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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An Authorize	ed Committee	Office	e Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
Committee to Elect Va	ance McAllister			1
ADDRESS (number and street)	P. O. Box 4578			
▼	1			1
Check if different than previously	Monroe		LA 7121	1
reported. (ACC)		CITY A	STATE ▲	ZIP CODE ▲
. FEC IDENTIFICATION N			SIAIE =	ZIP CODE =
C C00549352	3. IS	THIS V NEW	AMENDED	STATE ▼ DISTRICT
0 000343332		EPORT NEW (N) OR	(A)	LA 05
. TYPE OF REPORT (C	hoose One) (b) 12-	-Day PRE -Election Report for the	e:	
(a) Quarterly Reports:				Dun off (10D)
April 15 Quarterly	Report (Q1)	Primary (12P)	General (12G)	Runoff (12R)
July 15 Quarterly	Report (O2)	Convention (12C)	Special (12S)	
		M M / D D	/ Y Y Y Y	in the
October 15 Quarte	erly Report (Q3) Ele	ection on		State of
January 31 Year-E	End Report (YE) (c) 30-	-Day POST-Election Report for t	he:	
		General (30G)	Runoff (30R)	Special (30S)
Termination Repor	t (TER)	rated crate	. Inteletel	in the
- Ionimunon riopo	, ,	ection on	/ Y Y Y Y	in the State of
5. Covering Period	07	through	M / D D / Y 30	Y Y Y 2019
certify that I have examined t	this Report and to the best	of my knowledge and belief it i	s true, correct and con	nplete.
Type or Print Name of Treasure	Watkins, Nancy, H., , er			
W	adina Naman II		M M /	D D / Y Y Y Y
Signature of Treasurer	atkins, Nancy, H., ,	[Electronically Filed]	Date 10	04 2019
IOTE: Submission of false error	neous or incomplete informa	ation may subject the person signi	na this Report to the pe	nalties of 52 LLS C. 83010
Office		and they subject the person significant	I I I I I I I I I I I I I I I I I I I	
Use Only				EC FORM 3 (Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

01

FEC Form 3 (Revised 05/2016)

2019

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2019

09

30

Write or Type Committee Name Committee to Elect Vance McAllister

Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 0.00 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 0.00 0.00 (subtract Line 6(b) from Line 6(a)) 7. Net Operating Expenditures (a) Total Operating Expenditures 1057.02 1153.02 (from Line 17) (b) Total Offsets to Operating 48.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 1105.02 1057.02 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 0.00 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 960959.09 Schedule C and/or Schedule D).....

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 05/2016)

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Write or Type Committee Name

Committee to Elect Vance McAllister

07 2019 09 30 2019 Report Covering the Period: From: To:

I. RECEIPTS		I. RECEIPTS COLUMN A Total This Period	
11. (CONTRIBUTIONS (other than loans) FROM:		
((a) Individuals/Persons Other Than		
	Political Committees (i) Itemized (use Schedule A)	0.00	0.00
	(ii) Unitemized	0.00	0.00
	(iii) TOTAL of contributions from individuals	0.00	0.00
((b) Political Party Committees	0.00	0.00
((c) Other Political Committees (such as PACs)	0.00	0.00
	(d) The Candidate(e) TOTAL CONTRIBUTIONS	0.00	0.00
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00
	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
		, , ,	, , ,
	LOANS: (a) Made or Guaranteed by the		
	Candidate	0.00	0.00
	(b) All Other Loans	0.00	0.00
	(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	0.00
	OFFSETS TO OPERATING		
	EXPENDITURES (Refunds, Rebates, etc.)	0.00	48.00
	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	0.00	48.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 05/2016)

