveport State LA Zip Code 71106-6032

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

Name of Employer Self Employed Occupation Insurance Agent

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2690**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**12 / 15 / 2011**

**Transaction ID : A-C7563**

Amount of Each Receipt this Period  
**60**

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

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

**500.00**

**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 32 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Tripp Singer**

Mailing Address 1275 1st Avenue  
# 330

City State Zip Code  
New York NY 10065-5605

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

Name of Employer Occupation  
Atlantic Mailboxes Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 16 / 2011

**Transaction ID : A-C7566**

Amount of Each Receipt this Period  
500

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Donald R. Smith**

Mailing Address 3540 Rue Du Lac Street

City State Zip Code  
Shreveport LA 71107-7657

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

Name of Employer Occupation  
LSU HSC Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4900

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 29 / 2011

**Transaction ID : A-C7611**

Amount of Each Receipt this Period  
100

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Donald R. Smith**

Mailing Address 3540 Rue Du Lac Street

City State Zip Code  
Shreveport LA 71107-7657

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

Name of Employer Occupation  
LSU HSC Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4900

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 29 / 2011

**Transaction ID : A-C7612**

Amount of Each Receipt this Period  
2400

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

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

3000.00

**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 33 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Michael E. Smith**

Mailing Address 712 Catalpa Circle

City State Zip Code  
Shreveport LA 71115-3702

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

Name of Employer Occupation  
Self R.E. Appraiser

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 28 / 2011**

**Transaction ID : A-C7485**

Amount of Each Receipt this Period  
**2400**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Craig C. Spohn**

Mailing Address 1215 Bay Ridge Drive

City State Zip Code  
Benton LA 71006-3468

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

Name of Employer Occupation  
Broadmoor Consulting LLC Partner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 30 / 2011**

**Transaction ID : A-C7624**

Amount of Each Receipt this Period  
**2500**

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Ray D. Spurlock**

Mailing Address 1665 Barnes Road

City State Zip Code  
Athens LA 71003-3043

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

Name of Employer Occupation  
Self Employed Physician - Optometrist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 14 / 2011**

**Transaction ID : A-C7359**

Amount of Each Receipt this Period  
**250**

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

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

**5150.00**

**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 34 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. T. Michael Stanberry**

Mailing Address 1214 Hawn Avenue

City Shreveport State LA Zip Code 71107-6612

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

Name of Employer Metro Aviation, Inc Occupation President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2011

**Transaction ID : A-C7625**

Amount of Each Receipt this Period  
 100

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Patrick H. Temple**

Mailing Address 11020 Seville Quarters

City Shreveport State LA Zip Code 71106-7767

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

Name of Employer Red River Center, LLC Occupation Development Manger

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4900**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2011

**Transaction ID : A-C7581**

Amount of Each Receipt this Period  
 100

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Patrick H. Temple**

Mailing Address 11020 Seville Quarters

City Shreveport State LA Zip Code 71106-7767

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

Name of Employer Red River Center, LLC Occupation Development Manger

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4900**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2011

**Transaction ID : A-C7582**

Amount of Each Receipt this Period  
 2400

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

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

2600.00

**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 35 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Timothy J. Temple**

Mailing Address 1520 Camino Lago

City Irving State TX Zip Code 75039-3215

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

Name of Employer Hammerman & Gainer Occupation Executive

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 21 / 2011

**Transaction ID : A-C7449**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Willard F. Washburne**

Mailing Address 736 Hazelwood Drive

City Shreveport State LA Zip Code 71106-7225

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

Name of Employer Highland Clinic Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 29 / 2011

**Transaction ID : A-C7497**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. J. E. Watson Jr.**

Mailing Address 710 N Main Street

City Homer State LA Zip Code 71040-3808

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

Name of Employer Self Occupation Retired engineer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2011

**Transaction ID : A-C7361**

Amount of Each Receipt this Period  
**250**

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

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

**750.00**

**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 36 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Michael W. Wise**

Mailing Address 219 Fernwood Lane

City Minden State LA Zip Code 71055-7533

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

Name of Employer Self-Employed Occupation CPA

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 21 / 2011

**Transaction ID : A-C7451**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Louise P. Worrell**

Mailing Address 6424 El Rancho Road

City Shreveport State LA Zip Code 71129-3812

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

Name of Employer Worrell Brothers Occupation Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2011

**Transaction ID : A-C7480**

Amount of Each Receipt this Period  
**150**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Donald J. Zadeck**

Mailing Address 401 Edwards Street Suite 900

City Shreveport State LA Zip Code 71101-5556

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

Name of Employer Zadeck Energy Group Occupation Oil & Gas

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2011

**Transaction ID : A-C7484**

Amount of Each Receipt this Period  
**100**

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

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

**750.00**

**92935.00**

**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 37 OF 100
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**American Crystal Sugar PAC**

Mailing Address 101 3rd Street N

City Moorhead State MN Zip Code 56560-1952

FEC ID number of contributing federal political committee. **C** C00110338

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2011

**Transaction ID : A-C7486**

Amount of Each Receipt this Period  
 5000

**B.** Full Name (Last, First, Middle Initial)  
**Anadarko Petroleum Corporation Pac**

Mailing Address 1201 Lake Robbins Drive

City The Woodlands State TX Zip Code 77380-1176

FEC ID number of contributing federal political committee. **C** C00231951

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2011

**Transaction ID : A-C7400**

Amount of Each Receipt this Period  
 2000

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

Mailing Address 451 Florida Street

City Baton Rouge State LA Zip Code 70801-1700

FEC ID number of contributing federal political committee. **C** C00226472

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 07 / 2011

**Transaction ID : A-C7418**

Amount of Each Receipt this Period  
 2500

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

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

9500.00

**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 38 OF 100
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A. Boeing PAC**

Full Name (Last, First, Middle Initial)  
Boeing PAC

Mailing Address 1200 Wilson Boulevard

City State Zip Code  
Arlington VA 22209-2300

FEC ID number of contributing federal political committee. **C** C00142711

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 18 / 2011

**Transaction ID : A-C7439**

Amount of Each Receipt this Period  
1000

**B. Chevron PAC**

Full Name (Last, First, Middle Initial)  
Chevron PAC

Mailing Address PO Box 6016

City State Zip Code  
San Ramon CA 94583-0716

FEC ID number of contributing federal political committee. **C** C00035006

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2011

**Transaction ID : A-C7601**

Amount of Each Receipt this Period  
1000

**C. Conocophillips Spirit PAC**

Full Name (Last, First, Middle Initial)  
Conocophillips Spirit PAC

Mailing Address 1010A Plaza Ofc Bldg

City State Zip Code  
Bartlesville OK 74004-0001

FEC ID number of contributing federal political committee. **C** C00112896

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 21 / 2011

**Transaction ID : A-C7456**

Amount of Each Receipt this Period  
2000

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

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

4000.00

**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 39 OF 100
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Conocophillips Spirit PAC**

Mailing Address 1010A Plaza Ofc Bldg

City Bartlesville State OK Zip Code 74004-0001

FEC ID number of contributing federal political committee. **C** C00112896

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 3000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 12 / 2011

**Transaction ID : A-C7558**

Amount of Each Receipt this Period  
 1000

**B.** Full Name (Last, First, Middle Initial)  
**Devon Energy Corporation PAC**

Mailing Address 20 N. Broadway Ste 1500

City Oklahoma City State OK Zip Code 73102

FEC ID number of contributing federal political committee. **C** C00354753

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2011

**Transaction ID : A-C7608**

Amount of Each Receipt this Period  
 1000

**C.** Full Name (Last, First, Middle Initial)  
**ERIC PAC**

Mailing Address 25 E Main Street Suite 200

City Richmond State VA Zip Code 23219-2109

FEC ID number of contributing federal political committee. **C** C00384701

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 5000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 21 / 2011

