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FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3		uthorized Com			Of	ffice Use Only
NAME OF     COMMITTEE (in full)	TYPE OR PRINT	•	ample: If typing, er the lines.	type	12FE4M5	
Committee to Elect V	/ance McAlliste			1 1 1 1		
ADDRESS (number and street)	P. O. Box 4578					
Check if different than previously reported. (ACC)	Monroe				LA 712	211
2. <b>FEC IDENTIFICATION</b>	NUMBER ▼	CITY ▲		ST	TATE A	ZIP CODE
C C00549352		3. IS THIS REPORT	× NEW (N)	OR _	AMENDED (A)	STATE ▼ DISTRICT  LA 05
4. TYPE OF REPORT (  (a) Quarterly Reports:  April 15 Quarterly  July 15 Quarterly	y Report (Q1)	(b) 12-Day <b>PRE</b>	-Election Report Primary (12P) Convention (120)		General (120 Special (128)	
	rterly Report (Q3)	Election on	M M /	D D /	Y Y Y Y	in the State of
January 31 Year	-End Report (YE)	(c) 30-Day <b>POS</b>	<b>T</b> -Election Repor	t for the:		
			General (30G)		Runoff (30R)	Special (30S)
Termination Repo	ort (TER)	Election on	M M /	D D /	Y	in the State of
5. Covering Period	04 / D D /	Y Y Y Y Y 2016	through	M M 06	30	2016
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.						
Type or Print Name of Treasurer Nancy H. Watkins						
Signature of Treasurer A	Jancy H. Watkins		[Electronically File	<u>d]</u> Dat	07 M	02 /
NOTE: Submission of false, err	oneous, or incomplet	te information may	subject the persor	n signing this	s Report to the	penalties of 2 U.S.C. §437g.
Office Use Only						FEC FORM 3 (Revised 02/2003)

#### **SUMMARY PAGE**

of Receipts and Disbursements

2016

04

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2016

06

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FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

#### Committee to Elect Vance McAllister

Report Covering the Period: From: To: **COLUMN B COLUMN A Election Cycle-to-Date** This Period 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)) ...... Net Operating Expenditures (a) Total Operating Expenditures 30.00 25133.57 (from Line 17) ..... (b) Total Offsets to Operating 0.00 3719.60 Expenditures (from Line 14)..... (c) Net Operating Expenditures 30.00 21413.97 (subtract Line 7(b) from Line 7(a)) ...... Cash on Hand at Close of 1395.02 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

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

#### Committee to Elect Vance McAllister

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)	0.00	0.00	
	(ii) Unitemized	0.00	0.00	
	(iii) TOTAL of contributions from individuals	0.00	0.00	
(	b) Political Party Committees	0.00	0.00	
(	(c) Other Political Committees (such as PACs)	0.00	500.00	
	(d) The Candidate	0.00	9800.00	
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	10300.00	
	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00	
	LOANS:			
(	(a) Made or Guaranteed by the Candidate	0.00	0.00	
	b) All Other Loans	0.00	0.00	
(	(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	0.00	
	OFFSETS TO OPERATING			
	EXPENDITURES Refunds, Rebates, etc.)	0.00	3719.60	
	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00	
	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	0.00	14019.60	

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3 (Revised 02/2003)

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	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	30.00	25133.57
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19.	LOAN REPAYMENTS:		
	(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
	(b) Of All Other Loans	0.00	0.00
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20.	REFUNDS OF CONTRIBUTIONS TO:		
	(a) Individuals/Persons Other Than Political Committees	0.00	100.00
	(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	100.00
21.	OTHER DISBURSEMENTS	0.00	0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	30.00	25233.57
	III. CASH SU	MMARY	
23.	CASH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	1425.02
24	TOTAL RECEIPTS THIS PERIOD (from Line 1	6, page 3)	0.00
25.	SUBTOTAL (add Line 23 and Line 24)		1425.02
26.	TOTAL DISBURSEMENTS THIS PERIOD (from	m Line 22)	30.00
27.	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)		1395.02

