

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) ▼

POST OFFICE BOX 15412

Check if different than previously reported. (ACC)

MONROE

LA

71207

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 / / in the State of

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

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

Election on / / in the State of

5. Covering Period

/ /

through

/ /

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 MARTY WILLIAM FRENCH

Signature of Treasurer MARTY WILLIAM FRENCH

[Electronically Filed]

Date

/ /

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									
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

COMMITTEE TO ELECT VANCE MCALLISTER

Report Covering the Period: From: / / To: / /

	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))....	46955.00	147003.63
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	46955.00	147003.63
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	76766.70	176518.22
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	76766.70	176518.22
8. Cash on Hand at Close of Reporting Period (from Line 27).....	8425.01	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	602275.24	

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)

Write or Type Committee Name

COMMITTEE TO ELECT VANCE MCALLISTER

Report Covering the Period: From: / / To: / /

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).....	18000.00	33250.00
(ii) Unitemized.....	5205.00	5405.00
(iii) TOTAL of contributions from individuals ▶	23205.00	38655.00
(b) Political Party Committees.....	2000.00	2000.00
(c) Other Political Committees (such as PACs).....	21750.00	106348.63
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	46955.00	147003.63
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. 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
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	96.88
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	46955.00	147100.51

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	76766.70	176518.22
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	15000.00	15000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	15000.00	15000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(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	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	91766.70	191518.22

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	53236.71
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	46955.00
25. SUBTOTAL (add Line 23 and Line 24).....	100191.71
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	91766.70
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	8425.01

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 40
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
TERRY BAUGH

Mailing Address **204 PARWOOD BLVD**

City **WEST MONROE** State **LA** Zip Code **71292**

FEC ID number of contributing federal political committee. **C**

Name of Employer **D&J CONSTRUCTION** Occupation **EXECUTIVE**

Receipt For: 2013
 Primary General
 Other (specify) **Special-General**

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
01 / 06 / 2014

Transaction ID : SA11AI.5408

Amount of Each Receipt this Period
2000.00
2013 SPECIAL GENERAL DEBT RETIREMENT

B. Full Name (Last, First, Middle Initial)
LAWRENCE DANNA

Mailing Address **108 CONTEMPO DRIVE**

City **WEST MONROE** State **LA** Zip Code **71291**

FEC ID number of contributing federal political committee. **C**

Name of Employer **LAWRENCE J DANNA, MD AMC** Occupation **PHYSICIAN**

Receipt For: 2013
 Primary General
 Other (specify) **Runoff**

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
02 / 19 / 2014

Transaction ID : SA11AI.5524

Amount of Each Receipt this Period
2600.00
DEBT RELIEF - 2013 SPECIAL RUNOFF

C. Full Name (Last, First, Middle Initial)
BILLY F KIRKSEY Jr.

Mailing Address **230 PETRUS CIRCLE**

City **WEST MONROE** State **LA** Zip Code **71291**

FEC ID number of contributing federal political committee. **C**

Name of Employer **THE KIRKSEY AGENCY** Occupation **INSURANCE AGENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
01 / 10 / 2014

Transaction ID : SA11AI.5406

Amount of Each Receipt this Period
1000.00

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

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

5600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 40
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
COMMITTEE TO ELECT VANCE MCALLISTER

A. Full Name (Last, First, Middle Initial)
ROY MARTIN III

Mailing Address P.O. BOX 1110

City State Zip Code
ALEXANDRIA LA 71309

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ROY O. MARTIN LAND COMPANY LLC PRESIDENT

Receipt For: 2013
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 20 / 2014

Transaction ID : SA11AI.5527

Amount of Each Receipt this Period
2600.00
DEBT RELIEF - 2013 SPECIAL RUNOFF

B. Full Name (Last, First, Middle Initial)
CLAY MCCONNELL

Mailing Address 380 TREMONT DRIVE

City State Zip Code
RUSTON LA 71270

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LASALLE MANAGEMENT COMPANY MANAGEMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2400.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 07 / 2014

Transaction ID : SA11AI.5552

Amount of Each Receipt this Period
2400.00

C. Full Name (Last, First, Middle Initial)
RAYMOND MORRIS

Mailing Address 706 ROSS STREET

City State Zip Code
OAK GROVE LA 71263

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WEST CARROLL HEALTH SYSTEMS ADMINISTRATOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2400.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 06 / 2014