**Transaction ID : A-C7452**

Amount of Each Receipt this Period  
 5000

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

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

7000.00

**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 40 OF 100
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Exxon Mobil Corporation PAC**

Mailing Address 5959 Las Colinas Boulevard

City Irving State TX Zip Code 75039-4202

FEC ID number of contributing federal political committee. **C** C00121368

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2011

**Transaction ID : A-C7401**

Amount of Each Receipt this Period  
 1000

**B.** Full Name (Last, First, Middle Initial)  
**Farm Credit Council PAC**

Mailing Address 50 F Street NW

City Washington State DC Zip Code 20001-1530

FEC ID number of contributing federal political committee. **C** C00193631

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2011

**Transaction ID : A-C7384**

Amount of Each Receipt this Period  
 2000

**C.** Full Name (Last, First, Middle Initial)  
**General Electric Political Action Commit**

Mailing Address 1299 Pennsylvania Avenue NW Suite 900W

City Washington State DC Zip Code 20004-2400

FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 21 / 2011

**Transaction ID : A-C7454**

Amount of Each Receipt this Period  
 1000

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

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

4000.00

**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 41 OF 100
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Gulf States Toyota Inc. Federal PAC**

Mailing Address 1375 Enclave Parkway

City Houston State TX Zip Code 77077-2026

FEC ID number of contributing federal political committee. **C** C00349373

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2011

**Transaction ID : A-C7599**

Amount of Each Receipt this Period  
 1000

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

Mailing Address 1155 21st Street NW Suite 300

City Washington State DC Zip Code 20036-3312

FEC ID number of contributing federal political committee. **C** C00376038

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 02 / 2011

**Transaction ID : A-C7520**

Amount of Each Receipt this Period  
 2500

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

Mailing Address 1155 21st Street NW Suite 300

City Washington State DC Zip Code 20036-3312

FEC ID number of contributing federal political committee. **C** C00376038

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2011

**Transaction ID : A-C7589**

Amount of Each Receipt this Period  
 1000

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

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

4500.00

**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 42 OF 100
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A. Honeywell PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Constitution Avenue NW  
 Suite 500W  
 City Washington State DC Zip Code 20001-2177  
 FEC ID number of contributing federal political committee. **C C00096156**  
 Name of Employer Occupation  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **3000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2011  
**Transaction ID : A-C7387**  
 Amount of Each Receipt this Period  
 1000

**B. Hornbeck Offshore Services, Inc. PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 103 Northpark Boulevard  
 Suite 300  
 City Covington State LA Zip Code 70433-6111  
 FEC ID number of contributing federal political committee. **C C00424366**  
 Name of Employer Occupation  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **2500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 05 / 2011  
**Transaction ID : A-C7534**  
 Amount of Each Receipt this Period  
 1500

**C. Huntington Ingalls Industries, Inc. PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 M Street SE  
 Suite 350  
 City Washington State DC Zip Code 20003-3436  
 FEC ID number of contributing federal political committee. **C C00325092**  
 Name of Employer Occupation  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **7000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : A-C7604**  
 Amount of Each Receipt this Period  
 500

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

3000.00

**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 43 OF 100
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Huntington Ingalls Industries, Inc. PAC**

Mailing Address 300 M Street SE  
Suite 350

City Washington State DC Zip Code 20003-3436

FEC ID number of contributing federal political committee. **C C00325092**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2011

**Transaction ID : A-C7605**

Amount of Each Receipt this Period  
2000

**B.** Full Name (Last, First, Middle Initial)  
**Independent Petroleum Association of America PAC**

Mailing Address 1201 15th Street NW  
Suite 300

City Washington State DC Zip Code 20005-2842

FEC ID number of contributing federal political committee. **C C00246306**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2011

**Transaction ID : A-C7603**

Amount of Each Receipt this Period  
1000

**C.** Full Name (Last, First, Middle Initial)  
**Locke Lord Bissell & Liddell LLP PAC**

Mailing Address 600 Travis Street  
Suite 2800

City Houston State TX Zip Code 77002-2914

FEC ID number of contributing federal political committee. **C C00117861**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 21 / 2011

**Transaction ID : A-C7453**

Amount of Each Receipt this Period  
1000

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

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

4000.00

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

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

FOR LINE NUMBER: PAGE 44 OF 100  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Louisiana Reform PAC**

Mailing Address PO Box 1542

City State Zip Code  
Shreveport LA 71165-1542

FEC ID number of contributing federal political committee. **C** C00409631

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5000

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 22 / 2011

**Transaction ID : A-C7577**

Amount of Each Receipt this Period  
5000

**B.** Full Name (Last, First, Middle Initial)  
**Marathon Petroleum Corporation Employees Pac**

Mailing Address 539 S Main Street

City State Zip Code  
Findlay OH 45840-3229

FEC ID number of contributing federal political committee. **C** C00496307

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 27 / 2011

**Transaction ID : A-C7600**

Amount of Each Receipt this Period  
1000

**C.** Full Name (Last, First, Middle Initial)  
**National Franchisee Association PAC**

Mailing Address 1201 Roberts Boulevard NW  
Suite 110

City State Zip Code  
Kennesaw GA 30144-7853

FEC ID number of contributing federal political committee. **C** C00329425

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1500

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 02 / 2011

**Transaction ID : A-C7519**

Amount of Each Receipt this Period  
1500

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

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

7500.00

**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 45 OF 100
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A. National Ocean Industries Association Pac**

Full Name (Last, First, Middle Initial)  
Mailing Address 1120 G Street NW  
Suite 900

City Washington State DC Zip Code 20005-3801

FEC ID number of contributing federal political committee. **C C00409565**

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 12 / 2011

**Transaction ID : A-C7557**

Amount of Each Receipt this Period  
 1000

**B. Occidental Petroleum Corporation Pac**

Full Name (Last, First, Middle Initial)  
Mailing Address 10889 Wilshire Boulevard

City Los Angeles State CA Zip Code 90024-4201

FEC ID number of contributing federal political committee. **C C00083857**

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2011

**Transaction ID : A-C7598**

Amount of Each Receipt this Period  
 1000

**C. Safari Club International PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 4800 W Gates Pass Road

City Tucson State AZ Zip Code 85745-9600

FEC ID number of contributing federal political committee. **C C00122101**

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 09 / 2011

**Transaction ID : A-C7548**

Amount of Each Receipt this Period  
 1000

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

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

3000.00

**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 46 OF 100
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Shaw Group, Inc. PAC**

Mailing Address 1725 Duke Street  
Suite 400

City Alexandria State VA Zip Code 22314-3470

FEC ID number of contributing federal political committee. **C** C00104885

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 21 / 2011

**Transaction ID : A-C7455**

Amount of Each Receipt this Period  
1000

**B.** Full Name (Last, First, Middle Initial)  
**The Williams Companies, Inc. Pac**

Mailing Address 1627 I Street NW  
Suite 900

City Washington State DC Zip Code 20006-4057

FEC ID number of contributing federal political committee. **C** C00040394

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2011

**Transaction ID : A-C7602**

Amount of Each Receipt this Period  
1000

**C.** Full Name (Last, First, Middle Initial)  
**USA Rice Federation PAC**

Mailing Address 4301 Fairfax Drive  
Suite 425

City Arlington State VA Zip Code 22203-1653

FEC ID number of contributing federal political committee. **C** C00308478

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 12 / 2011

**Transaction ID : A-C7559**

Amount of Each Receipt this Period  
1000

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

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

3000.00

**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 47 OF 100
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Weyerhaeuser PAC**

