**UNITED STATES HOUSE OF REPRESENTATIVES** Period covered: January 1, 2012 - Wecember 31, 2018 FINANCIAL DISCLOSURE STATEMENT DUATON A. LEFLURS Candidate for the House of Representatives New officer or employee State: 41 District: 01 **Employing Office:** Daytime Telephone Date of Election: \_\_ For use by candidates and new employees 12 3 12013 Amendment Check if U.S. HOUSE OF THE CLERK LEGISLATIVE RESOURCE CENTY against any individual who files A \$200 penalty shall be assessed more than 30 days late. <sup>2014</sup> SEP 22 PM 1: 18 SEP 1 1 2014 (Office Use Only) Page 1 of 6

Name:

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	esponse.	appropriate schedule attached for each "Yes" response.	and the a	e answered	Each question in this part must be answered and the appropriate schedu
<u>\$</u>	Yes	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years?  If yes, complete and attach Schedule VI.	× □	Yes	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule III.
S S	Yes	V. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule V.	S S	Yes	II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule II.
	Yes 🔽	No IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years?  If yes, complete and attach Schedule IV.	N <sub>S</sub>	Yes	<ol> <li>Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?</li> <li>yes, complete and attach Schedule I.</li> </ol>

# EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

**TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. Yes Yes <u>ड</u> |र <u>ه</u> 7

### SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Burton A. Leffore

Page 2 of 6

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	etirement programs, and benefits	s received under the Social S	ecurity Act.
Source (include date of receipt for honoraria)	Type	Amount	ınt
Course (likelane date of lecelpt for Horioralia)	- <b>y</b> D d	Current Year to Filing	Preceding Year
XYZ Carparation, Houston, TX	Salary	\$6,300	\$28,450
Examples: First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
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Asset and/or income Source  Asset and/or income Source  Pipe of income  Anount of in	<del></del>					<del></del> -				_	= 3 # =	177 -	m ===	<u> </u>	3360-		
Cover \$50,000,000   F	RESIDENCE - 1907 MEKNON	LEFTORE heal Estate Inc		1st Bank of Paducah,	Examples:		or a detailed discussion of Schedule II requirements, lease refer to the instruction booklet.	you so choose, you may indicate that an asset or nome source is that of your spouse (SP) or dependent child (DC) or is jointly held with your spouse (JT), the optional column on the far left.	nomes and vacation homes (unless there was rental nome during the reporting period); any deposits total-noome during the reporting period); any deposits total-nome of the country of the country and any financial interest in, or income erived from, a federal retirement program, including the Thrift Savings Plan.	xclude: Your personal residence, including second	or an ownership interest in a privately-held business nat is not publicly traded, state the name of the busi- ess, the nature of its activities, and its geographic cation in Block A.	or rental or other real property held for investment, rovide a complete address or a description, e.g., ental property," and the city and state.	or all IRAs and other retirement plans (such as 401(k) lans) provide the value for each asset held in the count that exceeds the reporting thresholds.	rovide complete names of stocks and mutual funds to not use ticker symbols).	identity (a) each asset held for investment or production f income with a fair market value exceeding \$1,000 at te end of the reporting period, and (b) any other sportable asset or sources of income which generated one than \$200 in "unearned" income during the year.	Asset and of income source	BLOCK A
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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Burton K. LeFlore

Page 4 of 6

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#### SCHEDULE III — LIABILITIES

Name Burton R. LEFTORE

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ling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000. owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount ture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sib-

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SP,		Date Liability		A	В	ဂ	D	ш	η	ω		; <del>-</del>		
٦Ŗ	Creditor	incurred mo/year	Type of Liability	\$10,001— \$15,000	\$15,001— \$50,000	\$50,001 \$100,000	\$100,001— \$250,000	\$250,001 \$500,000	\$500,001— \$1,000,000	\$1,000,001— \$5,000,000	\$5,000,001 \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000 <b>Spouse/DC</b>	Liability over \$1.000.000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE											
	NA		N/A											
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#### **SCHEDULE IV — POSITIONS**

any nonprofit organization, any labor organization, or any educational or other institution other than the United States. cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an offi-

and positions solely of an honorary nature Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

and positions solely or an incliniary nature.	ature.
Position	Name of Organization
President	LeFlore Keal Estate, Inc.
Z A	NIA
NIA	NJA
2 2	NJA
Z ] A	NIA

Use additional sheets if more space is required.

#### **SCHEDULE V — AGREEMENTS**

Name Burton R. LeFlore

Page 6 or 6

identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

NA	NA	7 7	I A	Z D	ZA	Date	
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Z ] ]	NA	N/A	NA	Z	ZA	Terms of Agreement	

## SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I.

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GPO: 2013 78-985 (mac)	NIA	NA	NIA	N A	N/A	N/A	HIN	Example: Doe Jones & Smith, Hometown, Homestaté	Source (Name and Address)	
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