Transaction ID : SA11AI.5526

Amount of Each Receipt this Period
2400.00

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

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

7400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 40
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
COMMITTEE TO ELECT VANCE MCALLISTER

A. Full Name (Last, First, Middle Initial)
TOM O'NEAL

Mailing Address P.O. BOX 356

City State Zip Code
CHOUDRANT LA 71227

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
O'NEAL GAS PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 21 / 2014

Transaction ID : SA11AI.5523

Amount of Each Receipt this Period
 2400.00

B. Full Name (Last, First, Middle Initial)
RAY YOUNG

Mailing Address P.O. BOX 648

City State Zip Code
WISNER LA 71378

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
YOUNG & YOUNG AGRICULTURE CONSULTANT

Receipt For: 2013
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 11 / 2014

Transaction ID : SA11AI.5530

Amount of Each Receipt this Period
 2600.00

DEBT RELIEF - 2013 SPECIAL RUNOFF

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / 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).....

5000.00

18000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 40
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
COMMITTEE TO ELECT VANCE MCALLISTER

A. Full Name (Last, First, Middle Initial)
BILL CASSIDY FOR US SENATE

Mailing Address **PO BOX 80505**

City **BATON ROUGE** State **LA** Zip Code **70898**

FEC ID number of contributing federal political committee. **C C00543983**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 10 / 2014

Transaction ID : SA11B.5404

Amount of Each Receipt this Period
 1000.00
CASSIDY #S4LA00107

B. Full Name (Last, First, Middle Initial)
BUILD POLITICAL ACTION COMMITTEE OF THE NATIONAL ASSOCIATION OF HOME BUILDERS (BUILD PAC)

Mailing Address **1201 15TH STREET, NW**

City **WASHINGTON** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00000901**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 11 / 2014

Transaction ID : SA11B.5517

Amount of Each Receipt this Period
 1000.00
SEE ATTACHED MEMO TEXT

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / 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).....

2000.00

2000.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11B

Transaction ID : SA11B.5517

Aggregate total reflects contributions for 2013 special election cycle and 2014 cycle.

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 40
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
COMMITTEE TO ELECT VANCE MCALLISTER

A. Full Name (Last, First, Middle Initial)
AMERICAN CRYSTAL SUGAR COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 101 NORTH 3RD STREET

City MOORHEAD State MN Zip Code 56560

FEC ID number of contributing federal political committee. **C** C00110338

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 03 / 2014

Transaction ID : SA11C.5533

Amount of Each Receipt this Period
 5000.00

B. Full Name (Last, First, Middle Initial)
AMERICAN OPTOMETRIC ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1505 PRINCE STREET
SUITE 300

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00024968

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 22 / 2014

Transaction ID : SA11C.5414

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
BRYAN CAVE LLP POLITICAL ACTION COMMITTEE

Mailing Address 1155 F STREET NW
SUITE 700

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00332643

Name of Employer Occupation

Receipt For: 2013
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 22 / 2014

Transaction ID : SA11C.5418

Amount of Each Receipt this Period
 250.00

2013 SPECIAL RUNOFF DEBT RETIREMENT

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

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

7750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 40
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
COMMITTEE TO ELECT VANCE MCALLISTER

A. Full Name (Last, First, Middle Initial)
CENTURYLINK INC. EMPLOYEES POLITICAL ACTION COMMITTEE

Mailing Address 1099 NEW YORK AVENUE NW
SUITE 250

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00419911

Name of Employer Occupation

Receipt For: 2013
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
01 / 28 / 2014

Transaction ID : SA11C.5448

Amount of Each Receipt this Period
1000.00
2013 SPECIAL RUNOFF DEBT RETIREMENT

B. Full Name (Last, First, Middle Initial)
DEVON ENERGY CORPORATION POLITICAL ACTION COMMITTEE (DEC PAC)

Mailing Address 333 WEST SHERIDAN

City OKLAHOMA CITY State OK Zip Code 73102

FEC ID number of contributing federal political committee. **C** C00354753

Name of Employer Occupation

Receipt For: 2013
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
01 / 22 / 2014

Transaction ID : SA11C.5416

Amount of Each Receipt this Period
1000.00
2013 SPECIAL RUNOFF DEBT RETIREMENT

C. Full Name (Last, First, Middle Initial)
EVERY REPUBLICAN IS CRUCIAL (ERICPAC)

Mailing Address 25 E MAIN STREET
SUITE 200

City RICHMOND State VA Zip Code 23219

FEC ID number of contributing federal political committee. **C** C00384701

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
01 / 24 / 2014

Transaction ID : SA11C.5447

Amount of Each Receipt this Period
5000.00
SEE ATTACHED MEMO TEXT

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

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

7000.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11C

Transaction ID : SA11C.5447

Aggregate total reflects contributions for 2013 special election cycle and 2014 cycle.