Mailing Address **PO Box 75000**

City **Detroit** State **MI** Zip Code **48275-0001**

FEC ID number of contributing federal political committee. **C C00007948**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2012  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **2500**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 28 / 2011**

**Transaction ID : A-C7606**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **2500**

**B.** Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Amount of Each Receipt this Period  
 \_\_\_\_\_

**C.** Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Amount of Each Receipt this Period  
 \_\_\_\_\_

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

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

\_\_\_\_\_ **2500.00**

\_\_\_\_\_ **52000.00**

**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 48 OF 100	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2011
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 2006.83
City Fort Lauderdale	State FL	
Zip Code 33336-0001	Purpose of Disbursement See Memos	<b>Transaction ID : B-E-7334</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Zea Rotisserie and Grill</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2011
Mailing Address 1525 Saint Charles Avenue		Amount of Each Disbursement this Period 675
City New Orleans	State LA	
Zip Code 70130-4445	Purpose of Disbursement Catering	<b>Transaction ID : B-S-1133</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of American Express(10/04/11)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Delta Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2011
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 389.4
City Atlanta	State GA	
Zip Code 30320-6001	Purpose of Disbursement Airfare	<b>Transaction ID : B-S-1141</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of American Express(10/04/11)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2006.83
<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 49 OF 100			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. IHG MSYCGPMS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2011
Mailing Address 140 Holiday Boulevard		Amount of Each Disbursement this Period 110.5
City Covington State LA Zip Code 70433-5017	Purpose of Disbursement Hotel	
Candidate Name	Category/Type	<b>Transaction ID : B-S-1131</b> <b>[MEMO ITEM]</b> Subitemization of American Express(10/04/11)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. IHG MSYCGPMS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2011
Mailing Address 140 Holiday Boulevard		Amount of Each Disbursement this Period 110.5
City Covington State LA Zip Code 70433-5017	Purpose of Disbursement Hotel	
Candidate Name	Category/Type	<b>Transaction ID : B-S-1132</b> <b>[MEMO ITEM]</b> Subitemization of American Express(10/04/11)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. IHG LFTDBPMS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2011
Mailing Address 3903 Ambassador Caffery Parkway		Amount of Each Disbursement this Period 99.68
City Lafayette State LA Zip Code 70503-5236	Purpose of Disbursement Hotel	
Candidate Name	Category/Type	<b>Transaction ID : B-S-1136</b> <b>[MEMO ITEM]</b> Subitemization of American Express(10/04/11)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 50 OF 100	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. IHG LFTDBPMS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 04 / 2011</b>
Mailing Address <b>3903 Ambassador Caffery Parkway</b>		Amount of Each Disbursement this Period <b>171.55</b>
City <b>Lafayette</b>	State <b>LA</b>	Zip Code <b>70503-5236</b>
Purpose of Disbursement <b>Hotel</b>	Category/Type	
Candidate Name	Transaction ID : <b>B-S-1137</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of American Express(10/04/11)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The Capital Grille</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 04 / 2011</b>
Mailing Address <b>601 Pennsylvania Avenue NW</b>		Amount of Each Disbursement this Period <b>139.4</b>
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20004-2601</b>
Purpose of Disbursement <b>Meals</b>	Category/Type	
Candidate Name	Transaction ID : <b>B-S-1129</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of American Express(10/04/11)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 17 / 2011</b>
Mailing Address <b>PO Box 360001</b>		Amount of Each Disbursement this Period <b>2987.35</b>
City <b>Fort Lauderdale</b>	State <b>FL</b>	Zip Code <b>33336-0001</b>
Purpose of Disbursement <b>See Memos</b>	Category/Type	
Candidate Name	Transaction ID : <b>B-E-7371</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2987.35</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)	PAGE 51 OF 100			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. The Capital Grille</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2011
Mailing Address 601 Pennsylvania Avenue NW		Amount of Each Disbursement this Period 119
City Washington State DC Zip Code 20004-2601	Purpose of Disbursement Meals	
Candidate Name	Category/Type	<b>Transaction ID : B-S-1165</b> <b>[MEMO ITEM]</b> Subitemization of American Express(10/17/11)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Ruth's Chris Steakhouse</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2011
Mailing Address 1801 Connecticut Avenue NW		Amount of Each Disbursement this Period 214.51
City Washington State DC Zip Code 20009-5700	Purpose of Disbursement Meals	
Candidate Name	Category/Type	<b>Transaction ID : B-S-1159</b> <b>[MEMO ITEM]</b> Subitemization of American Express(10/17/11)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. IHG BTRCOPMS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2011
Mailing Address 4848 Constitution Avenue		Amount of Each Disbursement this Period 333.99
City Baton Rouge State LA Zip Code 70808-3323	Purpose of Disbursement Lodging	
Candidate Name	Category/Type	<b>Transaction ID : B-S-1164</b> <b>[MEMO ITEM]</b> Subitemization of American Express(10/17/11)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 52 OF 100			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2011
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 2054.99
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement Airfaire	Transaction ID : B-S-1158
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of American Express(10/17/11)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2011
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 88.05
City Fort Lauderdale State FL Zip Code 33336-0001	Purpose of Disbursement Transaction Fees	Transaction ID : B-E-7398
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2011
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 64.84
City Fort Lauderdale State FL Zip Code 33336-0001	Purpose of Disbursement Transaction Fees	Transaction ID : B-E-7432
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	152.89
<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 53 OF 100			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. American Legion Post #8</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2011
Mailing Address 224 D Street SE		Amount of Each Disbursement this Period 2550 <b>Transaction ID : B-E-7422</b>
City Washington State DC Zip Code 20003-1991	Purpose of Disbursement Venue Rental Fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Aristotle International</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2011
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 690 <b>Transaction ID : B-E-7335</b>
City Washington State DC Zip Code 20003-1164	Purpose of Disbursement Software	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Aristotle International</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2011
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 690 <b>Transaction ID : B-E-7367</b>
City Washington State DC Zip Code 20003-1164	Purpose of Disbursement Software	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3930.00
<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 54 OF 100			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Aristotle International</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2011
Mailing Address 205 Pennsylvania Avenue SE			Amount of Each Disbursement this Period 690 <b>Transaction ID : B-E-7443</b>
City Washington	State DC	Zip Code 20003-1164	
Purpose of Disbursement Software		Category/ Type	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T Mobility</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2011
Mailing Address PO Box 536216			Amount of Each Disbursement this Period 234.04 <b>Transaction ID : B-E-7325</b>
City Atlanta	State GA	Zip Code 30353-6216	
Purpose of Disbursement Phones		Category/ Type	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T Mobility</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2011
Mailing Address PO Box 536216			Amount of Each Disbursement this Period 25 <b>Transaction ID : B-E-7386</b>
City Atlanta	State GA	Zip Code 30353-6216	
Purpose of Disbursement Phones		Category/ Type	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	949.04
<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 55 OF 100			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T Mobility</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2011
Mailing Address PO Box 536216		Amount of Each Disbursement this Period 234.4 <b>Transaction ID : B-E-7411</b>
City Atlanta	State GA	
Zip Code 30353-6216	Purpose of Disbursement Phones	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T Mobility</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2011
Mailing Address PO Box 536216		Amount of Each Disbursement this Period 25 <b>Transaction ID : B-E-7466</b>
City Atlanta	State GA	
Zip Code 30353-6216	Purpose of Disbursement Phones	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T Mobility</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2011
Mailing Address PO Box 536216		Amount of Each Disbursement this Period 234.4 <b>Transaction ID : B-E-7545</b>
City Atlanta	State GA	
Zip Code 30353-6216	Purpose of Disbursement Phones	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	493.80
<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 56 OF 100			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T Mobility</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2011
Mailing Address PO Box 536216		Amount of Each Disbursement this Period 25 <b>Transaction ID : B-E-7576</b>
City Atlanta	State GA	
Zip Code 30353-6216	Purpose of Disbursement Phones	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Bank of America</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2011
Mailing Address 1923 Main Street		Amount of Each Disbursement this Period 34.95 <b>Transaction ID : B-E-7333</b>
City Franklin	State LA	
Zip Code 70538-3117	Purpose of Disbursement Phones	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Original vendors exceeding reporting threshold itemized as memo transactions.

