

**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

Committee to Elect Vance McAllister

ADDRESS (number and street)

P. O. Box 4578



Check if different than previously reported. (ACC)

Monroe

LA

71211

2. FEC IDENTIFICATION NUMBER ▼

C

C00549352

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

LA

05

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

M M / D D / Y Y Y Y  
11 / 04 / 2014

in the State of

LA

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



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y  
10 / 01 / 2014

through

M M / D D / Y Y Y Y  
10 / 15 / 2014

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 Nancy H. Watkins

Signature of Treasurer

Nancy H. Watkins

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
10 / 23 / 2014

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

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 31

Write or Type Committee Name

Committee to Elect Vance McAllister

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2014			

To:

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2014			

	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))....	6600.00	229553.63
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	11900.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	6600.00	217653.63
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	191238.81	668353.68
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	19805.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	191238.81	648548.68
8. Cash on Hand at Close of Reporting Period (from Line 27).....	8738.91	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	960370.91	

## 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)

PAGE 3 / 31

Write or Type Committee Name

Committee to Elect Vance McAllister

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	4

**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).....

6250.00

62450.00

(ii) Unitemized.....

350.00

5955.00

(iii) TOTAL of contributions from individuals ▶

6600.00

68405.00

(b) Political Party Committees.....

0.00

2000.00

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

0.00

127848.63

(d) The Candidate.....

0.00

31300.00

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

6600.00

229553.63

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

0.00

0.00

**13. LOANS:**

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

0.00

400000.00

(b) All Other Loans.....

0.00

0.00

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

0.00

400000.00

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

0.00

19805.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

1532.88

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

6600.00

650891.51

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 31

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	191238.81	668353.68
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	15000.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	15000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	11900.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	11900.00
21. OTHER DISBURSEMENTS .....	0.00	600.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	191238.81	695853.68

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	193377.72
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	6600.00
25. SUBTOTAL (add Line 23 and Line 24).....	199977.72
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	191238.81
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	8738.91

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

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

FOR LINE NUMBER:

PAGE 5 OF 31

(check only one)

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

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)

Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial)

Clifton J. Babineaux

Mailing Address 4702 Wellington Blvd.

City

Alexandria

State

LA

Zip Code

71303

FEC ID number of contributing  
federal political committee.

C

Name of Employer

n/a

Occupation

retired

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2014

Transaction ID : SA11AI.5902

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Blackhorn Investments, LLC

Mailing Address 225 Old Highway 84

City

Tullos

State

LA

Zip Code

71479

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2014

Transaction ID : SA11AI.5972

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

John Thornton

Mailing Address 225 Old Highway 84

City

Tullos

State

LA

Zip Code

71479

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Blackhorn Investments, LLC

Occupation

partner

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2014

Transaction ID : SA11AI.5972.0

Amount of Each Receipt this Period

750.00

[MEMO ITEM]

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

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

2500.00

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

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

FOR LINE NUMBER:

PAGE 6 OF 31

(check only one)

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

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NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial)

Keycha Thornton

A.

Mailing Address 225 Old Highway 84

City

Tullos

State

LA

Zip Code

71479

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Blackhorn Investments, LLC

Occupation

partner

Receipt For:

☐ Primary  
☐ Other (specify)

General

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2014

Transaction ID : SA11AI.5972.1

Amount of Each Receipt this Period

750.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

Hunter Moorhead

B.

Mailing Address 606 Crestwood Drive

City

Alexandria

State

VA

Zip Code

22302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Crossroads Strategies

Occupation

vice-president

Receipt For: 2014

☐ Primary  
☐ Other (specify)

General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2014

Transaction ID : SA11AI.5883

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Robin Simmons

C.