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 40
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
COMMITTEE TO ELECT VANCE MCALLISTER

A. Full Name (Last, First, Middle Initial)
EXXON MOBIL CORPORATION POLITICAL ACTION COMMITTEE (EXXONMOBIL PAC)

Mailing Address PO BOX 20503

City INDIANAPOLIS State IN Zip Code 46220

FEC ID number of contributing federal political committee. **C** C00121368

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 22 / 2014

Transaction ID : SA11C.5445

Amount of Each Receipt this Period
 5000.00

B. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE

Mailing Address 430 NORTH MICHIGAN AVENUE

City CHICAGO State IL Zip Code 60611

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2013
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 29 / 2014

Transaction ID : SA11C.5412

Amount of Each Receipt this Period
 1000.00

2013 SPECIAL RUNOFF DEBT RETIREMENT

C. Full Name (Last, First, Middle Initial)
ROCKTENN POLITICAL ACTION COMMITTEE

Mailing Address 504 THRASHER STREET

City NORCROSS State GA Zip Code 30071

FEC ID number of contributing federal political committee. **C** C00117424

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 29 / 2014

Transaction ID : SA11C.5410

Amount of Each Receipt this Period
 1000.00

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

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

7000.00

21750.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
COMMITTEE TO ELECT VANCE MCALLISTER

Full Name (Last, First, Middle Initial) A. BANCORP SOUTH BANK		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address 1220 NORTH 18TH STREET		Amount of Each Disbursement this Period 18.00 Transaction ID : SB17.5436
City MONROE	State LA	
Zip Code 71201	Purpose of Disbursement WIRE FEE	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2013	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) B. COMCAST OF JACKSON		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address 380 S. LAMAR STREET		Amount of Each Disbursement this Period 244.69 Transaction ID : SB17.5456
City JACKSON	State MS	
Zip Code 39201	Purpose of Disbursement CABLE AND INTERNET - JANUARY 2014	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. COMCAST OF JACKSON		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 380 S. LAMAR STREET		Amount of Each Disbursement this Period 235.75 Transaction ID : SB17.5464
City JACKSON	State MS	
Zip Code 39201	Purpose of Disbursement CABLE AND INTERNET	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	498.44
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 40			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
COMMITTEE TO ELECT VANCE MCALLISTER

Full Name (Last, First, Middle Initial) A. DELTA AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2014
Mailing Address 1030 DELTA BLVD		Amount of Each Disbursement this Period 307.00
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement AIRLINE TRAVEL	Category/Type 002	Transaction ID : SB17.5426
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. DEWITT FRENCH GIGER & SITTON LLP		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 1871 HUDSON CIRCLE		Amount of Each Disbursement this Period 1470.00
City MONROE	State LA Zip Code 71201	
Purpose of Disbursement ACCOUNTING FEES	Category/Type 001	Transaction ID : SB17.5442
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	
State: District:		

Full Name (Last, First, Middle Initial) C. EAST OUACHITA RECREATION DISTRICT		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 520 LINCOLN HILLS DRIVE		Amount of Each Disbursement this Period 450.00
City MONROE	State LA Zip Code 71203	
Purpose of Disbursement YOUTH BASEBALL SPONSOR	Category/Type 004	Transaction ID : SB17.5490
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2227.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 40		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
COMMITTEE TO ELECT VANCE MCALLISTER