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		II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPI	ERATING EXPENDITURES	1057.02	1153.02
18.		ANSFERS TO OTHER THORIZED COMMITTEES	0.00	0.00
19.	LO	AN REPAYMENTS:		
	(a)	Of Loans Made or Guaranteed by the Candidate	0.00	0.00
	(b)	Of All Other Loans	0.00	0.00
	(c)	TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20.	REF	FUNDS OF CONTRIBUTIONS TO:		
	(a)	Individuals/Persons Other Than Political Committees	0.00	0.00
			0.00	
	(b)	Political Party Committees Other Political Committees	0.00	0.00
	(0)	(such as PACs)	0.00	0.00
	(d)	TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21.	ОТІ	HER DISBURSEMENTS	0.00	0.00
22.		TAL DISBURSEMENTS d Lines 17, 18, 19(c), 20(d), and 21)	1057.02	1153.02
		III. CASH SU	MMARY	
23.	CAS	SH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	1057.02
24	TO	TAL RECEIPTS THIS PERIOD (from Line 1	0.00	
25.	SUI	BTOTAL (add Line 23 and Line 24)	1057.02	
26.	TO	TAL DISBURSEMENTS THIS PERIOD (fron	m Line 22)	1057.02
27.		SH ON HAND AT CLOSE OF REPORTING	S PERIOD	0.00

SCHEDULE B (FEC Form 3)

PAGE 5 18 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **x** 17 18 19a Detailed Summary Page 20a 20b 20c

ITEMIZED DISBURSEMENTS 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) Committee to Elect Vance McAllister Full Name (Last, First, Middle Initial) Date of Disbursement Robert Watkins & Company 2019 10 Mailing Address 610 S. Boulevard State City Zip Code **FEC Identification Number** FΙ Tampa 33606 Purpose of Disbursement accounting services Candidate Name Amount of Each Disbursement this Period Category/ Type 1057.02 Office Sought: House Disbursement For: Senate Primary General Transaction ID: SB17.6418 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement В. Mailing Address City State Zip Code **FEC Identification Number** Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: Office Sought: House Senate Primary General Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Mailing Address City State Zip Code **FEC Identification Number** Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 1057.02 TOTAL This Period (last page this line number only)..... 1057.02

Use separate schedule(s) for each category of the

PAGE OF FOR LINE NUMBER:

18

X 13a (check only one) Detailed Summary Page 13b Transaction ID: SC/10.4543 NAME OF COMMITTEE (In Full) Committee to Elect Vance McAllister LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2013 Memo Item Primary McAllister, Vance, Michael, , General Mailing Address 2460 Highway 594 Other (specify) Special-General City State ZIP Code X Personal Funds of the Candidate LA 71203 Monroe Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 50000.00 0.00 50000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D03D M 10M ž013 NONĚ x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code 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.

Use separate schedule(s) for each category of the

PAGE OF FOR LINE NUMBER: (check only one)

18

X 13a Detailed Summary Page 13b Transaction ID: SC/10.4525 NAME OF COMMITTEE (In Full) Committee to Elect Vance McAllister LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2013 Memo Item Primary McAllister, Vance, Michael, , General Mailing Address 2460 Highway 594 Other (specify) Special-General City State ZIP Code X Personal Funds of the Candidate LA 71203 Monroe Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 40000.00 0.00 40000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 10^M 0.00 ^D10^D ž013 NONĚ x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code 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.

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

PAGE 8 OF
FOR LINE NUMBER:
(check only one)

X 13a 13b

NAME OF COMMITTEE (In Full) Committee to Elect Vance McAllis	ster	Transaction ID : SC/10.4526
LOAN SOURCE Full Name (Last, First, MacAllister, Vance, Michael, ,		Memo Item Election: 2013 Primary General
Mailing Address 2460 Highway 594		Other (specify) ▼ Special-General
City	State	ZIP Code
Monroe	LA	71203 Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pa	syment To Date Balance Outstanding at Close of This Period
19900.00		15000.00 4900.00
TERMS Date Incurred	С	Date Due Interest Rate Secured: (If none, enter 0)
M10M / D17D / Y 2013 Y	M M / D D	
List All Endorsers or Guarantors (if any)	to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional	l)·····	4900.00
TOTALS This Period (last page in this line o	nly)	······
Carry outstanding balance only to LINE 3, S	chedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

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FOR LINE NUMBER: (check only one)

