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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An	Authorized Com	ımittee	Offi	Office Use Only			
NAME OF COMMITTEE (in full)	TYPE OR PRIN	•	cample: If typing, ty ver the lines.	/pe 12FE4M5				
Committee to Elec	t Vance McAllis	ter			1			
ADDRESS (number and stre	eet)	78						
▼ Check if differen								
than previously reported. (ACC)	Monroe			LA 712	211			
2. FEC IDENTIFICATION	ON NUMBER V	CITY A		STATE A	ZIP CODE ▲			
Z. TEO IDENTIFICATION	SN NOWIDEN V				STATE ▼ DISTRICT			
C C00549352		3. IS THIS REPORT	NEW (N) C	AMENDED (A)	LA 05			
		ı						
4. TYPE OF REPOR		(b) 12-Day PRE	-Election Report fo	or the:				
(a) Quarterly Report	S:		Primary (12P)	General (12G)	Runoff (12R)			
April 15 Qua	rterly Report (Q1)	H	Filliary (12F)	General (12G)	nulloli (12h)			
July 15 Quar	terly Report (Q2)	Ш	Convention (12C)	Special (12S)				
	Quarterly Report (Q3)	Election on	M M / D	D / Y Y Y Y	in the State of			
January 31	/ear-End Report (YE)	(c) 30-Day POS	ST-Election Report	for the:				
			General (30G)	Runoff (30R)	Special (30S)			
Termination I	Report (TER)	Election on	M M / D	D / Y N Y N Y	in the State of			
5. Covering Period	M M / D D D D D D D D D D D D D D D D D	/ Y Y Y Y Y Y 2016	through	M M / D D / Y 12 31	у у у 2016			
I certify that I have exami			nowledge and belie	of it is true, correct and co	mplete.			
Type or Print Name of Tre	Watkins, Na easurer	ncy, H., ,						
Signature of Treasurer	Watkins, Nancy, H., ,		[Electronically Filed	Date 01	13 / Y Y Y Y Y Y Y 2017			
NOTE: Submission of false,	erroneous, or incompl	ete information may	subject the person	signing this Report to the p	enalties of 52 U.S.C. §30109			
Office	, <u>, .</u>	,						
Use Only					FEC FORM 3 (Revised 05/2016)			

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

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Write or Type Committee Name Committee to Elect Vance McAllister

2016 10 2016 12 01 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 10300.00 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 100.00 (from Line 20(d)) (c) Net Contributions (other than loans) 0.00 10200.00 (subtract Line 6(b) from Line 6(a)) 7. Net Operating Expenditures (a) Total Operating Expenditures 30.00 25173.57 (from Line 17) (b) Total Offsets to Operating 3719.60 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 30.00 21453.97 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 1335.02 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 962016.11 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

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

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- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name Committee to Elect Vance McAllister Report Covering the Period: 2016 12 31 2016 From: 10 01 To: I. RECEIPTS **COLUMN A COLUMN B COLUMN C Total this Period Election Cycle Total as of** Total for 80 2016 09 2016 (date after general election) (date of general election) through 11. CONTRIBUTIONS (other than loans) FROM: (a) Individuals/Persons Other than 31 2016 Political Committees (last day of reporting period) Itemized (use Schedule A) 0.00 0.00 0.00 Unitemized 0.00 0.00 0.00 (iii) Total of contributions from individuals 0.00 0.00 0.00 Political Party Committees 0.00 0.00 0.00 Other Political Committees 500.00 0.00 0.00

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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	COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
	(d) The Candidate		
	0.00	9800.00	0.00
	(e) TOTAL CONTRIBUTIONS (other than lo	pans) (add Lines 11(a)(iii), (b), (c) and (d))	
	0.00	10300.00	0.00
12.	TRANSFERS FROM OTHER AUTHORIZED	COMMITTEES	
	0.00	0.00	0.00
13.	LOANS: (a) Made or Guaranteed by the Candidate		
	0.00	0.00	0.00
	(b) All Other Loans		
	0.00	0.00	0.00
	(c) TOTAL LOANS (add Lines 13(a) and (b))		
	0.00	0.00	0.00
14.	OFFSETS TO OPERATING EXPENDITURES	S (Refunds, rebates, etc.)	
	0.00	3719.60	0.00
15.	OTHER RECEIPTS (Dividends, Interest, etc.)		
	0.00	0.00	0.00
16.	TOTAL RECEIPTS (add 11(e), 12, 13(c), 14	and 15)	
	0.00	14019.60	0.00