Full Name (Last, First, Middle Initial) A. EXPEDIA.COM		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 333 108TH AVENUE NE		Amount of Each Disbursement this Period 456.86 Transaction ID : SB17.5420
City BELLEVUE State WA Zip Code 98004	Purpose of Disbursement HOTEL Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. HILTON HOTEL - DUPONT CIRCLE		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address 1919 CONNECTICUT AVENUE NW		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.5482
City WASHINGTON State DC Zip Code 20009	Purpose of Disbursement WASHINGTON MARDI GRAS BANQUET EXPENSE Candidate Name Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. HILTON HOTEL - DUPONT CIRCLE		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address 1919 CONNECTICUT AVENUE NW		Amount of Each Disbursement this Period 845.46 Transaction ID : SB17.5484
City WASHINGTON State DC Zip Code 20009	Purpose of Disbursement WASHINGTON MARDI GRAS BANQUET EXPENSE Candidate Name Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6302.32
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 40			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
COMMITTEE TO ELECT VANCE MCALLISTER

Full Name (Last, First, Middle Initial) A. HILTON HOTEL - DUPONT CIRCLE			Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014	
Mailing Address 1919 CONNECTICUT AVENUE NW			Amount of Each Disbursement this Period 575.01	
City WASHINGTON	State DC	Zip Code 20009	Transaction ID : SB17.5511	
Purpose of Disbursement HOTEL		Category/ Type 002		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) B. HILTON HOTEL - DUPONT CIRCLE			Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014	
Mailing Address 1919 CONNECTICUT AVENUE NW			Amount of Each Disbursement this Period 144.00	
City WASHINGTON	State DC	Zip Code 20009	Transaction ID : SB17.5512	
Purpose of Disbursement HOTEL EXPENSES		Category/ Type 002		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) C. HILTON HOTEL - DUPONT CIRCLE			Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014	
Mailing Address 1919 CONNECTICUT AVENUE NW			Amount of Each Disbursement this Period 364.15	
City WASHINGTON	State DC	Zip Code 20009	Transaction ID : SB17.5515	
Purpose of Disbursement HOTEL		Category/ Type 002		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	1083.15
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 40			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
COMMITTEE TO ELECT VANCE MCALLISTER

Full Name (Last, First, Middle Initial) A. HILTON HOTEL - DUPONT CIRCLE			Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014		
Mailing Address 1919 CONNECTICUT AVENUE NW			Amount of Each Disbursement this Period 1056.84		
City WASHINGTON	State DC	Zip Code 20009	Transaction ID : SB17.5516		
Purpose of Disbursement WASHINGTON MARDI GRAS BANQUET EXPENSES		Category/ Type 007			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. K & L GATES			Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014		
Mailing Address 1601 K STREET, NW			Amount of Each Disbursement this Period 5481.50		
City WASHINGTON	State DC	Zip Code 20006	Transaction ID : SB17.5429		
Purpose of Disbursement LEGAL FEES		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) C. K & L GATES			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014		
Mailing Address 1601 K STREET, NW			Amount of Each Disbursement this Period 10000.00		
City WASHINGTON	State DC	Zip Code 20006	Transaction ID : SB17.5440		
Purpose of Disbursement LEGAL FEES		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	16538.34
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 40			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
COMMITTEE TO ELECT VANCE MCALLISTER

Full Name (Last, First, Middle Initial) A. KIM LEIJA			Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2014	
Mailing Address 115 EAST SHORE ROAD			Amount of Each Disbursement this Period 6000.00	
City MONROE	State LA	Zip Code 71203	Transaction ID : SB17.5452	
Purpose of Disbursement CAMPAIGN CONSULTING		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. KIM LEIJA			Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014	
Mailing Address 115 EAST SHORE ROAD			Amount of Each Disbursement this Period 5000.00	
City MONROE	State LA	Zip Code 71203	Transaction ID : SB17.5501	
Purpose of Disbursement CAMPAIGN CONSULTING		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. ADAM LIPSCOMB			Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2014	
Mailing Address 937 BARRACKS STREET APARTMENT 3			Amount of Each Disbursement this Period 250.00	
City NEW ORLEANS	State LA	Zip Code 70116	Transaction ID : SB17.5432	
Purpose of Disbursement VIDEO PRODUCTION		Category/ Type 004		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	11250.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
COMMITTEE TO ELECT VANCE MCALLISTER