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OF

NAME OF COMMITTEE (In Full) Committee to Elect Vance McAllis	ster	Transaction ID : SC/10.5356
LOAN SOURCE Full Name (Last, First, MacAllister, Vance, Michael, ,		Memo Item Election: 2013 Primary General
Mailing Address 2460 Highway 594		★ Other (specify) ▼ Special-General
City	State	ZIP Code
Monroe	LA	71203 Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
30100.00		0.00 30100.00
TERMS Date Incurred	Г	Date Due Interest Rate Secured:
M10M / D17D / Y 2013 Y	M M / D D	
List All Endorsers or Guarantors (if any)	to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City	ZIP Code	Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional	l)	30100.00
TOTALS This Period (last page in this line o	nly)	······································
Carry outstanding balance only to LINE 3, S	chedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

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Transaction ID: SC/10.4527 NAME OF COMMITTEE (In Full) Committee to Elect Vance McAllister LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2013 Memo Item Primary McAllister, Vance, Michael, , General Mailing Address 2460 Highway 594 Other (specify) Special-General City State ZIP Code Personal Funds of the Candidate LA 71203 Monroe Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 20000.00 0.00 20000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D 18D M 10M ž013 NONĚ x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code 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.

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

PAGE 11 FOR LINE NUMBER: **X** 13a (check only one)

				Detailed	ourninary i c	igc			13b
AME OF COMMITTEE (In Full) Committee to Elect Vance	McΔllie	ter			Transa	ction ID :	SC/10.4309		
McAllister, Vance, Micha			Memo Item	Pr	n: 2013 imary eneral				
Mailing Address 2460 Highway 594						X Ot Runof	her (specify) f	*	
City		State	ZIP Coc	le					
Monroe		LA	71203				ersonal Fund	as of the Ca	andidate
Original Amount of Loan		Cumulative Page	yment To	Date	Ва	ance Out	standing at 0	Close of Thi	s Period
750	00.00			0.00)	,	,	75000.0	00
TERMS Date Incurred		С	Date Due		Interest Ra			Secured:	
M10M / D29D / Y Ž01	ğ ^y	M M / D D	/ Y	ÝONĚ Ý		0.00	% (apr)	Yes	× No
List All Endorsers or Guaranto	rs (if any)	to Loan Source							
1. Full Name (Last, First, Middle	e Initial)			Name of Em	ployer				
Mailing Address				Occupation					
				Amount	-				1
City	State	ZIP Code		Guaranteed Outstanding:		7	7		_
2. Full Name (Last, First, Middle	Initial)			Name of Employer					
Mailing Address				Occupation					
0.0	lo	710 0 1		Amount Guaranteed					1
City	State	ZIP Code		Outstanding:		7	7		4
3. Full Name (Last, First, Middle	Initial)			Name of Employer					
Mailing Address				Occupation					
0.0	- In	710.0		Amount Guaranteed					1
City	State	ZIP Code		Outstanding:		7	7		4
4. Full Name (Last, First, Middle	4. Full Name (Last, First, Middle Initial)				ployer				
Mailing Address				Occupation					
				Amount					1
City	State	ZIP Code		Guaranteed Outstanding:		7	7		
SUBTOTALS This Period This Page	e (optional)				▶			75000.0	00
FOTALS This Period (last page in t	his line onl	y)			 		7		퓍
							7		
Carry outstanding balance only to	LINE 3, Sc	hedule D, for this	s line. If n	o Schedule	D, carry for	ward to	appropriate	line of Sun	nmary.

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

FOR LINE NUMBER: (check only one)