Full Name (Last, First, Middle Initial) <b>c. AT&amp;T Mobility</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2011
Mailing Address PO Box 536216		Amount of Each Disbursement this Period 34.95 <b>Transaction ID : B-S-1128</b>
City Atlanta	State GA	
Zip Code 30353-6216	Purpose of Disbursement Phones	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<b>[MEMO ITEM]</b> Subitemization of Bank of America(10/04/11)

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	59.95
<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 57 OF 100	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Bank of America</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2011
Mailing Address 1923 Main Street		Amount of Each Disbursement this Period 26.53
City Franklin	State LA Zip Code 70538-3117	
Purpose of Disbursement Phones	Candidate Name	<b>Transaction ID : B-E-7405</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Original vendors exceeding reporting threshold itemized as memo transactions.

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T Mobility</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2011
Mailing Address PO Box 536216		Amount of Each Disbursement this Period 26.53
City Atlanta	State GA Zip Code 30353-6216	
Purpose of Disbursement Phones	Candidate Name	<b>Transaction ID : B-S-1167</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>[MEMO ITEM]</b> Subitemization of Bank of America(11/02/11)

Full Name (Last, First, Middle Initial) <b>c. Bank of America</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2011
Mailing Address 1923 Main Street		Amount of Each Disbursement this Period 29.99
City Franklin	State LA Zip Code 70538-3117	
Purpose of Disbursement Phones	Candidate Name	<b>Transaction ID : B-E-7444</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Original vendors exceeding reporting threshold itemized as memo transactions.

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	56.52
<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 58 OF 100			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T Mobility</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2011
Mailing Address PO Box 536216		Amount of Each Disbursement this Period 29.99
City Atlanta	State GA Zip Code 30353-6216	
Purpose of Disbursement Phones	Candidate Name	Transaction ID : B-S-1168
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] Subitemization of Bank of America(11/21/11)

Full Name (Last, First, Middle Initial) <b>B. Bank of America</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2011
Mailing Address 1923 Main Street		Amount of Each Disbursement this Period 10.22
City Franklin	State LA Zip Code 70538-3117	
Purpose of Disbursement Transaction Fees	Candidate Name	Transaction ID : B-E-7553
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Bankcard</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2011
Mailing Address 401 Main Street		Amount of Each Disbursement this Period 67.76
City Minden	State LA Zip Code 71055-3324	
Purpose of Disbursement Transaction Fees	Candidate Name	Transaction ID : B-E-7431
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	77.98
<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 59 OF 100			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial)

**A. Bankcard**

Mailing Address 401 Main Street

City Minden State LA Zip Code 71055-3324

Purpose of Disbursement transaction fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 02 / 2011

Amount of Each Disbursement this Period: 105.52

Transaction ID : B-E-7419

Category/Type

Full Name (Last, First, Middle Initial)

**B. Bankcard**

Mailing Address 401 Main Street

City Minden State LA Zip Code 71055-3324

Purpose of Disbursement Transaction Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 02 / 2011

Amount of Each Disbursement this Period: 115.9

Transaction ID : B-E-7552

Category/Type

Full Name (Last, First, Middle Initial)

**c. Blanchard, Walker, O'Quin and Roberts**

Mailing Address 400 Texas Street Suite 1400

City Shreveport State LA Zip Code 71101-3549

Purpose of Disbursement Legal Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 02 / 2011

Amount of Each Disbursement this Period: 4484.15

Transaction ID : B-E-7403

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 4705.57

**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)		PAGE 60 OF 100	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Blanchard, Walker, O'Quin and Roberts</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2011
Mailing Address 400 Texas Street Suite 1400		Amount of Each Disbursement this Period 3411.4 <b>Transaction ID : B-E-7425</b>
City Shreveport	State LA Zip Code 71101-3549	
Purpose of Disbursement Legal Fees	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Brabender Cox</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2011
Mailing Address 1218 Grandview Avenue		Amount of Each Disbursement this Period 750 <b>Transaction ID : B-E-7329</b>
City Pittsburgh	State PA Zip Code 15211-1239	
Purpose of Disbursement Web Hosting fees	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2011
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 85.7 <b>Transaction ID : B-E-7331</b>
City Washington	State DC Zip Code 20003-1801	
Purpose of Disbursement Meals	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4247.10
<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 61 OF 100			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2011
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 44.78
City Washington State DC Zip Code 20003-1801	Purpose of Disbursement Meals	
Candidate Name	Category/Type	<b>Transaction ID : B-E-7412</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2011
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 170.04
City Washington State DC Zip Code 20003-1801	Purpose of Disbursement Meals	
Candidate Name	Category/Type	<b>Transaction ID : B-E-7546</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Citi Cards</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2011
Mailing Address PO Box 6500		Amount of Each Disbursement this Period 275.97
City Sioux Falls State SD Zip Code 57117-6500	Purpose of Disbursement See Memos	
Candidate Name	Category/Type	<b>Transaction ID : B-E-7368</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	490.79
<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 62 OF 100	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Studio Graphics Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2011
Mailing Address 1725 N Hearne Avenue Suite B		Amount of Each Disbursement this Period 325.75
City Shreveport	State LA Zip Code 71107-7100	
Purpose of Disbursement Office Supplies	Candidate Name	Transaction ID : B-S-1157
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] Subitemization of Citi Cards(10/17/11)

Full Name (Last, First, Middle Initial) <b>B. Citi Cards</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2011
Mailing Address PO Box 6500		Amount of Each Disbursement this Period 284.83
City Sioux Falls	State SD Zip Code 57117-6500	
Purpose of Disbursement See Memos	Candidate Name	Transaction ID : B-E-7445
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Original vendors exceeding reporting threshold itemized as memo transactions.