Full Name (Last, First, Middle Initial) A. WILLIAM MONEY		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address 300 53RD STREET SUITE 6		Amount of Each Disbursement this Period 1625.72
City WEST PALM BEACH	State FL Zip Code 33407	
Purpose of Disbursement VOICEWORK FOR ADVERTISING	Category/Type 004	Transaction ID : SB17.5504
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. MONROE ATHLETIC CLUB		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 3801 CHAUVIN LANE		Amount of Each Disbursement this Period 500.00
City MONROE	State LA Zip Code 71201	
Purpose of Disbursement YOUTH TENNIS TOURNEMENT SPONSOR	Category/Type 004	Transaction ID : SB17.5488
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. NATIONAL PRAYER BREAKFAST		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 635 PENNSYLVANIA AVENUE SUITE B		Amount of Each Disbursement this Period 700.00
City WASHINGTON	State DC Zip Code 20003	
Purpose of Disbursement ADMISSION FOR BREAKFAST	Category/Type 007	Transaction ID : SB17.5469
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2825.72
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 40			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
COMMITTEE TO ELECT VANCE MCALLISTER

Full Name (Last, First, Middle Initial) A. OFFICE DEPOT		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 2301 LOUISVILLE AVENUE		Amount of Each Disbursement this Period 861.65 Transaction ID : SB17.5430
City MONROE	State LA	
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address 144 2ND STREET		Amount of Each Disbursement this Period 0.29 Transaction ID : SB17.5555
City SAN FRANCISCO	State CA	
Purpose of Disbursement ONLINE CONTRIBUTION FEE		Category/ Type 003
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 144 2ND STREET		Amount of Each Disbursement this Period 138.00 Transaction ID : SB17.5556
City SAN FRANCISCO	State CA	
Purpose of Disbursement ONLINE CONTRIBUTION FEE		Category/ Type 003
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	999.94
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
COMMITTEE TO ELECT VANCE MCALLISTER

Full Name (Last, First, Middle Initial) A. POLITICAL INK, INC.		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address 1220 19TH STREET		Amount of Each Disbursement this Period 23249.74
City WASHINGTON State DC Zip Code 20036	Purpose of Disbursement DIRECT MAIL SERVICES	
Candidate Name		Transaction ID : SB17.5437
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. PRICELINE.COM		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014
Mailing Address 800 CONNECTICUT AVENUE		Amount of Each Disbursement this Period 408.00
City NORWALK State CT Zip Code 06854	Purpose of Disbursement AIRLINE TICKETS	
Candidate Name		Transaction ID : SB17.5472
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type 002	

Full Name (Last, First, Middle Initial) C. PRICELINE.COM		Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2014
Mailing Address 800 CONNECTICUT AVENUE		Amount of Each Disbursement this Period 210.00
City NORWALK State CT Zip Code 06854	Purpose of Disbursement AIRLINE TICKETS	
Candidate Name		Transaction ID : SB17.5478
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type 002	

SUBTOTAL of Disbursements This Page (optional).....	23867.74
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
COMMITTEE TO ELECT VANCE MCALLISTER

Full Name (Last, First, Middle Initial) A. PRICELINE.COM		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 800 CONNECTICUT AVENUE		Amount of Each Disbursement this Period 24.00
City NORWALK State CT Zip Code 06854	Purpose of Disbursement ADDITIONAL FLIGHT CHARGES	
Candidate Name	Category/Type 002	Transaction ID : SB17.5498
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. PRICELINE.COM		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 800 CONNECTICUT AVENUE		Amount of Each Disbursement this Period 583.50
City NORWALK State CT Zip Code 06854	Purpose of Disbursement AIRFARE	
Candidate Name	Category/Type 002	Transaction ID : SB17.5499
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2013 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. PRICELINE.COM		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address 800 CONNECTICUT AVENUE		Amount of Each Disbursement this Period 102.09
City NORWALK State CT Zip Code 06854	Purpose of Disbursement HOTEL	
Candidate Name	Category/Type 002	Transaction ID : SB17.5496
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	709.59
TOTAL This Period (last page this line number only).....	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 40			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
COMMITTEE TO ELECT VANCE MCALLISTER