Report of Receipts and Disbursements

PAGE 5 / 20 FEC Form 3 (Revised 1/01) Write or Type Committee Name Committee to Elect Vance McAllister 10 01 2016 2016 Report Covering the Period: 12 31 To: From: **II. DISBURSEMENTS COLUMN A COLUMN B COLUMN C** Total for * (date after general election) **Total this Period** Election Cycle Total as of * (date of general election) through * (last day of reporting period) (* See page 5 for date) (* See page 5 for dates) 17. OPERATING EXPENDITURES 20.00 30.00 25173.57 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES 0.00 0.00 0.00 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate 0.00 0.00 0.00 (b) Of All Other Loans 0.00 0.00 0.00 (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b)) 0.00 0.00 0.00 REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political Committees 0.00 0.00 100.00 (b) Political Party Committees 0.00 0.00 0.00

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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	COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
	(c) Other Political Committees (such as PA	ACs)	
	0.00	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (ac	dd Lines 20(a), (b) and (c))	
	0.00	100.00	0.00
21.	OTHER DISBURSEMENTS		
	0.00	0.00	0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 1	8, 19(c), 20(d) and 21)	
	30.00	25273.57	20.00
	00.00		20.00
	III. NET CONTRIBUTIONS (OTHER	THAN LOANS)	
	(Note: Substitute in lieu of Line #6	6 of Summary Page for this report only; subtra	ct Line 20(d) from Line 11(e))
	0.00	10200.00	0.00
	IV. NET OPERATING EXPENDITUR	RES	
	(Note: Substitute in lieu of Line	#7 of Summary Page for this report only; sub	tract Line 14 from Line 17)
	30.00	21453.97	20.00
_	V. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPO	ORTING PERIOD	1365.02
24.	TOTAL RECIEPTS THIS PERIOD (from Lin	e 16)	0.00
25.	SUBTOTAL (add Line 23 and Line 24)		1365.02
26.	TOTAL DISBURSEMENTS THIS PERIOD (1	from Line 22)	30.00
27.	CASH ON HAND AT CLOSE OF REPORTI	NG PERIOD (subtract Line 26 from Line 25)	1335.02

SCHEDULE B (FEC Form 3)

PAGE 7 20 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 Regions Bank 2016 10 31 Mailing Address 1500 N. 18th Street State City Zip Code **FEC Identification Number** ΙΑ Monroe 71201 Purpose of Disbursement service charge Candidate Name Amount of Each Disbursement this Period Category/ Type 10.00 Office Sought: House Disbursement For: Senate Primary General Transaction ID: SB17.6369 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)..... 10.00 TOTAL This Period (last page this line number only)..... 10.00

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

PAGE 8
FOR LINE NUMBER: (check only one)

X 13a 13b

OF

LOAN SOURCE Full Nam McAllister, Vance, M		Idle Initial)	☐ Memo Iter	n Election: 2013 Primary General		
Mailing Address 2460 Highway 594				✓ Other (specify) ▼ Special-General		
City		State	ZIP Code	▼ Personal Funds of the Candidate		
Monroe		LA	71203	r ersonal runus of the Candidate		
Original Amount of Loan		Cumulative Pa	nent To Date Ba	alance Outstanding at Close of This Period		
2	50000.00	7	0.00	50000.00		
TERMS Date Incurre	ed	Γ	te Due Interest Ra (If none, ent			
M10M / D03D / Y	ž013 ^Y	M M / D D	/ Y NONÉ Y	0.00 % (apr) Yes X No		
List All Endorsers or Gua	rantors (if any) to	o Loan Source				
1. Full Name (Last, First,	Middle Initial)		Name of Employer			
Mailing Address			Occupation			
0:4.	04-4-	710 0-1-	Amount Guaranteed			
City	State	ZIP Code	Outstanding:	Outstanding:		
2. Full Name (Last, First, N	Middle Initial)		Name of Employer			
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed			
·		ZIP Code	Outstanding:	7		
3. Full Name (Last, First, N	Middle Initial)		Name of Employer			
Mailing Address			Occupation			
		T	Amount Guaranteed			
City	State	ZIP Code	Outstanding:	y		
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)		·····	50000.00		
OTALS This Period (last pag	ge in this line only	·) ·······				
				7		

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

PAGE 9
FOR LINE NUMBER: (check only one)