Mailing Address 12763 Crossett Road

City

Bastrop

State

LA

Zip Code

71220

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Simmons Sporting Goods

Occupation

co-owner

Receipt For: 2014

☐ Primary  
☐ Other (specify)

General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2014

Transaction ID : SA11AI.5935

Amount of Each Receipt this Period

1000.00

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

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

1250.00

# **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 31

(check only one)

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

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NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial)

Keycha Thorton

Mailing Address 225 Old Highway 84

City

Tullos

State

LA

Zip Code

71479

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employedOccupation  
oil & gas exec.

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2014

Transaction ID : SA11Al.5973

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. 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

Full Name (Last, First, Middle Initial)

C. 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

6250.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 31

<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)

**Committee to Elect Vance McAllister**

Full Name (Last, First, Middle Initial)

**A. ActionNews17**

Mailing Address P. O. Box 621

City	State	Zip Code
Hammond	LA	70404

Purpose of Disbursement  
advertising

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		01		2014

Amount of Each Disbursement this Period

800.00
--------

**Transaction ID : SB17.5899****B. American Viewpoint, Inc.**

Mailing Address 300 N. Lee Street, #400

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement  
survey

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		15		2014

Amount of Each Disbursement this Period

7750.00
---------

**Transaction ID : SB17.5977****C. Patrick C. Barron**

Mailing Address 328 11th Street, S.E., #2

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
campaign management

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		01		2014

Amount of Each Disbursement this Period

5000.00
---------

**Transaction ID : SB17.5873****SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

13550.00



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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)

Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial)

**A. Dollar Tree Stores, Inc.**

Mailing Address 3426 Cypress Street, #15

City	State	Zip Code
West Monroe	LA	71291

Purpose of Disbursement  
parade supplies

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		03		2014

Amount of Each Disbursement this Period

3180.80
---------

Transaction ID : SB17.5914

**B. Eyes Open Productions, LLC**

Mailing Address P. O. Box 13667

City	State	Zip Code
Alexandria	LA	71315

Purpose of Disbursement  
media placement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		02		2014

Amount of Each Disbursement this Period

2250.00
---------

Transaction ID : SB17.5912

**c. Christy Gough**

Mailing Address 1008 Cinderella Court

City	State	Zip Code
Alexandria	LA	71303

Purpose of Disbursement  
GOTV consulting

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		10		2014

Amount of Each Disbursement this Period

800.00
--------

Transaction ID : SB17.5957

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

3180.80

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 31

<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)

**Committee to Elect Vance McAllister**

Full Name (Last, First, Middle Initial)

**A. Kelley Holmes**

Mailing Address 195 George Harris Road

City	State	Zip Code
Monroe	LA	71203

Purpose of Disbursement  
see memo entries

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		06		2014

Amount of Each Disbursement this Period

397.79
--------

Transaction ID : SB17.5938

**B. Kelley Holmes**

Mailing Address 195 George Harris Road

City	State	Zip Code
Monroe	LA	71203

Purpose of Disbursement  
mileage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		04		2014

Amount of Each Disbursement this Period

214.72
--------

Transaction ID : SB17.5938.0

[MEMO ITEM]

**c. La Jagu Inn & Suites**

Mailing Address 5930 Highway 67, N.

City	State	Zip Code
Winnfield	LA	71483

Purpose of Disbursement  
lodging

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		04		2014

Amount of Each Disbursement this Period

157.92
--------

Transaction ID : SB17.5938.1

[MEMO ITEM]

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

397.79

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 31

<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)

**Committee to Elect Vance McAllister**

Full Name (Last, First, Middle Initial)

**A. Kelley Holmes**

Mailing Address 195 George Harris Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		07		2014

City	State	Zip Code
Monroe	LA	71203

Purpose of Disbursement  
campaign consulting

Amount of Each Disbursement this Period

650.00
--------

**Transaction ID : SB17.5924**

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. Kelley Holmes**

Mailing Address 195 George Harris Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		14		2014