Full Name (Last, First, Middle Initial) A. PRICELINE.COM		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 800 CONNECTICUT AVENUE		Amount of Each Disbursement this Period 631.00
City NORWALK State CT Zip Code 06854	Purpose of Disbursement AIRFARE 002 Category/Type	
Candidate Name		Transaction ID : SB17.5486
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. THE MOON GRIFFON SHOW		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2014
Mailing Address 1109 HUDSON LANE		Amount of Each Disbursement this Period 1500.00
City MONROE State LA Zip Code 71203	Purpose of Disbursement RADIO SHOW ADVERTISING 004 Category/Type	
Candidate Name		Transaction ID : SB17.5451
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. THE MYSTICK KREWE OF LOUISIANANS, INC.		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address P.O. BOX 80518		Amount of Each Disbursement this Period 780.00
City BATON ROUGE State LA Zip Code 70898	Purpose of Disbursement CHARITABLE SPONSORSHIP 007 Category/Type	
Candidate Name		Transaction ID : SB17.5427
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2911.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 40			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
COMMITTEE TO ELECT VANCE MCALLISTER

Full Name (Last, First, Middle Initial) A. THE MYSTICK KREWE OF LOUISIANANS, INC.			Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2014
Mailing Address P.O. BOX 80518			Amount of Each Disbursement this Period 3615.00 Transaction ID : SB17.5479
City BATON ROUGE	State LA	Zip Code 70898	
Purpose of Disbursement EVENT TICKETS FOR WASHINGTON MARDI GRAS		Category/ Type 007	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. THE RADIO PEOPLE			Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address 1109 HUDSON LANE			Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.5435
City MONROE	State LA	Zip Code 71201	
Purpose of Disbursement RADIO ADVERTISEMENT		Category/ Type 004	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		
State: District:			

Full Name (Last, First, Middle Initial) C. THE WEST CARROLL GAZETTE			Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address P.O. BOX 1007			Amount of Each Disbursement this Period 1380.00 Transaction ID : SB17.5424
City OAK GROVE	State LA	Zip Code 71263	
Purpose of Disbursement NEWSPAPER ADVERTISING		Category/ Type 004	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	5195.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 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) A. ULM FOUNDATION		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 700 UNIVERSITY AVENUE		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.5465
City MONROE	State LA	
Zip Code 71209	Purpose of Disbursement SOCIAL STUDIES FAIR SPONSOR	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. WORKLIGHT PICTURES, LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 147 10TH STREET		Amount of Each Disbursement this Period 664.90 Transaction ID : SB17.5487
City NEW ORLEANS	State LA	
Zip Code 70124	Purpose of Disbursement VIDEO EQUIPMENT RENTAL	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	914.90
TOTAL This Period (last page this line number only).....	75323.15

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 40	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
COMMITTEE TO ELECT VANCE MCALLISTER

Full Name (Last, First, Middle Initial) A. VANCE MICHAEL MCALLISTER		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 2460 HIGHWAY 594		Amount of Each Disbursement this Period 15000.00 Transaction ID : SB19A.5444
City MONROE	State LA	
Zip Code 71203	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	State: LA District: 05	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	15000.00
TOTAL This Period (last page this line number only).....	15000.00

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **COMMITTEE TO ELECT VANCE MCALLISTER** Transaction ID : **SC/10.4543**

LOAN SOURCE Full Name (Last, First, Middle Initial) VANCE MICHAEL MCALLISTER	[PERSONAL FUNDS]	Election: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General
Mailing Address 2460 HIGHWAY 594		

City	State	ZIP Code
MONROE	LA	71203

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

TERMS		Date Incurred	Date Due	Interest Rate	Secured:
M 10	D 03	Y 2013	M / D / Y NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

NAME OF COMMITTEE (In Full) **COMMITTEE TO ELECT VANCE MCALLISTER** Transaction ID : **SC/10.4525**

LOAN SOURCE Full Name (Last, First, Middle Initial) VANCE MICHAEL MCALLISTER	[PERSONAL FUNDS]	Election: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General
Mailing Address 2460 HIGHWAY 594		

City	State	ZIP Code
MONROE	LA	71203

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
40000.00	0.00	40000.00

TERMS		Date Incurred	Date Due	Interest Rate	Secured:
M 10	D 10	Y 2013 Y	M M / D D / Y NONE Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

NAME OF COMMITTEE (In Full) **COMMITTEE TO ELECT VANCE MCALLISTER** Transaction ID : **SC/10.4526**

LOAN SOURCE Full Name (Last, First, Middle Initial) VANCE MICHAEL MCALLISTER	[PERSONAL FUNDS]	Election: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General
Mailing Address 2460 HIGHWAY 594		

City	State	ZIP Code
MONROE	LA	71203

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
19900.00	15000.00	4900.00

TERMS		Date Incurred	Date Due	Interest Rate	Secured:
M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	10 / 17 / 2013	NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