X 13a 13b

OF

NAME OF COMMITTEE (In Full) Committee to Elect Vance McAl	lister	Transaction ID : SC/10.4525
LOAN SOURCE Full Name (Last, First, McAllister, Vance, Michael, ,		Memo Item Election: 2013 Primary General
Mailing Address 2460 Highway 594		Ø 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
40000.00		0.00 40000.00
TERMS Date Incurred	С	Date Due Interest Rate Secured: (If none, enter 0)
M10M / D10D / Y Ž013 Y	M M / D D	0.00
List All Endorsers or Guarantors (if an	y) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	e 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	e ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	-	Name of Employer
Mailing Address		Occupation
		Amount
City	e ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (option	nal)	40000.00
TOTALS This Period (last page in this line	only)	
Carry outstanding balance only to LINE 3,	Schedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s)

PAGE 10 OF FOR LINE NUMBER: (check only one)

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for each category of the **X** 13a Detailed Summary Page 13b Transaction ID: SC/10.4526 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 19900.00 15000.00 4900.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D17D 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)..... 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.

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

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

20

13b Transaction ID: SC/10.5356 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 30100.00 0.00 30100.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D17D 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)..... 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.

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

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FOR LINE NUMBER: (check only one)

X 13a 13b

OF

LOAN SOURCE Full Nam McAllister, Vance, N		Idle Initial)	☐ Memo Itel	m Election: 2013 Primary General
Mailing Address 2460 Highway 594				✓ Other (specify) ▼ Special-General
City		State	ZIP Code	Personal Funds of the Candidate
Monroe		LA	71203	Personal Funds of the Candidate
Original Amount of Loan		Cumulative Pa	ment To Date Ba	alance Outstanding at Close of This Period
	20000.00	7	0.00	20000.00
TERMS Date Incurre	ed	Γ	ite Due Interest Ra	
M10 ^M / D18 ^D / Y	ž013 ^Y	M M / D D		0.00 % (apr) Yes X No
List All Endorsers or Gua	, ,,	o Loan Source		
1. Full Name (Last, First,	Middle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	9
2. Full Name (Last, First, M	Middle Initial)		Name of Employer	
Mailing Address			Occupation	
		T	Amount Guaranteed	
City	State	ZIP Code	Outstanding:	9
3. Full Name (Last, First, M	Middle Initial)		Name of Employer	
Mailing Address			Occupation	
City	Ctata	ZID Code	Amount Guaranteed	
City	State	ZIP Code	Outstanding:	9 9 9
4. Full Name (Last, First, N	Middle Initial)		Name of Employer	
Mailing Address			Occupation	
O:t.	04-4-	710 0-1-	Amount Guaranteed	
City	State	ZIP Code	Outstanding:	y y
	·	·		
JBTOTALS This Period This	s Page (optional)		·····	20000.00
OTALS This Period (last pag	ge in this line only	·) ·······		
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Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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	13h

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Transaction ID: SC/10.4309 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 X Other (specify) ▼ Runoff 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 75000.00 0.00 75000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D29^D 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)..... 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.

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

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FOR LINE NUMBER: (check only one)

X	13a
	13h

OF

AME OF COMMITTEE (In Full) Committee to Elect Vance Mo	Alliste	r			Transact	tion ID : SC	/10.4577		
LOAN SOURCE Full Name (Last, Find McAllister, Vance, Michael,		le Initial)			Memo Item	Election: Prima	,		
Mailing Address 2460 Highway 594						X Other Runoff	(specify)	▼	
City	8	State	ZIP Co	de					
Monroe		LA	71203			Perso	onal Fund	ds of the (Candidate
Original Amount of Loan		Cumulative Pay	ment To	Date	Balar	nce Outstar	nding at C	Close of T	his Period
175000.0	0	9		0.0	0	7		175000	0.00
TERMS Date Incurred		D	ate Due		Interest Rate (If none, enter			Secured	l :
M11M / D05D / Y 2013	Y	M / D D	/ Y	ŇONĚ Ý	0.0		(apr)	Yes	x No
List All Endorsers or Guarantors (if	any) to	Loan Source							
1. Full Name (Last, First, Middle Init	ial)			Name of Er	nployer				
Mailing Address				Occupation					
				Amount					_
City	State	ZIP Code		Guaranteed Outstanding		7	7		
2. Full Name (Last, First, Middle Initi	al)			Name of Employer					
Mailing Address				Occupation					
		T		Amount Guaranteed					7
City	State	ZIP Code		Outstanding		,	7		
3. Full Name (Last, First, Middle Initi	al)			Name of Er	nployer				
Mailing Address				Occupation					
		T		Amount Guaranteed					
City	State	ZIP Code		Outstanding		7	7		_
4. Full Name (Last, First, Middle Initi	al)			Name of Er	nployer				
Mailing Address				Occupation					
011		I		Amount Guaranteed					7
City	State	ZIP Code		Outstanding		,	7		_
SUBTOTALS This Period This Page (op	tional)				····· >			175000	.00
FOTALS This Period (last page in this I	ine only)				▶	7			
Carry outstanding balance only to LINE	3, Sche	dule D, for this	line. If	no Schedule	D, carry forw	ard to app	ropriate	line of Su	ımmary.