Full Name (Last, First, Middle Initial) <b>c. Studio Graphics Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2011
Mailing Address 1725 N Hearne Avenue Suite B		Amount of Each Disbursement this Period 325.75
City Shreveport	State LA Zip Code 71107-7100	
Purpose of Disbursement Office Supplies	Candidate Name	Transaction ID : B-S-1171
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] Subitemization of Citi Cards(11/21/11)

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	325.75
<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 63 OF 100			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Comcast, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2011
Mailing Address PO Box 53708		Amount of Each Disbursement this Period 112.16
City Lafayette	State LA Zip Code 70505-3708	
Purpose of Disbursement Cable and Phones	Category/Type	<b>Transaction ID : B-E-7337</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Comcast, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2011
Mailing Address PO Box 53708		Amount of Each Disbursement this Period 273.08
City Lafayette	State LA Zip Code 70505-3708	
Purpose of Disbursement Cable & Internet Service	Category/Type	<b>Transaction ID : B-E-7404</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Comcast, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2011
Mailing Address PO Box 53708		Amount of Each Disbursement this Period 274.08
City Lafayette	State LA Zip Code 70505-3708	
Purpose of Disbursement Cable and Phones	Category/Type	<b>Transaction ID : B-E-7529</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	659.32
<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 64 OF 100			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Constant Contact</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2011
Mailing Address 1601 Trapelo Road		Amount of Each Disbursement this Period 15 <b>Transaction ID : B-E-7379</b>
City Waltham State MA Zip Code 02451-7333	Purpose of Disbursement Software Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Constant Contact</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2011
Mailing Address 1601 Trapelo Road		Amount of Each Disbursement this Period 15 <b>Transaction ID : B-E-7441</b>
City Waltham State MA Zip Code 02451-7333	Purpose of Disbursement Software Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Constant Contact</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2011
Mailing Address 1601 Trapelo Road		Amount of Each Disbursement this Period 15 <b>Transaction ID : B-E-7571</b>
City Waltham State MA Zip Code 02451-7333	Purpose of Disbursement Software Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	45.00
<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 65 OF 100			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Control-O-Fax</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2011
Mailing Address 3070 W Airline Highway		Amount of Each Disbursement this Period 223.32
City Waterloo	State IA	
Zip Code 50703-9591		
Purpose of Disbursement Check Order Fee	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Fed Ex Kinko</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2011
Mailing Address 2020 K Street NW		Amount of Each Disbursement this Period 27.87
City Washington	State DC	
Zip Code 20006-1806		
Purpose of Disbursement Shipping	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Fed Ex Kinko</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2011
Mailing Address 2020 K Street NW		Amount of Each Disbursement this Period 39.07
City Washington	State DC	
Zip Code 20006-1806		
Purpose of Disbursement Shipping	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	290.26
<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 66 OF 100			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Fed Ex Kinko</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2011
Mailing Address 2020 K Street NW		Amount of Each Disbursement this Period 39.07
City Washington	State DC	
Zip Code 20006-1806	Purpose of Disbursement Shipping	Transaction ID : B-E-7382
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Independence Bowl</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2011
Mailing Address 401 Market Street Suite 120		Amount of Each Disbursement this Period 1000
City Shreveport	State LA	
Zip Code 71101-6912	Purpose of Disbursement Event Tickets	Transaction ID : B-E-7570
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Insty Prints</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2011
Mailing Address 2605 Mackey Lane		Amount of Each Disbursement this Period 308.85
City Shreveport	State LA	
Zip Code 71118-2519	Purpose of Disbursement Printing	Transaction ID : B-E-7372
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1347.92
<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 67 OF 100	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Insty Prints</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2011
Mailing Address 2605 Mackey Lane		Amount of Each Disbursement this Period 235.3
City Shreveport	State LA	
Zip Code 71118-2519	Purpose of Disbursement Printing	Transaction ID : B-E-7442
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Insty Prints</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2011
Mailing Address 2605 Mackey Lane		Amount of Each Disbursement this Period 198.22
City Shreveport	State LA	
Zip Code 71118-2519	Purpose of Disbursement Printing	Transaction ID : B-E-7527
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Louisiana Dept. of Revenue</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2011
Mailing Address PO Box 201		Amount of Each Disbursement this Period 193
City Baton Rouge	State LA	
Zip Code 70821-0201	Purpose of Disbursement Payroll Taxes	Transaction ID : B-E-7396
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	626.52
<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 68 OF 100	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Louisiana Dept. of Revenue</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2011
Mailing Address PO Box 201		Amount of Each Disbursement this Period 195 <b>Transaction ID : B-E-7507</b>
City Baton Rouge	State LA	
Zip Code 70821-0201	Purpose of Disbursement Payroll Taxes	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Louisiana Dept. of Revenue</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2011
Mailing Address PO Box 201		Amount of Each Disbursement this Period 195 <b>Transaction ID : B-E-7631</b>
City Baton Rouge	State LA	
Zip Code 70821-0201	Purpose of Disbursement Payroll Taxes	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Louisiana Workforce Commission</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2011
Mailing Address PO Box 61005		Amount of Each Disbursement this Period 49.67 <b>Transaction ID : B-E-7374</b>
City Oil City	State LA	
Zip Code 71061	Purpose of Disbursement Payroll Taxes	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	439.67
<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 69 OF 100			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. LSU Athletic Ticket Office</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2011
Mailing Address Room 106, Athletic Administration North Stadium Drive			Amount of Each Disbursement this Period 730 <b>Transaction ID : B-E-7568</b>
City Baton Rouge	State LA	Zip Code 70894	
Purpose of Disbursement Event Tickets		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) <b>B. Mammoth Marketing Group</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2011
Mailing Address 5750 Balcones Drive Suite 108			Amount of Each Disbursement this Period 1270 <b>Transaction ID : B-E-7409</b>
City Austin	State TX	Zip Code 78731-4268	
Purpose of Disbursement Direct Mail		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) <b>c. Mammoth Marketing Group</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2011
Mailing Address 5750 Balcones Drive Suite 108			Amount of Each Disbursement this Period 3390 <b>Transaction ID : B-E-7410</b>
City Austin	State TX	Zip Code 78731-4268	
Purpose of Disbursement Direct Mail		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5390.00
<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 70 OF 100			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Mammoth Marketing Group</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2011
Mailing Address 5750 Balcones Drive Suite 108		Amount of Each Disbursement this Period 2064.24 <b>Transaction ID : B-E-7524</b>
City Austin State TX Zip Code 78731-4268	Purpose of Disbursement Direct Mail	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mammoth Marketing Group</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2011
Mailing Address 5750 Balcones Drive Suite 108		Amount of Each Disbursement this Period 4100.24 <b>Transaction ID : B-E-7525</b>
City Austin State TX Zip Code 78731-4268	Purpose of Disbursement Direct Mail	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2011
Mailing Address 2001 Airline Drive Suite 156		Amount of Each Disbursement this Period 54.29 <b>Transaction ID : B-E-7378</b>
City Bossier City State LA Zip Code 71111-3291	Purpose of Disbursement Office Supplies	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6218.77
<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 71 OF 100			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Patton Boggs LLP</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2011
Mailing Address 2550 M Street NW		Amount of Each Disbursement this Period 5000 <b>Transaction ID : B-E-7318</b>
City Washington State DC Zip Code 20037-1301	Purpose of Disbursement Legal Fees Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Patton Boggs LLP</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2011
Mailing Address 2550 M Street NW		Amount of Each Disbursement this Period 5000 <b>Transaction ID : B-E-7319</b>
City Washington State DC Zip Code 20037-1301	Purpose of Disbursement Legal Fees Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Patton Boggs LLP</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2011
Mailing Address 2550 M Street NW		Amount of Each Disbursement this Period 5000 <b>Transaction ID : B-E-7428</b>
City Washington State DC Zip Code 20037-1301	Purpose of Disbursement Legal Fees Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	15000.00
<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 72 OF 100			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Patton Boggs LLP</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2011
Mailing Address 2550 M Street NW			Amount of Each Disbursement this Period 5000 <b>Transaction ID : B-E-7531</b>
City Washington	State DC	Zip Code 20037-1301	
Purpose of Disbursement Legal Fees		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) <b>B. Patton Boggs LLP</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2011
Mailing Address 2550 M Street NW			Amount of Each Disbursement this Period 844.12 <b>Transaction ID : B-E-7532</b>
City Washington	State DC	Zip Code 20037-1301	
Purpose of Disbursement Legal Consulting		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) <b>c. Patton Boggs LLP</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2011
Mailing Address 2550 M Street NW			Amount of Each Disbursement this Period 4155.88 <b>Transaction ID : B-E-7533</b>
City Washington	State DC	Zip Code 20037-1301	
Purpose of Disbursement Legal Consulting		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10000.00
<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 73 OF 100			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2011
Mailing Address 1925 E 70th Street		Amount of Each Disbursement this Period 88 <b>Transaction ID : B-E-7491</b>
City Shreveport	State LA Zip Code 71105-5303	
Purpose of Disbursement Stamps	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2011
Mailing Address 1925 E 70th Street		Amount of Each Disbursement this Period 46 <b>Transaction ID : B-E-7530</b>
City Shreveport	State LA Zip Code 71105-5303	
Purpose of Disbursement Post Office Box Rental Fee	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Rivergate Investments, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2011
Mailing Address 2205 E 70th Street		Amount of Each Disbursement this Period 960 <b>Transaction ID : B-E-7328</b>
City Shreveport	State LA Zip Code 71105-5321	
Purpose of Disbursement Rent	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1094.00
<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 74 OF 100			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Rivergate Investments, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2011
Mailing Address 2205 E 70th Street		Amount of Each Disbursement this Period 960 <b>Transaction ID : B-E-7402</b>
City Shreveport State LA Zip Code 71105-5321	Purpose of Disbursement Rent	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Rivergate Investments, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2011
Mailing Address 2205 E 70th Street		Amount of Each Disbursement this Period 960 <b>Transaction ID : B-E-7448</b>
City Shreveport State LA Zip Code 71105-5321	Purpose of Disbursement Rent	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Ruth's Chris Steakhouse</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2011
Mailing Address 1801 Connecticut Avenue NW		Amount of Each Disbursement this Period 1635.79 <b>Transaction ID : B-E-7555</b>
City Washington State DC Zip Code 20009-5700	Purpose of Disbursement Catering	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3555.79
<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 75 OF 100			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Shreveport Valet</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2011
Mailing Address 404 N Evenside Avenue		Amount of Each Disbursement this Period 384 <b>Transaction ID : B-E-7526</b>
City Henderson State TX Zip Code 75652-2718	Purpose of Disbursement Parking Service	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Storyville Stompers, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2011
Mailing Address 841 Taft Place		Amount of Each Disbursement this Period 3000 <b>Transaction ID : B-E-7420</b>
City New Orleans State LA Zip Code 70119-3825	Purpose of Disbursement Entertainment for Event	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Storyville Stompers, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2011
Mailing Address 841 Taft Place		Amount of Each Disbursement this Period 5000 <b>Transaction ID : B-E-7421</b>
City New Orleans State LA Zip Code 70119-3825	Purpose of Disbursement Entertainment for Event	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8384.00
<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 76 OF 100			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Swepc</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2011
Mailing Address PO Box 24404		Amount of Each Disbursement this Period 164.8
City Canton	State OH	
Purpose of Disbursement Utilities	Category/ Type	
Candidate Name		Transaction ID : B-E-7327
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Swepc</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2011
Mailing Address PO Box 24404		Amount of Each Disbursement this Period 265.38
City Canton	State OH	
Purpose of Disbursement Utilities	Category/ Type	
Candidate Name		Transaction ID : B-E-7369
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. TG Companies</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2011
Mailing Address 456 Highway 531		Amount of Each Disbursement this Period 419
City Minden	State LA	
Purpose of Disbursement Office Supplies	Category/ Type	
Candidate Name		Transaction ID : B-E-7423
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	849.18
<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 77 OF 100			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. The Congressional Institute</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2011
Mailing Address 1001 N Fairfax Street Suite 410		Amount of Each Disbursement this Period 1601 <b>Transaction ID : B-E-7490</b>
City Alexandria	State VA	
Purpose of Disbursement Conference Fees	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The Cotton Boll Grille</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2011
Mailing Address 1624 Fairfield Avenue		Amount of Each Disbursement this Period 780 <b>Transaction ID : B-E-7561</b>
City Shreveport	State LA	
Purpose of Disbursement Catering	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. The Upper Crust Catering</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2011
Mailing Address 4400 Highway 534		Amount of Each Disbursement this Period 375 <b>Transaction ID : B-E-7424</b>
City Haynesville	State LA	
Purpose of Disbursement Catering	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2756.00
<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 78 OF 100			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. United States Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2011
Mailing Address 1500 Pennsylvania Avenue NW		Amount of Each Disbursement this Period 10.48 <b>Transaction ID : B-E-7373</b>
City Washington State DC Zip Code 20220-0001	Purpose of Disbursement Payroll Taxes Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. United States Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2011
Mailing Address 1500 Pennsylvania Avenue NW		Amount of Each Disbursement this Period 1726.39 <b>Transaction ID : B-E-7397</b>
City Washington State DC Zip Code 20220-0001	Purpose of Disbursement Payroll Taxes Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. United States Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2011
Mailing Address 1500 Pennsylvania Avenue NW		Amount of Each Disbursement this Period 1740.16 <b>Transaction ID : B-E-7508</b>
City Washington State DC Zip Code 20220-0001	Purpose of Disbursement Payroll Taxes Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3477.03
<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 79 OF 100			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. United States Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2011
Mailing Address 1500 Pennsylvania Avenue NW		Amount of Each Disbursement this Period 1733.73 <b>Transaction ID : B-E-7630</b>
City Washington State DC Zip Code 20220-0001	Purpose of Disbursement Payroll Taxes Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2011
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 478.98 <b>Transaction ID : B-E-7326</b>
City Dallas State TX Zip Code 75266-0108	Purpose of Disbursement Phones Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2011
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 456.65 <b>Transaction ID : B-E-7370</b>
City Dallas State TX Zip Code 75266-0108	Purpose of Disbursement Phones Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2669.36
<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 80 OF 100			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2011
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 468.44 <b>Transaction ID : B-E-7446</b>
City Dallas	State TX	
Zip Code 75266-0108	Purpose of Disbursement Phones	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2011
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 638.65 <b>Transaction ID : B-E-7560</b>
City Dallas	State TX	
Zip Code 75266-0108	Purpose of Disbursement Phones	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2011
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 419.99 <b>Transaction ID : B-E-7567</b>
City Dallas	State TX	
Zip Code 75266-0108	Purpose of Disbursement Phones	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1527.08
<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 81 OF 100			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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