NAME OF COMMITTEE (In Full) **COMMITTEE TO ELECT VANCE MCALLISTER** Transaction ID : **SC/10.5356**

LOAN SOURCE Full Name (Last, First, Middle Initial) VANCE MICHAEL MCALLISTER	Election: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General
Mailing Address 2460 HIGHWAY 594	

City	State	ZIP Code
MONROE	LA	71203

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
30100.00	0.00	30100.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
10 / 17 / 2013	NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

NAME OF COMMITTEE (In Full) **COMMITTEE TO ELECT VANCE MCALLISTER** Transaction ID : **SC/10.4527**

LOAN SOURCE Full Name (Last, First, Middle Initial) VANCE MICHAEL MCALLISTER	Election: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General
Mailing Address 2460 HIGHWAY 594	

City	State	ZIP Code
MONROE	LA	71203

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20000.00	0.00	20000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
10 / 18 / 2013	NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

NAME OF COMMITTEE (In Full) **COMMITTEE TO ELECT VANCE MCALLISTER** Transaction ID : **SC/10.4309**

LOAN SOURCE Full Name (Last, First, Middle Initial) VANCE MICHAEL MCALLISTER	Election: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff
Mailing Address 2460 HIGHWAY 594	

City	State	ZIP Code
MONROE	LA	71203

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
75000.00	0.00	75000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
10 / 29 / 2013	NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

NAME OF COMMITTEE (In Full) **COMMITTEE TO ELECT VANCE MCALLISTER** Transaction ID : **SC/10.4577**

LOAN SOURCE Full Name (Last, First, Middle Initial) VANCE MICHAEL MCALLISTER	Election: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff
Mailing Address 2460 HIGHWAY 594	

City	State	ZIP Code
MONROE	LA	71203

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
175000.00	0.00	175000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
11 / 05 / 2013	NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	395000.00

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 35 OF 40
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 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	Transaction ID : SD10.5364	
<input type="text" value="1470.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="1470.00"/>	<input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor DEWITT FRENCH GIGER & SITTON LLP		Nature of Debt (Purpose): ACCOUNTING FEES
Mailing Address 1871 HUDSON CIRCLE		
City State	Zip Code	
MONROE	LA 71201	

Outstanding Balance Beginning This Period	Transaction ID : SD10.5376	
<input type="text" value="1697.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="1697.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor DEWITT FRENCH GIGER & SITTON LLP		Nature of Debt (Purpose): ACCOUNTING
Mailing Address 1871 HUDSON CIRCLE		
City State	Zip Code	
MONROE	LA 71201	

Outstanding Balance Beginning This Period	Transaction ID : SD10.5546	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="3820.00"/>	<input type="text" value="0.00"/>	<input type="text" value="3820.00"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="5517.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="0.00"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

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 EC CONSULTING, LLC	Nature of Debt (Purpose): CAMPAIGN CONSULTING
Mailing Address 526 6TH STREET, SE	
City State Zip Code WASHINGTON DC 20036	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="0.00"/>	Transaction ID : SD10.5542
Amount Incurred This Period <input style="width:100%;" type="text" value="2341.51"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="2341.51"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor EC CONSULTING, LLC	Nature of Debt (Purpose): CAMPAIGN CONSULTING
Mailing Address 526 6TH STREET, SE	
City State Zip Code WASHINGTON DC 20036	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="0.00"/>	Transaction ID : SD10.5544
Amount Incurred This Period <input style="width:100%;" type="text" value="1221.06"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="1221.06"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor EC CONSULTING, LLC	Nature of Debt (Purpose): CAMPAIGN CONSULTING
Mailing Address 526 6TH STREET, SE	
City State Zip Code WASHINGTON DC 20036	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="0.00"/>	Transaction ID : SD10.5547
Amount Incurred This Period <input style="width:100%;" type="text" value="1477.49"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="1477.49"/>	

1) SUBTOTALS This Period This Page (optional) ▶	<input style="width:100%;" type="text" value="5040.06"/>
2) TOTALS This Period (last page this line number only) ▶	<input style="width:100%;" type="text" value=""/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶	<input style="width:100%;" type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input style="width:100%;" type="text" value="0.00"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

