

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED FEC MAIL OPERATIONS CENTER

2004 OCT 20 12:40

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

Ronnie G. Flippo Committee

ADDRESS (number and street)

P.O. Drawer 8

Check if different than previously reported. (ACC)

Lafayette

LA

70503

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

C

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

LA

05

4. TYPE OF REPORT (Cross 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)

(b) 12-Day PRE-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
Convention (12C) Special (12S)

Election on In the State of

(c) 30-Day POST-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on In the State of

5. Covering Period

07/01/2004

through

09/30/2004

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

Andrew P. Parkhurst, CPA

Signature of Treasurer

Handwritten signature of Andrew P. Parkhurst

Date

10/13/04

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §407g.

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**

of Receipts and Disbursements

Write or Type Committee Name

**Ronnie G. Flippo Committee**

Report Covering the Period: From: **07/01/2004** To: **09/30/2004**

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))	60000	253500
(b) Total Contribution Refunds (from Line 20(d))		
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	60000	253500
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17)	60000	253500
(b) Total Offsets to Operating Expenditures (from Line 14)		
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	60000	253500
<b>8. Cash on Hand at Close of Reporting Period (from Line 27)</b>	<b>43021160</b>	
<b>9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)</b>		
<b>10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)</b>		

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 02/2003)

Write or Type Committee Name

Ronnie G. Flippo Committee

Report Covering the Period:

From:

07 01 2004

To:

09 30 2004

I. RECEIPTS

COLUMN A  
Total This Period

COLUMN B  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than  
Political Committees

(i) Itemized (use Schedule A).....

(ii) Unitemized.....

(iii) TOTAL of contributions  
from individuals.....

(b) Political Party Committees.....

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

(d) The Candidate.....

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

12. TRANSFERS FROM OTHER  
AUTHORIZED COMMITTEES.....

13. LOANS:

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

(b) All Other Loans.....

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

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

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

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

Empty box for Column A data entry

Empty box for Column B data entry

Empty box for Column A data entry

Empty box for Column B data entry

Empty box for Column A data entry

Empty box for Column B data entry

Empty box for Column A data entry

Empty box for Column B data entry

Empty box for Column A data entry

Empty box for Column B data entry

( 1 0 5 1 5 9 5 )

( 1 0 8 7 9 9 4 )

( 1 0 5 1 5 9 5 )

( 1 0 8 7 9 9 4 )

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	6 0 0 0 0	2 5 3 5 0 0
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....		
(b) Of All Other Loans.....		
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....		
20. REFUNDS OF CONTRIBUTIONS TO		
(a) Individuals/Persons Other Than Political Committees.....		
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....		
21. OTHER DISBURSEMENTS.....	5 0 0 0 0 0	1 5 0 0 0 0 0
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	5 6 0 0 0 0	1 7 5 3 5 0 0

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	4 4 6 3 2 7 5 5
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	( 1 0 5 1 5 9 5
25. SUBTOTAL (add Line 23 and Line 24).....	4 3 5 8 1 1 6 0
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	5 6 0 0 0 0
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	4 3 0 2 1 1 6 0

**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 1 OF 1

<input type="checkbox"/> 1a	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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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)

Ronnie G. Flippo Committee

First Name (Last, First, Middle Initial)

Citigroup Global

Mailing Address

210 South Pine Street

City

Florence

State

AL

Zip Code

35630

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

09 30 2004

Amount of Each Receipt this Period

( 1 0 5 1 5 9 5 )

Market Decrease

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a)(441a-1)

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

Amount of Each Receipt this Period

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a)(441a-1)

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

Amount of Each Receipt this Period

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a)(441a-1)

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this form number only)

( 1 0 5 1 5 9 5 )

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

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NAME OF COMMITTEE (in Full)  
**Ronnie G. Flippo Committee**

**A.** Full Name (Last, First, Middle Initial) **Parkhurst & Norvell**

Mailing Address **2009 Darby Drive**

City **Florence** State **Al.** Zip Code **35630**

Purpose of Disbursement **Professional Fees** Category/Type **001**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) **▼**

State: District:

Date of Disbursement **08/17/2004**

Amount of Each Disbursement this Period **60000**

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.50

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

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) **▼**

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.50

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

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) **▼**

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.50

**SUBTOTAL** of Disbursements This Page (optional) **60000**

**TOTAL** This Period (last page this line number only) **60000**

**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 1 OF 2
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b
	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (in Full)  
**Ronnie G. Flippe Committee**

Full Name (Last, First, Middle Initial)  
**Spencer for Mayor**

Mailing Address  
**P.O. Box 2882**

City **Huntsville** State **AL** Zip Code **35802**

Purpose of Disbursement  
**Campaign contribution** 0 1 1  
Category/Type

Candidate Name  
**Loretta Spencer**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) **Mayoral Election**

Date of Disbursement  
**08 / 02 / 2004**

Amount of Each Disbursement this Period  
**1 0 0 0 0 0**

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.55

Full Name (Last, First, Middle Initial)  
**Tennessee Valley PAC**

Mailing Address  
**221 East Side Square**

City **Huntsville** State **AL** Zip Code **35801**

Purpose of Disbursement  
**Campaign contribution** 0 1 1  
Category/Type

Candidate Name  
**Multi PAC**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) **▼**

Date of Disbursement  
**08 / 18 / 2004**

Amount of Each Disbursement this Period  
**2 0 0 0 0 0**

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.55

Full Name (Last, First, Middle Initial)  
**Everett for Congress**

Mailing Address  
**P.O. Box 1828**

City **Dothan** State **AL** Zip Code **36301**

Purpose of Disbursement  
**Campaign contribution** 0 1 1  
Category/Type

Candidate Name  
**Terry Everett**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) **▼**

Date of Disbursement  
**09 / 21 / 2004**

Amount of Each Disbursement this Period  
**1 0 0 0 0 0**

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.55

**SUBTOTAL** of Disbursements This Page (optional) **4 0 0 0 0 0**

**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)

<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)

Ronnie G. Flippo Committee

Full Name (Last, First, Middle Initial)

**A.** Hoefel for Senate

Mailing Address  
607 14th St., NW No. 800

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Campaign contribution

Category/  
Type  
0 1 1

Candidate Name  
Joe Hoefel

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: PA District:

Date of Disbursement

08 / 10 / 2004

Amount of Each Disbursement this Period

1 0 0 0 0 0

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

1 0 0 0 0 0  
5 0 0 0 0 0



Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>AIR MAIL</i>	Shipping Date <i>10-15-04</i>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>JMP</i> PREPARER	<i>10-20-04</i> DATE PREPARED