Full Name (Last, First, Middle Initial) <b>A. Wine Country Bistro</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2011
Mailing Address 4801 Line Avenue		Amount of Each Disbursement this Period 478.72
City Shreveport	State LA Zip Code 71106-1534	
Purpose of Disbursement Catering	Category/Type	<b>Transaction ID : B-E-7523</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Winfrey &amp; Company</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2011
Mailing Address 228 S Washington Street Suite B20		Amount of Each Disbursement this Period 3191.25
City Alexandria	State VA Zip Code 22314-5402	
Purpose of Disbursement Fundraising Consulting & Reimb	Category/Type	<b>Transaction ID : B-E-7330</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Avenue Events, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2011
Mailing Address 710 1/2 Mount Vernon Avenue		Amount of Each Disbursement this Period 679.75
City Alexandria	State VA Zip Code 22301-1702	
Purpose of Disbursement	Category/Type	<b>Transaction ID : B-S-1147</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Winfrey & Company(10/04/11)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3669.97
<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 82 OF 100			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Tortilla Coast</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2011
Mailing Address 400 1st Street SE		Amount of Each Disbursement this Period 511.5
City Washington	State DC	
Zip Code 20003-1826	Purpose of Disbursement Catering	Transaction ID : B-S-1146
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Winfrey & Company(10/04/11)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Winfrey &amp; Company</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2011
Mailing Address 228 S Washington Street Suite B20		Amount of Each Disbursement this Period 3825.6
City Alexandria	State VA	
Zip Code 22314-5402	Purpose of Disbursement Fundraising Consulting	Transaction ID : B-E-7408
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Winfrey &amp; Company</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2011
Mailing Address 228 S Washington Street Suite B20		Amount of Each Disbursement this Period 4873.08
City Alexandria	State VA	
Zip Code 22314-5402	Purpose of Disbursement Fundraising Consulting	Transaction ID : B-E-7528
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8698.68
<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 83 OF 100			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Jewel Breard</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2011
Mailing Address 496 Graham Road		Amount of Each Disbursement this Period 471.75 <b>Transaction ID : B-E-7394</b>
City Leesville	State LA	
Purpose of Disbursement Salary		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Ms. Jewel Breard</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2011
Mailing Address 496 Graham Road		Amount of Each Disbursement this Period 471.75 <b>Transaction ID : B-E-7505</b>
City Leesville	State LA	
Purpose of Disbursement Salary		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Ms. Jewel Breard</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2011
Mailing Address 496 Graham Road		Amount of Each Disbursement this Period 471.75 <b>Transaction ID : B-E-7628</b>
City Leesville	State LA	
Purpose of Disbursement Payroll		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1415.25
<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 84 OF 100			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. John C Fleming Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2011
Mailing Address PO Box 1236		Amount of Each Disbursement this Period 532.14 <b>Transaction ID : B-E-7388</b>
City Minden	State LA	
Purpose of Disbursement Mileage Reimbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Mr. John C Fleming Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2011
Mailing Address PO Box 1236		Amount of Each Disbursement this Period 548.31 <b>Transaction ID : B-E-7406</b>
City Minden	State LA	
Purpose of Disbursement Reimbursement for Mileage		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. Mr. John C Fleming Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2011
Mailing Address PO Box 1236		Amount of Each Disbursement this Period 300.37 <b>Transaction ID : B-E-7426</b>
City Minden	State LA	
Purpose of Disbursement Reimbursement for Mileage		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1380.82
<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 85 OF 100			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Loraine F. McKenzie</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2011
Mailing Address 107 S Hardwick Drive		Amount of Each Disbursement this Period 948.51 <b>Transaction ID : B-E-7395</b>
City Bossier City	State LA	
Zip Code 71111-6034	Purpose of Disbursement Salary	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Loraine F. McKenzie</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2011
Mailing Address 107 S Hardwick Drive		Amount of Each Disbursement this Period 23.03 <b>Transaction ID : B-E-7413</b>
City Bossier City	State LA	
Zip Code 71111-6034	Purpose of Disbursement Reimbursement for Mileage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Loraine F. McKenzie</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2011
Mailing Address 107 S Hardwick Drive		Amount of Each Disbursement this Period 995.55 <b>Transaction ID : B-E-7506</b>
City Bossier City	State LA	
Zip Code 71111-6034	Purpose of Disbursement Salary	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1967.09
<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 86 OF 100			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Loraine F. McKenzie</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2011	
Mailing Address 107 S Hardwick Drive			Amount of Each Disbursement this Period 974.97	
City Bossier City	State LA	Zip Code 71111-6034	Transaction ID : B-E-7629	
Purpose of Disbursement Payroll		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Mrs. Amy Kathleen Smith</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2011	
Mailing Address 5747 Grover Place			Amount of Each Disbursement this Period 3356.12	
City Shreveport	State LA	Zip Code 71105-4241	Transaction ID : B-E-7393	
Purpose of Disbursement Salary		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Mrs. Amy Kathleen Smith</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2011	
Mailing Address 5747 Grover Place			Amount of Each Disbursement this Period 67.63	
City Shreveport	State LA	Zip Code 71105-4241	Transaction ID : B-E-7447	
Purpose of Disbursement Reimbursement for Office Suppl		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4398.72
<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 87 OF 100			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Mrs. Amy Kathleen Smith</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2011
Mailing Address 5747 Grover Place			Amount of Each Disbursement this Period 3356.13 <b>Transaction ID : B-E-7504</b>
City Shreveport	State LA	Zip Code 71105-4241	
Purpose of Disbursement Salary		Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) <b>B. Mrs. Amy Kathleen Smith</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2011
Mailing Address 5747 Grover Place			Amount of Each Disbursement this Period 3356.12 <b>Transaction ID : B-E-7627</b>
City Shreveport	State LA	Zip Code 71105-4241	
Purpose of Disbursement Payroll		Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) <b>c. Abby Varnadore</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2011
Mailing Address 490 Sommersby Drive			Amount of Each Disbursement this Period 34.5 <b>Transaction ID : B-E-7336</b>
City Minden	State LA	Zip Code 71055-6216	
Purpose of Disbursement Reimbursement for Mileage		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6746.75
<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 88 OF 100			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 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**