City	State	Zip Code
Monroe	LA	71203

Purpose of Disbursement  
campaign consulting

Amount of Each Disbursement this Period

650.00
--------

**Transaction ID : SB17.5968**

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. Jamestown Associates**

Mailing Address 5 Mapleton Road, #300

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		02		2014

City	State	Zip Code
Princeton	NJ	08540

Purpose of Disbursement  
media placement

Amount of Each Disbursement this Period

66869.63
----------

**Transaction ID : SB17.5881**

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

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

68169.63

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 31

<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)

**Committee to Elect Vance McAllister**

Full Name (Last, First, Middle Initial)

**A. Jamestown Associates**

Mailing Address 5 Mapleton Road, #300

City	State	Zip Code
Princeton	NJ	08540

Purpose of Disbursement  
media production

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		08		2014

Amount of Each Disbursement this Period

32720.00
----------

Transaction ID : SB17.5967

**B. Jamestown Associates**

Mailing Address 5 Mapleton Road, #300

City	State	Zip Code
Princeton	NJ	08540

Purpose of Disbursement  
media placement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		15		2014

Amount of Each Disbursement this Period

20420.00
----------

Transaction ID : SB17.5978

**C. KB Strategic Group**

Mailing Address 3213 Duke Street, #700

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement  
fundraising consulting

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		03		2014

Amount of Each Disbursement this Period

1554.83
---------

Transaction ID : SB17.5885

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

54694.83

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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)

**Committee to Elect Vance McAllister**

Full Name (Last, First, Middle Initial)

**A. KB Strategic Group**

Mailing Address 3213 Duke Street, #700

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		03		2014

City	State	Zip Code
Alexandria	VA	22314

Amount of Each Disbursement this Period

328.26
--------

Purpose of Disbursement  
catering**Transaction ID : SB17.5887**

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. Political Ink, Inc.**

Mailing Address 1220 19th Street, N.W.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		08		2014

City	State	Zip Code
Washington	DC	20036

Amount of Each Disbursement this Period

10778.44
----------

Purpose of Disbursement  
direct mail services**Transaction ID : SB17.5927**

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C. Rack Service Company**

Mailing Address P. O. Box 4727

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		01		2014

City	State	Zip Code
Monroe	LA	71211

Amount of Each Disbursement this Period

1400.00
---------

Purpose of Disbursement  
office rent**Transaction ID : SB17.5874**

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

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

12506.70

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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)

Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial)

**A. Red Print Strategy**

Mailing Address 311 S. Fillmore Street

City	State	Zip Code
Arlington	VA	22204

Purpose of Disbursement  
campaign consulting

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2013

☐ Primary ☐ General  
☒ Other (specify) Runoff

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		01		2014

Amount of Each Disbursement this Period

30000.00
----------

Transaction ID : SB17.5879

**B. Regions Bank**

Mailing Address 1500 N. 18th Street

City	State	Zip Code
Monroe	LA	71201

Purpose of Disbursement  
service charge

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		14		2014

Amount of Each Disbursement this Period

20.00
-------

Transaction ID : SB17.5979

**c. Regions Bank**

Mailing Address 1500 N. 18th Street

City	State	Zip Code
Monroe	LA	71201

Purpose of Disbursement  
service charge

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		14		2014

Amount of Each Disbursement this Period

20.00
-------

Transaction ID : SB17.5980

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

30040.00
----------

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**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 31

<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)

Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial)

**A. Reginald Roberts**

Mailing Address 806 Cypress Street

City	State	Zip Code
New Roads	LA	70760

Purpose of Disbursement  
GOTV consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		11		2014

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : SB17.5969

**B. Robert Watkins & Company**

Mailing Address 610 S. Boulevard

City	State	Zip Code
Tampa	FL	33606

Purpose of Disbursement  
accounting services

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		03		2014

Amount of Each Disbursement this Period

3672.98
---------

Transaction ID : SB17.5962

**c. Shaw Oxygen Company, Inc.**

Mailing Address 2914 Desiard Street

City	State	Zip Code
Monroe	LA	71201

Purpose of Disbursement  
event supplies

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		09		2014

Amount of Each Disbursement this Period

204.58
--------

Transaction ID : SB17.5954

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

4377.56

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 31

<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)

Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial)

**A. Caleb F. Smith**

Mailing Address 112 Marion Place

City	State	Zip Code
West Monroe	LA	71291

Purpose of Disbursement  
campaign consulting

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		02		2014

Amount of Each Disbursement this Period

400.00
--------

Transaction ID : SB17.5937

**B. Caleb F. Smith**

Mailing Address 112 Marion Place

City	State	Zip Code
West Monroe	LA	71291

Purpose of Disbursement  
campaign consulting

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		10		2014

Amount of Each Disbursement this Period

400.00
--------

Transaction ID : SB17.5959

**c. Temple Systems, Inc.**

Mailing Address 1909 N. 4th Street

City	State	Zip Code
Monroe	LA	71201

Purpose of Disbursement  
tech support

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		09		2014

Amount of Each Disbursement this Period

160.00
--------

Transaction ID : SB17.5956

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

960.00



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 31

<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)

Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial)

**A. The Daily News**

Mailing Address P. O. Box 820

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		06		2014

City	State	Zip Code
Bogalisa	LA	70429

Amount of Each Disbursement this Period

3181.96
---------

Purpose of Disbursement  
advertisingCategory/  
Type

Transaction ID : SB17.5915

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. The Moon Griffith Show**

Mailing Address 3601 Kalisitie Saloom Road, #7405

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		09		2014

City	State	Zip Code
Monroe	LA	71203

Amount of Each Disbursement this Period

1350.00
---------

Purpose of Disbursement  
online advertisingCategory/  
Type

Transaction ID : SB17.5965

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. WNTZ Fox 48**

Mailing Address 4615 Parliament Drive, #201

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		02		2014

City	State	Zip Code
Alexandria	LA	71303

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
advertisingCategory/  
Type

Transaction ID : SB17.5913

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

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

3181.96

191059.27

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 18 OF 31

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4543

Committee to Elect Vance McAllister

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2013

Vance Michael McAllister

☐ Primary☐ General☒ Other (specify) ▼

Special-General

Mailing Address

2460 Highway 594

City

State

ZIP Code

Monroe

LA

71203

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
10 / 03 / 2013

Date Due

M M / D D / Y Y Y Y  
NONE

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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)..... ►

50000.00

**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**

PAGE 19 OF 31

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4525

Committee to Elect Vance McAllister

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2013

Vance Michael McAllister

☐ Primary☐ General☒ Other (specify) ▼

Special-General

Mailing Address

2460 Highway 594

City

State

ZIP Code

Monroe

LA

71203

Original Amount of Loan

40000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

40000.00

**TERMS**

Date Incurred

M M / D D / Y Y  
10 10 / 2013

Date Due

M M / D D / Y Y  
NONE

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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)..... ►

40000.00

**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**

PAGE 20 OF 31

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4526

Committee to Elect Vance McAllister

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2013

Vance Michael McAllister

☐ Primary☐ General☒ Other (specify) ▼

Special-General

Mailing Address

2460 Highway 594

City

State

ZIP Code

Monroe

LA

71203

Original Amount of Loan

19900.00

Cumulative Payment To Date

15000.00

Balance Outstanding at Close of This Period

4900.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
10 / 17 / 2013

Date Due

M M / D D / Y Y Y Y  
/ / /M M / D D / Y Y Y Y  
/ / /M M / D D / Y Y Y Y  
/ / /M M / D D / Y Y Y Y  
/ / /M M / D D / Y Y Y Y  
/ / /

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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)..... ►