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 HARRIS MEDIA, LLC	Nature of Debt (Purpose): MEDIA CONSULTING
Mailing Address 611 S. CONGRESS AVENUE SUITE 400	
City State Zip Code AUSTIN TX 78704	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="0.00"/>	Transaction ID : SD10.5540
Amount Incurred This Period <input style="width:100%;" type="text" value="5000.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="5000.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor K & L GATES	Nature of Debt (Purpose): LEGAL SERVICES
Mailing Address 1601 K STREET, NW	
City State Zip Code WASHINGTON DC 20006	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="10000.00"/>	Transaction ID : SD10.5365
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="10000.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="0.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor K & L GATES	Nature of Debt (Purpose): LEGAL FEES
Mailing Address 1601 K STREET, NW	
City State Zip Code WASHINGTON DC 20006	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="5000.00"/>	Transaction ID : SD10.5377
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="5000.00"/>	

1) SUBTOTALS This Period This Page (optional) ▶	<input style="width:100%;" type="text" value="10000.00"/>
2) TOTALS This Period (last page this line number only) ▶	<input style="width:100%;" type="text" value=""/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶	<input style="width:100%;" type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input style="width:100%;" type="text" value="0.00"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

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	Nature of Debt (Purpose): LEGAL FEES
Mailing Address 1601 K STREET, NW	
City State Zip Code WASHINGTON DC 20006	

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">5481.50</div>	Transaction ID : SD10.5399
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">0.00</div>	Payment This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">5481.50</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">0.00</div>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor K & L GATES	Nature of Debt (Purpose): LEGAL FEES
Mailing Address 1601 K STREET, NW	
City State Zip Code WASHINGTON DC 20006	

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">0.00</div>	Transaction ID : SD10.5548
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">2555.49</div>	Payment This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">0.00</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">2555.49</div>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor K & L GATES	Nature of Debt (Purpose): LEGAL FEES
Mailing Address 1601 K STREET, NW	
City State Zip Code WASHINGTON DC 20006	

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">0.00</div>	Transaction ID : SD10.5549
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">1956.00</div>	Payment This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">0.00</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">1956.00</div>	

1) SUBTOTALS This Period This Page (optional) ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">4511.49</div>
2) TOTALS This Period (last page this line number only) ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">0.00</div>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">0.00</div>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">0.00</div>

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

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

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
KIM LEIJA

Mailing Address 115 EAST SHORE ROAD

City State Zip Code
 MONROE LA 71203

Nature of Debt (Purpose):
 CAMPAIGN CONSULTING

Outstanding Balance Beginning This Period **Transaction ID : SD10.5545**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

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

Mailing Address 115 EAST SHORE ROAD

City State Zip Code
 MONROE LA 71203

Nature of Debt (Purpose):
 CAMPAIGN CONSULTING

Outstanding Balance Beginning This Period **Transaction ID : SD10.5539**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

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

Mailing Address 115 EAST SHORE ROAD

City State Zip Code
 MONROE LA 71203

Nature of Debt (Purpose):
 CAMPAIGN CONSULTING

Outstanding Balance Beginning This Period **Transaction ID : SD10.5541**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="34000.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="0.00"/>

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

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

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 RED PRINT STRATEGY	Nature of Debt (Purpose): CAMPAIGN CONSULTING
Mailing Address 311 S. FILMORE	
City State Zip Code ARLINGTON VA 22204	

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">56206.69</div>	Transaction ID : SD10.5361
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">0.00</div>	Payment This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">0.00</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">56206.69</div>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor RED PRINT STRATEGY	Nature of Debt (Purpose): CAMPAIGN CONSULTING
Mailing Address 311 S. FILMORE	
City State Zip Code ARLINGTON VA 22204	

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">92000.00</div>	Transaction ID : SD10.5375
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">0.00</div>	Payment This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">0.00</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">92000.00</div>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor THE WEST CARROLL GAZETTE	Nature of Debt (Purpose): NEWSPAPER ADVERTISING
Mailing Address P.O. BOX 1007	
City State Zip Code OAK GROVE LA 71263	

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">1380.00</div>	Transaction ID : SD10.5400
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">0.00</div>	Payment This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">1380.00</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">0.00</div>	

1) SUBTOTALS This Period This Page (optional) ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">148206.69</div>
2) TOTALS This Period (last page this line number only) ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">207275.24</div>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">395000.00</div>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">602275.24</div>