Full Name (Last, First, Middle Initial) <b>A. Abby Varnadore</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2011
Mailing Address 490 Sommersby Drive		Amount of Each Disbursement this Period 1178.1 <b>Transaction ID : B-E-7392</b>
City Minden	State LA Zip Code 71055-6216	
Purpose of Disbursement Salary	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Abby Varnadore</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2011
Mailing Address 490 Sommersby Drive		Amount of Each Disbursement this Period 45.28 <b>Transaction ID : B-E-7407</b>
City Minden	State LA Zip Code 71055-6216	
Purpose of Disbursement Reimbursement for Mileage	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Abby Varnadore</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2011
Mailing Address 490 Sommersby Drive		Amount of Each Disbursement this Period 1178.09 <b>Transaction ID : B-E-7503</b>
City Minden	State LA Zip Code 71055-6216	
Purpose of Disbursement Salary	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2401.47
<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 89 OF 100		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Abby Varnadore</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2011
Mailing Address 490 Sommersby Drive		Amount of Each Disbursement this Period 40.96 <b>Transaction ID : B-E-7521</b>
City Minden State LA Zip Code 71055-6216	Purpose of Disbursement Reimbursement for Mileage Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Abby Varnadore</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2011
Mailing Address 490 Sommersby Drive		Amount of Each Disbursement this Period 1178.09 <b>Transaction ID : B-E-7626</b>
City Minden State LA Zip Code 71055-6216	Purpose of Disbursement Payroll Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1219.05
<b>TOTAL</b> This Period (last page this line number only).....	116711.27

# 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 : **SC/10-L227**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
**Mr. John C Fleming(Line of Credit) Jr.**

Election: 2008

Primary  
 General  
 Other (specify) ▼  
Primary 2008

Mailing Address  
PO Box 1236

City State ZIP Code  
Minden LA 71058-1236

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
155000 0 155000

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M 06 / D 30 / Y 2008 M M / D D / Y None 0.00 % (apr)  Yes  No

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

1. Full Name (Last, First, Middle Initial) Mr. John C Fleming Jr.	Name of Employer Self-Employed
Mailing Address PO Box 1236	Occupation Physician
City State ZIP Code Minden LA 71058-1236	Amount Guaranteed Outstanding: 155000 <b>Transaction ID : SC/10-L227.G</b>
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)..... ▶ 155000.00

**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**

NAME OF COMMITTEE (In Full) **Fleming For Congress** Transaction ID : **SC/10-L556**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Mr. John C Fleming(Line of Credit) Jr.</b>	Election: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2008
Mailing Address PO Box 1236	