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

FOR LINE NUMBER: (check only one)

PAGE 15

13a 13b

OF

LOAN SOURCE Full Nam McAllister, Vance, N	•	Idle Initial)	☐ Memo Ite	Election: 2014 X Primary General
Mailing Address 2460 Highway 594				Other (specify) ▼
City		State	ZIP Code	➤ Personal Funds of the Candidate
Monroe		LA	71203	
Original Amount of Loan	250000 00	Cumulative Pa		dalance Outstanding at Close of This Period
	250000.00	-	0.00	250000.00
TERMS Date Incurre	ed		te Due Interest F (If none, el	
M08M / D21D / Y	ž014 ^Y	[™] 08 ^M / ^D 21 ^D	[/] Ž018 ^Y	0.00 % (apr) Yes 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
2. Full Name (Last, First, M	Middle Initial)		Name of Employer	
Mailing Address			Occupation	
0.1	0	710 0 1	Amount Guaranteed	
City	State	ZIP Code	Outstanding:	9 9
3. Full Name (Last, First, M	Middle Initial)		Name of Employer	
Mailing Address			Occupation	
		1	Amount Guaranteed	
City	State	ZIP Code	Outstanding:	
4. Full Name (Last, First, N	Middle Initial)	•	Name of Employer	
Mailing Address			Occupation	
			Amount	
City	State	ZIP Code	Guaranteed Outstanding:	9
	<u> </u>	'		
JBTOTALS This Period This	s Page (optional)		······	250000.00
OTALS This Period (last page	ge in this line only	·) ·······		
				7

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

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FOR LINE NUMBER:
(check only one)

X 13a 13b

NAME OF COMMITTEE (L. F. II)		Transportion ID - SC/40 F703
NAME OF COMMITTEE (In Full) Committee to Elect Vance McAllis	ter	Transaction ID: SC/10.5703
LOAN SOURCE Full Name (Last, First, M	iddle Initial)	Memo Item Election: 2014
McAllister, Vance, Michael, ,		Primary
		★ General
Mailing Address 2460 Highway 594		Other (specify) ———————————————————————————————————
City	State	ZIP Code ZIP Code Personal Funds of the Candidate
Monroe	LA	71203
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
150000.00		0.00 150000.00
TERMS Date Incurred	Г	Date Due Interest Rate Secured: (If none, enter 0)
M08M / D21D / Y Z014 Y	M08 M / D21 D	/ Y Ž018 Y 0.00
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)	l	Name of Employer
Mailing Address		Occupation
		Amount
City State	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)		150000.00
TOTALS This Period (last page in this line on	ly)	······································
Carry outstanding balance only to LINE 3, So	hedule 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

PAGE 17 OF FOR LINE NUMBER: **X** 13a (check only one)

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13b 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

(Use separate schedule(s) for each numbered line) PAGE 18 OF
FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

(c	mm	nitte	е	to	E	lect	Var	nce	McAllister
		- " N	- "			41 1 11			_	

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 Seattle	State WA	Zip Code 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 De K&L Gates, LLP	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor K&L Gates, LLP				
Mailing Address 925 Fourth Avenue, #2900			_		
City Seattle	State WA	Zip Code 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		
C. Full Name (Last, First, Middle Initial) of D	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor K&L Gates, LLP				
Mailing Address 925 Fourth Avenue, #2900					
City Seattle	State WA	Zip Code 98104			
Outstanding Balance Beginning This Period			Transaction ID : SD10.5981		
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period		
0.00		0.00	11115.79		
1) SUBTOTALS This Period This Page (optional	l)		26644.62		
2) TOTALS This Period (last page this line num	nber only) ····				
3) TOTAL OUTSTANDING LOANS from Sched	TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropri	riate 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 19 OF FOR LINE NUMBER: (check only one)