4900.00

**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

PAGE 21 OF 31

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5356

Committee to Elect Vance McAllister

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Vance Michael McAllister

Election: 2013

☐ Primary☐ General☒ Other (specify) ▼

Special-General

Mailing Address

2460 Highway 594

City

State

ZIP Code

Monroe

LA

71203

Original Amount of Loan

30100.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30100.00

**TERMS**

Date Incurred

M M / D D / Y Y  
10 / 17 / 2013

Date Due

M M / D D / Y Y  
/ / /

/ / /

Y Y Y Y  
NONE

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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)..... ►

30100.00

**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**

PAGE 22 OF 31

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4527

Committee to Elect Vance McAllister

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Vance Michael McAllister

Election: 2013

☐ Primary☐ General☒ Other (specify) ▼

Special-General

Mailing Address

2460 Highway 594

City

State

ZIP Code

Monroe

LA

71203

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
10 / 18 / 2013

Date Due

M M / D D / Y Y Y Y  
NONE

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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)..... ►

20000.00

**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

PAGE 23 OF 31

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4309

Committee to Elect Vance McAllister

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Vance Michael McAllister

Election: 2013

☐ Primary☐ General☒ Other (specify) ▼

Runoff

Mailing Address

2460 Highway 594

City

State

ZIP Code

Monroe

LA

71203

Original Amount of Loan

75000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

75000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
10 / 29 / 2013

Date Due

M M / D D / Y Y Y Y  
/ / NONE

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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)..... ►

75000.00

**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

PAGE 24 OF 31

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4577

Committee to Elect Vance McAllister

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Vance Michael McAllister

Election: 2013

☐ Primary☐ General☒ Other (specify) ▼

Runoff

Mailing Address

2460 Highway 594

City

State

ZIP Code

Monroe

LA

71203

Original Amount of Loan

175000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

175000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
11 / 05 / 2013

Date Due

M M / D D / Y Y Y Y  
NONE

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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)..... ►

175000.00

**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

PAGE 25 OF 31

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5692

Committee to Elect Vance McAllister

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

Vance Michael McAllister

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
2460 Highway 594

City

State

ZIP Code

Monroe

LA

71203

Original Amount of Loan

250000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

250000.00

**TERMS**

Date Incurred

M 08 / D 21 / Y 2014 Y

Date Due

M 08 / D 21 / Y 2018 Y

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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)..... ►

250000.00

**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**

PAGE 26 OF 31

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5703

Committee to Elect Vance McAllister

LOAN SOURCE Full Name (Last, First, Middle Initial)

Vance Michael McAllister

**[PERSONAL FUNDS]**

Election: 2014

☐ Primary☒ General☐ Other (specify) ▼

Mailing Address

2460 Highway 594

City

State

ZIP Code

Monroe

LA

71203

Original Amount of Loan

150000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

150000.00

**TERMS**

Date Incurred

M 08 / D 21 / Y 2014 Y

Date Due

M 08 / D 21 / Y 2018 Y

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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)..... ►

150000.00

**TOTALS** This Period (last page in this line only)..... ►

795000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 27 OF 31

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Committee to Elect Vance McAllister**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**DeWitt, French, Giger & Sitton, LLP**Nature of Debt (Purpose):  
accounting services

Mailing Address 1871 Hudson Circle

City State

Zip Code

Monroe

LA

71201

Outstanding Balance Beginning This Period

3000.00

Transaction ID : SD10.5546

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**DeWitt, French, Giger & Sitton, LLP**Nature of Debt (Purpose):  
accounting services

Mailing Address 1871 Hudson Circle

City State

Zip Code

Monroe

LA

71201

Outstanding Balance Beginning This Period

6459.32

Transaction ID : SD10.5922

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6459.32

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Harris Media, LLC**Nature of Debt (Purpose):  
media consulting

Mailing Address 611 S. Congress Avenue, #400

City

State

Zip Code

Austin

TX

78704

Outstanding Balance Beginning This Period

5000.00

Transaction ID : SD10.5540

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

14459.32

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 28 OF 31

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Committee to Elect Vance McAllister**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Jamestown Associates**Nature of Debt (Purpose):  
media production