City	State	ZIP Code
Minden	LA	71058-1236

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
80000	15000	65000

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 08 / D 15 / Y 2008	M M / D D / Y None	0.00 % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial) Mr. John C Fleming Jr.	Name of Employer Self-Employed
Mailing Address PO Box 1236	Occupation Physician
City State ZIP Code Minden LA 71058-1236	Amount Guaranteed Outstanding: 65000 <b>Transaction ID : SC2/10-L556.G</b>
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:

<b>SUBTOTALS</b> This Period This Page (optional).....	65000.00
<b>TOTALS</b> This Period (last page in this line only).....	
<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)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Fleming For Congress** Transaction ID : **SC/10-L721**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Mr. John C Fleming(Line of Credit) Jr.</b>	Election: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary Runoff 2008
Mailing Address PO Box 1236	

City	State	ZIP Code
Minden	LA	71058-1236

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000	0	50000

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 10 / D 17 / Y 2008	M / D / Y None	0.00 % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial) Mr. John C Fleming Jr.	Name of Employer Self-Employed
Mailing Address PO Box 1236	Occupation Physician
City State ZIP Code Minden LA 71058-1236	Amount Guaranteed Outstanding: 50000 <b>Transaction ID : SC2/10-L721.G</b>
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:

<b>SUBTOTALS</b> This Period This Page (optional).....	50000.00
<b>TOTALS</b> 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**

NAME OF COMMITTEE (In Full) **Fleming For Congress** Transaction ID : **SC/10-L755**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Mr. John C Fleming(Line of Credit) Jr.</b>	Election: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary Runoff 2008
Mailing Address PO Box 1236	

City	State	ZIP Code
Minden	LA	71058-1236

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
60000	0	60000

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 10 / D 15 / Y 2008	M / D / Y None	0.00 % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial) Mr. John C Fleming Jr.	Name of Employer Self-Employed
Mailing Address PO Box 1236	Occupation Physician
City State ZIP Code Minden LA 71058-1236	Amount Guaranteed Outstanding: 60000 <b>Transaction ID : SC2/10-L755.G</b>
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:

<b>SUBTOTALS</b> This Period This Page (optional).....	60000.00
<b>TOTALS</b> 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**

NAME OF COMMITTEE (In Full) **Fleming For Congress** Transaction ID : **SC/10-L777**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Mr. John C Fleming(Line of Credit) Jr.</b>	Election: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary Runoff 2008
Mailing Address PO Box 1236	

City	State	ZIP Code
Minden	LA	71058-1236

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
30000	0	30000

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 10 / D 24 / Y 2008	M / D / Y None	0.00 % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial) Mr. John C Fleming Jr.	Name of Employer Self-Employed
Mailing Address PO Box 1236	Occupation Physician
City State ZIP Code Minden LA 71058-1236	Amount Guaranteed Outstanding: 30000 <b>Transaction ID : SC2/10-L777.G</b>
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:

<b>SUBTOTALS</b> This Period This Page (optional).....	30000.00
<b>TOTALS</b> 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**

NAME OF COMMITTEE (In Full) **Fleming For Congress** Transaction ID : **SC/10-L784**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Mr. John C Fleming(Line of Credit) Jr.</b>	Election: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary Runoff 2008
Mailing Address PO Box 1236	

City	State	ZIP Code
Minden	LA	71058-1236

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
70000	0	70000

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 10 / D 28 / Y 2008	M / D / Y None	0.00 % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial) Mr. John C Fleming Jr.	Name of Employer Self-Employed
Mailing Address PO Box 1236	Occupation Physician
City State ZIP Code Minden LA 71058-1236	Amount Guaranteed Outstanding: 70000 <b>Transaction ID : SC2/10-L784.G</b>
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:

<b>SUBTOTALS</b> This Period This Page (optional).....	70000.00
<b>TOTALS</b> 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**

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 : **SC/10-L1005**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
**Mr. John C Fleming(Line of Credit) Jr.**

Election: 2008

Primary  
 General  
 Other (specify) ▼  
General 2008

Mailing Address  
PO Box 1236

City State ZIP Code  
Minden LA 71058-1236

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
10100 0 10100

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M 11 / D 20 / Y 2008 M M / D D / Y None 0.00 % (apr)  Yes  No

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

1. Full Name (Last, First, Middle Initial) Mr. John C Fleming Jr.	Name of Employer Self-Employed
Mailing Address PO Box 1236	Occupation Physician
City State ZIP Code Minden LA 71058-1236	Amount Guaranteed Outstanding: 10100 <b>Transaction ID : SC2/10-L1005.G</b>
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)..... ▶ 10100.00

**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**

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 : **SC/10-L1133**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
**Mr. John C Fleming(Line of Credit) Jr.**

Election: 2008

Primary  
 General  
 Other (specify) ▼  
General 2008

Mailing Address  
PO Box 1236

City State ZIP Code  
Minden LA 71058-1236

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
5400 0 5400

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M 11 / D 22 / Y 2008 M M / D D / Y None 0.00 % (apr)  Yes  No

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

1. Full Name (Last, First, Middle Initial) Mr. John C Fleming Jr.	Name of Employer Self-Employed
Mailing Address PO Box 1236	Occupation Physician
City State ZIP Code Minden LA 71058-1236	Amount Guaranteed Outstanding: 5400 <b>Transaction ID : SC2/10-L1133.G</b>
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**

NAME OF COMMITTEE (In Full) **Fleming For Congress** Transaction ID : **SC/10-L1314**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Mr. John C Fleming(Line of Credit) Jr.</b>	Election: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ General 2008
Mailing Address PO Box 1236	

City	State	ZIP Code
Minden	LA	71058-1236

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000	0	25000

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 12 / D 02 / Y 2008	M / D / Y None	0.00 % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial) Mr. John C Fleming Jr.	Name of Employer Self-Employed
Mailing Address PO Box 1236	Occupation Physician
City State ZIP Code Minden LA 71058-1236	Amount Guaranteed Outstanding: 25000 <b>Transaction ID : SC2/10-L1314.G</b>
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:

<b>SUBTOTALS</b> This Period This Page (optional).....	25000.00
<b>TOTALS</b> This Period (last page in this line only).....	
<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) 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 : **SC/10-L1334**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
**Mr. John C Fleming(Line of Credit) Jr.**

Election: 2008

Primary  
 General  
 Other (specify) ▼  
General 2008

Mailing Address  
PO Box 1236

City State ZIP Code  
Minden LA 71058-1236

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
25000 0 25000

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M 12 / D 03 / Y 2008 M M / D D / Y None 0.00 % (apr)  Yes  No

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

1. Full Name (Last, First, Middle Initial) Mr. John C Fleming Jr.	Name of Employer Self-Employed
Mailing Address PO Box 1236	Occupation Physician
City State ZIP Code Minden LA 71058-1236	Amount Guaranteed Outstanding: 25000 <b>Transaction ID : SC2/10-L1334.G</b>
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)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Fleming For Congress** Transaction ID : **SC/10-L1409**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Mr. John C Fleming(Line of Credit) Jr.</b>	Election: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount 2008
Mailing Address PO Box 1236	

City	State	ZIP Code
Minden	LA	71058-1236

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100	0	100

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 12 / D 11 / Y 2008	M / D / Y None	0.00 % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial) Mr. John C Fleming Jr.	Name of Employer Self-Employed
Mailing Address PO Box 1236	Occupation Physician
City State ZIP Code Minden LA 71058-1236	Amount Guaranteed Outstanding: 100 <b>Transaction ID : SC2/10-L1409.G</b>
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:

<b>SUBTOTALS</b> This Period This Page (optional).....	100.00
<b>TOTALS</b> This Period (last page in this line only).....	495600.00

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