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	uding Loans			Hambered intej			
NAM	IE OF COMMITTEE (In Full)						
C	ommittee to Elect Va	ance	McAllister				
	a. Full Name (Last, First, Middle Initial) of De			Nature of Dobt (Burnous	<u></u>		
	K&L Gates, LLP	Nature of Debt (Purpose legal services	3):				
	Nac Gales, LLI						
N	Mailing Address 925 Fourth Avenue, #2900						
L							
	Dity	State	Zip Code				
- 1	Seattle	WA	98104				
	Outstanding Balance Beginning This Period			Transaction ID : SD10	.6006		
	7738.79						
	7 7 7				Outstanding Balance at Close of This Period		
	Amount Incurred This Period		Payment This Period	Outstanding Balance a			
	0.00	L	0.00	<u> </u>	7738.79		
L	, ,		, , ,	,	,		
E	B. Full Name (Last, First, Middle Initial) of Deb	Nature of Debt (Purpose					
	Nungesser Consulting, LLC	fundraising consulting-d	isputed debt				
_	Mailing Address 1554 Lohdell Avenue						
"	1554 Lobdell Avenue						
C	Dity	State	Zip Code				
E	Baton Rouge	LA	70806				
	Outstanding Balance Beginning This Period			Transaction ID : SD10	1.5639		
	46313.58						
	7						
	Amount Incurred This Period		Payment This Period	Outstanding Balance	at Close of This Period		
	0.00		0.00		46313.58		
	, , , , , , , , , , , , , , , , , , ,	7	,				
C	C. Full Name (Last, First, Middle Initial) of De	Nature of Debt (Purpose	e):				
	Nungesser Consulting, LLC			fundraising consulting			
_	Mailing Address 1554 Lobdell Avenue						
"	1554 Lobdell Avenue						
C	Dity	State	Zip Code				
	Baton Rouge	LA	70806				
	Outstanding Balance Beginning This Period	Transaction ID : SD1	0.5640				
	214.60						
	214.00						
	Amount Incurred This Period		Payment This Period	Outstanding Balance	at Close of This Period		
	0.00		0.00	.	214.60		
			, ,	,	,		
1)	SUBTOTALS This Period This Page (optional	١			54000.07		
''	SOBTOTALS THIS Fellod This Fage (optional	,			54266.97		
2)	TOTALS This Period (last page this line num	ber only) ····		•			
					-		
3)	TOTAL OUTSTANDING LOANS from Schedule C (last page only)						
4)	ADD 2) and 3) and carry forward to appropri	iate line of	Summary Page (last page only	v) >			

SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 20 OF
FOR LINE NUMBER:
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=XC	duding Loans			Humbered line)	* 10		
	ME OF COMMITTEE (In Full)		N 4 - A 11' - (
<u> </u>	Committee to Elect Va						
	A. Full Name (Last, First, Middle Initial) of De	Nature of Debt (F					
	Red Print Strategy			campaigh consu	itting		
Ì	Mailing Address 311 S. Fillmore Street						
ŀ	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 Ba	Outstanding Balance at Close of This Period		
	0.00		0.0	00	65000.00		
ŀ	B. Full Name (Last, First, Middle Initial) of Deb	ntor or Cred	itor	N	<u> </u>		
	Robert Watkins & Company	noi oi oiea	itoi	Nature of Debt (Faccounting servi			
	Mailing Address 610 S. Boulevard						
Ī	City	State FL	Zip Code 33606				
ŀ	Tampa						
	Outstanding Balance Beginning This Period			Transaction ID	Transaction ID : SD10.6343		
	6104.52						
	Amount Incurred This Period		Payment This Period	Outstanding Ba	alance at Close of This Period		
	0.00		0.0	00 ,	6104.52		
ŀ	C. Full Name (Last, First, Middle Initial) of De	btor or Cre	ditor	Notice of Dobt (Native of Dokt (Diverges)		
	,	Nature of Debt (F	Nature of Debt (Purpose):				
-	Mailing Address						
	Mailing Address						
Ì	City	State	Zip Code				
Ī	Outstanding Balance Beginning This Period		-	-			
	Amount Incurred This Period		Payment This Period	Outstanding Ba	alance at Close of This Period		
	7 7		7 7		y		
1)	SUBTOTALS This Period This Page (optional)		··· •	71104.52		
2)	TOTALS This Period (last page this line num	ber only) ·····		··· •	152016.11		
3)	TOTAL OUTSTANDING LOANS from Schedule C (last page only)				810000.00		
4)	ADD 2) and 3) and carry forward to appropri	ate line of	Summary Page (last page or	nly) ►	962016.11		