Mailing Address 5 Mapleton Road, #300

City State

Zip Code

Princeton

NJ

08540

Outstanding Balance Beginning This Period

32720.00

Transaction ID : SD10.5966

Amount Incurred This Period

0.00

Payment This Period

32720.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**K&L Gates, LLP**Nature of Debt (Purpose):  
legal services

Mailing Address 925 Fourth Avenue, #2900

City State

Zip Code

Seattle

WA

98104

Outstanding Balance Beginning This Period

467.49

Transaction ID : SD10.5548

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

467.49

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**K&L Gates, LLP**Nature of Debt (Purpose):  
legal services

Mailing Address 925 Fourth Avenue, #2900

City

State

Zip Code

Seattle

WA

98104

Outstanding Balance Beginning This Period

15061.34

Transaction ID : SD10.5923

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15061.34

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

15528.83

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 29 OF 31

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Committee to Elect Vance McAllister**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**K&L Gates, LLP**Nature of Debt (Purpose):  
legal services

Mailing Address 925 Fourth Avenue, #2900

City State  
SeattleZip Code  
WA 98104

Outstanding Balance Beginning This Period

11115.79

Transaction ID : SD10.5981

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11115.79

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**K&L Gates, LLP**Nature of Debt (Purpose):  
legal services

Mailing Address 925 Fourth Avenue, #2900

City State  
SeattleZip Code  
WA 98104

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.6006

Amount Incurred This Period

7738.79

Payment This Period

0.00

Outstanding Balance at Close of This Period

7738.79

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Nungesser Consulting, LLC**Nature of Debt (Purpose):  
fundraising consulting-disputed debt

Mailing Address 1554 Lobdell Avenue

City State Zip Code  
Baton Rouge LA 70806

Outstanding Balance Beginning This Period

46313.58

Transaction ID : SD10.5639

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

46313.58

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

65168.16

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 30 OF 31

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Committee to Elect Vance McAllister**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Nungesser Consulting, LLC**Nature of Debt (Purpose):  
fundraising consulting

Mailing Address 1554 Lobdell Avenue

City State

Zip Code

Baton Rouge

LA

70806

Outstanding Balance Beginning This Period

214.60

Transaction ID : SD10.5640

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

214.60

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Red Print Strategy**Nature of Debt (Purpose):  
campaign consulting

Mailing Address 311 S. Fillmore Street

City State

Zip Code

Arlington

VA

22204

Outstanding Balance Beginning This Period

56206.69

Transaction ID : SD10.5361

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Red Print Strategy**Nature of Debt (Purpose):  
campaign consulting

Mailing Address 311 S. Fillmore Street

City

State

Zip Code

Arlington

VA

22204

Outstanding Balance Beginning This Period

92000.00

Transaction ID : SD10.5375

Amount Incurred This Period

0.00

Payment This Period

30000.00

Outstanding Balance at Close of This Period

62000.00

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

70214.60

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 31 OF 31

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Committee to Elect Vance McAllister**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Robert Watkins & Company**Nature of Debt (Purpose):  
accounting services

Mailing Address 610 S. Boulevard

City State

Zip Code

Tampa

FL

33606

Outstanding Balance Beginning This Period

3672.98

Transaction ID : SD10.5961

Amount Incurred This Period

0.00

Payment This Period

3672.98

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**The Moon Griffith Show**Nature of Debt (Purpose):  
online advertising

Mailing Address 3601 Kalisitie Saloom Road, #7405

City State

Zip Code

Monroe

LA

71203

Outstanding Balance Beginning This Period

1350.00

Transaction ID : SD10.5963

Amount Incurred This Period

0.00

Payment This Period

1350.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

0.00

2) **TOTALS** This Period (last page this line number only) ..... ▶

165370.91

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

795000.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

960370.91