

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

RECEIVED  
2014 FEB 14 PM 12:05  
Office Use Only  
FEC MAIL CENTER  
12FE4M5

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

DEMOCRATS FOR AMERICAN DEMOCRACY

ADDRESS (number and street) PO Box #36

(Check if address is changed)

MURKIN CITY AL 36601- ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

1efloreforcongress@gmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

1efloreforcongress.org

2. DATE MM/DD/YYYY 02/07/2014

3. FEC IDENTIFICATION NUMBER C 00546366

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

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

Type or Print Name of Treasurer BURTON D. LEFLORE

Signature of Treasurer [Handwritten Signature]

Date MM/DD/YYYY 02/07/2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Table with 5 columns and 1 row, labeled 'Office Use Only'.

For further information contact: Federal Election Commission, Toll Free 800-424-9530, Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

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5. TYPE OF COMMITTEE

Candidate Committee:

(a) This committee is a principal campaign committee. (Complete the candidate information below.)

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

Name of Candidate BURTON M. LEFLORE

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

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

Name of Candidate N/A

Party Committee:

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

Political Action Committee (PAC):

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

- Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

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

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

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

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

Joint Fundraising Representative:

(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.

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

Committees Participating in Joint Fundraiser

- 1. N/A FEC ID number C
2. N/A FEC ID number C
3. N/A FEC ID number C
4. N/A FEC ID number C

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Write or Type Committee Name

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

N/A

N/A

Mailing Address

N/A

N/A

N/A

CITY

STATE

ZIP CODE

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

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

Full Name

PATRICIA A. LEWIS

Mailing Address

P O BOX #56

MOBILE, AL 36601

Title or Position

CITY

STATE

ZIP CODE

CUSTODIAN OF RECORDS

Telephone number

251-786-5591

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

Full Name of Treasurer

BURTON R. LEFLORE

Mailing Address

P O BOX #56

MOBILE, AL 36601

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

251-648-6560

14031183930

Full Name of Designated Agent

BURTON R LEFLORE

Mailing Address

PO BOX 456

MOBILE

CITY

AL

STATE

36601-

ZIP CODE

Title or Position

DESIGNATED AGENT

Telephone number

251-648-1656

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

Name of Bank, Depository, etc.

RN C BANK

Mailing Address

2020 SPRING HILL AVE

MOBILE

CITY

AL

STATE

36607-

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

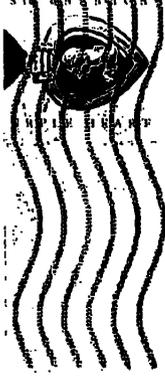
CITY

STATE

ZIP CODE

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MOBILE AL 366

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



P.O. Box 56 • Mobile, AL 36601



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

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

PREPARER PY 2/14/2014  
 (8/2013) DATE PREPARED

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