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OF

LOAN SOURCE Full Nam McAllister, Vance, N		Idle Initial)	☐ Memo Iter	m Election: 2013 Primary General		
Mailing Address 2460 Highway 594				▼ Other (specify) ▼ Runoff		
City		State	ZIP Code	Personal Funds of the Candidate		
Monroe LA 7			71203			
Original Amount of Loan	'''	Cumulative Pa		alance Outstanding at Close of This Period		
7 7	175000.00	7	0.00	175000.00		
TERMS Date Incurre	ed		te Due Interest Ra (If none, en			
M 11M / D05D / Y	ž013 ^Y	M M / D D	/ Y NONĚ Y	0.00 % (apr) Yes X No		
List All Endorsers or Gua	arantors (if any) to	o Loan Source				
1. Full Name (Last, First,	Middle Initial)		Name of Employer			
Mailing Address			Occupation			
0"		710.0	Amount Guaranteed			
City	State	ZIP Code	Outstanding:	9 9 9		
2. Full Name (Last, First, N	Middle Initial)		Name of Employer	Name of Employer		
Mailing Address			Occupation			
0"	0	710.0.1	Amount Guaranteed			
City	State	ZIP Code	Outstanding:	9		
3. Full Name (Last, First, N	Middle Initial)		Name of Employer			
Mailing Address			Occupation			
			Amount Guaranteed			
City	State	ZIP Code	Outstanding:	9 9		
4. Full Name (Last, First, N	Middle Initial)		Name of Employer			
Mailing Address			Occupation			
			Amount			
City	State	ZIP Code	Guaranteed Outstanding:	9		
	'	•				
JBTOTALS This Period This	s Page (optional)		·····	175000.00		
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			_	,		

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

PAGE 13 OF
FOR LINE NUMBER:
(check only one)

LOAN SOURCE Full Name McAllister, Vance, Mi	•	ddle Initial)	☐ Memo Item		
Mailing Address 2460 Highway 594			Other (specify) ▼		
City		State	IP Code 71203 Personal Funds of the Candidate		
Monroe Original Amount of Loan		Cumulative Pa			
	250000.00	Summative 1	0.00 250000.00		
TERMS Date Incurred			Due Interest Rate Secured: (If none, enter 0)		
M08 ^M / D21 D / Y	ž014 ^Y	[™] 08 ^M / ^D 21	7 Ž018		
List All Endorsers or Guara	antors (if any)	to Loan Source			
1. Full Name (Last, First, M	liddle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Mi	ddle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Mi	ddle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Mi	ddle Initial)		Name of Employer		
Mailing Address			Occupation		
			Amount		
City	State	ZIP Code	Guaranteed Outstanding:		
	Page (optional)	·			

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

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FOR LINE NUMBER: (check only one)

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	13b

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OF

Transaction ID: SC/10.5703 NAME OF COMMITTEE (In Full) Committee to Elect Vance McAllister LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary McAllister, Vance, Michael, , General X Mailing Address 2460 Highway 594 Other (specify) City State ZIP Code X Personal Funds of the Candidate LA 71203 Monroe Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 150000.00 0.00 150000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D21 ^D ^D21 ^D ^M80^M ž014 ™ 80 Ž018 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 150000.00 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.

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

PAGE FOR LINE NUMBER: (check only one)

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Transaction ID: SC/10.5985 NAME OF COMMITTEE (In Full) Committee to Elect Vance McAllister LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary McAllister, Vance, Michael, , General X Mailing Address 2460 Highway 594 Other (specify) City State ZIP Code X Personal Funds of the Candidate LA 71203 Monroe Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 15000.00 0.00 15000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D16^D ^D16^D M 10M ž014 MO M **2016** x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 15000.00 TOTALS This Period (last page in this line only) 810000.00 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

1)

2)

3)

(Use separate schedule(s) for each numbered line) PAGE 16 OF
FOR LINE NUMBER:
(check only one)

: :		
		9
	X	10

18

NAME OF COMMITTEE (In Full)

		107 11110101		
A. Full Name (Last, First, Middle Initial) of De 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			Transaction ID : SD10.5548	
467.49				
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period	
0.00		0.00	467.49	
B. Full Name (Last, First, Middle Initial) of Deb	otor or Creditor	•	Nature of Debt (Purpose):	
K&L Gates, LLP			legal services	
Mailing Address 925 Fourth Avenue, #2900				
City	State	Zip Code	-	
Seattle	WA	98104		
Outstanding Balance Beginning This Period			Transaction ID : SD10.5923	
15061.34				
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period	
0.00		0.00	15061.34	
C. Full Name (Last, First, Middle Initial) of De	btor or Credito	or	Noture of Dobt (Durnage):	
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			Transaction ID : SD10.5981	
11115.79				
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period	
0.00		0.00	11115.79	
SUBTOTALS This Period This Page (optional))	26644.62	
TOTALS This Period (last page this line num	ber only) ······			
TOTAL OUTSTANDING LOANS from Schedu	ıle C (last pag	e only)·····		
ADD 2) and 3) and carry forward to appropri	ate line of Sur	nmary Page (last page only)	, , ,	

SCHEDULE D (FEC Form 3) **DEBTS AND OBLIGATIONS**

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

State

Nungesser Consulting, LLC

Mailing Address 1554 Lobdell Avenue

City

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 17 OF FOF (che

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NAME OF COMMITTEE (In Full) Committee to Elect Vance McAllister A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): legal services K&L Gates, LLP Mailing Address 925 Fourth Avenue, #2900 City State Zip Code WA Seattle 98104 Transaction ID: SD10.6006 Outstanding Balance Beginning This Period 7738.79 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 7738.79 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Nungesser Consulting, LLC fundraising consulting-disputed debt Mailing Address 1554 Lobdell Avenue City State Zip Code Baton Rouge 70806 LA Outstanding Balance Beginning This Period Transaction ID: SD10.5639 46313.58 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 46313.58

Baton Rouge	LA	70806	
Outstanding Balance Beginning This Period 214.60			Transaction ID : SD10.5640
Amount Incurred This Period	P	ayment This Period	Outstanding Balance at Close of This Perio
0.00	,	0.00	214.60

Zip Code

1)	SUBTOTALS This Period This Page (optional)	•	Ľ		,		i	,	5	4266	6.97	
2)	TOTALS This Period (last page this line number only)	•			,	Ι	Ι	,	Ξ		_	
3)	TOTAL OUTSTANDING LOANS from Schedule C (last page only)	>		Ι	,	Ι	Ι	,	Ξ		_	
4)	ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	>			7	Ι	Ι	7	Ι		_	

Nature of Debt (Purpose):

fundraising consulting

SCHEDULE D (FEC Form 3) **DEBTS AND OBLIGATIONS**

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 18 OF FOR LINE NUMBER: (check only one)

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NA	ME OF COMMITTEE (In Full)			
	Committee to Elect Va	ance	McAllister	
$\vec{\neg}$	A. Full Name (Last, First, Middle Initial) of De			Notice of Dobt (Discourses).
	Red Print Strategy	bior or cre	altor	Nature of Debt (Purpose): campaign consulting
	Red Fillit Strategy			Campaign concaming
ł	Mailing Address 311 S. Fillmore Street			
	3 44 444 OTT G. T IIIITIGIC GUCCU			
Ì	City	State Zip Code		
	Arlington	VA	22204	
	Outstanding Balance Beginning This Period			Transaction ID : SD10.5375
	65000.00			
	Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	65000.00
	9 9 9		7	7 3000000
ł	B. Full Name (Last, First, Middle Initial) of Deb	otor or Crec	litor	Notice of Dobt (Dispass)
	Robert Watkins & Company			Nature of Debt (Purpose): accounting services
	resort watting a company			
Î	Mailing Address 610 S. Boulevard			
	City	State	Zip Code	
ļ	Tampa	FL	33606	
	Outstanding Balance Beginning This Period			Transaction ID : SD10.6343
6104.52				
	Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
	0.00		1057.02	5047.50
			7	
İ	C. Full Name (Last, First, Middle Initial) of De	btor or Cre	ditor	Nature of Debt (Purpose):
				reaction of Bost (raiposo).
ļ				
	Mailing Address			
ł	C:h.	Ctata	7in Codo	
	City	State	Zip Code	
ŀ				
	Outstanding Balance Beginning This Period			
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	Amount incurred this Period		Payment This Period	Outstanding Balance at Close of This Period
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41	CURTOTALS This Daried This Dags (anti-one)	\		700.17 50
1)	SUBTOTALS This Period This Page (optional			70047.50
2)	TOTALS This Period (last page this line num	ber onlv)		150959.09
-, 10 1.20 Forest (act page the mit halfber only)				10000.09
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				810000.00
۵۱	ADD 2) and 3) and carry forward to appropri	ate line of	Summary Page (last page only)	960959 09