#### S

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 5 OF 18 (check only one)    X   17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name an	may not be sold or used by ard address of any political comm	ny person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  Committee to Elect Vance McAllister		
Full Name (Last, First, Middle Initial) Regions Bank  Mailing Address 1500 N. 18th Street		Date of Disbursement  O4 29 2016
City State  Monroe LA  Purpose of Disbursement service charge  Candidate Name  Office Sought: House Disbursement Full Name (Last, First, Middle Initial)	***	Amount of Each Disbursement this Period  10.00  Memo Item  Transaction ID : SB17.6361
Regions Bank  Mailing Address 1500 N. 18th Street		Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State  Monroe LA  Purpose of Disbursement service charge  Candidate Name	Zip Code 71201  Categor Type	Amount of Each Disbursement this Period  10.00  Memo Item  Transaction ID: SB17.6362
Office Sought:    House   Disbursement F		
Full Name (Last, First, Middle Initial)  Regions Bank  Mailing Address 1500 N. 18th Street		Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State  Monroe LA  Purpose of Disbursement service charge  Candidate Name	Zip Code 71201  Categor Type	
Office Sought:    House   Disbursement F		Transaction ID . 3517.0303
		30.00

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

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

30.00

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

FOR LINE NUMBER: (check only one)

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OF

	Detailed Summary Page 13b		
AME OF COMMITTEE (In Full)	Transaction ID : SC/10.4543		
Committee to Elect Vance McAllister			
LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL   Vance Michael McAllister	FUNDS] Memo Item Election: 2013 Primary General		
Mailing Address 2460 Highway 594	Other (specify) ▼ Special-General		
City State ZIP C	ode .		
Monroe LA 71203	3		
Original Amount of Loan Cumulative Payment 7	To Date Balance Outstanding at Close of This Period  0.00 50000.00		
TERMS  Date Incurred  Date Du	a laterest Date Conwed		
M <sub>10</sub> / D <sub>03</sub> / Y 2013 Y M M / D D / Y	e Interest Rate Secured:  Y NONÉ Y 0.00 % (apr) Yes No		
List All Endorsers or Guarantors (if any) to Loan Source			
1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed Outstanding:		
UBTOTALS This Period This Page (optional)			
OTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. I	If no Schedule D, carry forward to appropriate line of Summary.		

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

FOR LINE NUMBER: (check only one)

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	13b

OF

		Detailed Summary	Page 13b	
AME OF COMMITTEE (In Full)		Tran	saction ID : SC/10.4525	
Committee to Elect Vance McAllister				
Vance Michael McAllister	nitial) <b>'PERSONAL FU</b> I	NDS] Memo Item	Election: 2013 Primary General	
Mailing Address 2460 Highway 594			Other (specify) ▼     Special-General	
City State	e ZIP Cod	е		
Monroe LA	71203			
Original Amount of Loan Cui	mulative Payment To [	Date E	Balance Outstanding at Close of This Period 40000.00	
Date Incurred  M 10 / D 10 / Y 2013 M M M  List All Endorsers or Guarantors (if any) to Loa		Interest F ŇONĚ	Rate Secured:  0.00 % (apr) Yes No	
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State ZII	P Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State ZII	P Code	Amount Guaranteed Outstanding:	7 7	
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State ZI	P Code	Amount Guaranteed Outstanding:	9	
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State ZI	P Code	Amount Guaranteed Outstanding:	7 7 7	
SUBTOTALS This Period This Page (optional)			40000.00	
Carry outstanding balance only to LINE 3, Schedule	e D. for this line. If n	o Schedule D. carry f	orward to appropriate line of Summary	
, , , , , , , , , , , , , , , , , , ,	. ,			

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

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		Detailed Summary	rage	13b
NAME OF COMMITTEE (In Full)		Trans	saction ID : SC/10.4526	
Committee to Elect Vance McAllister				
LOAN SOURCE Full Name (Last, First, Mi Vance Michael McAllister	iddle Initial) <b>PERSONAL FU</b>	INDS] Memo Item	Election: 2013 Primary General	
Mailing Address 2460 Highway 594			Other (specify) ▼ Special-General	
City	State ZIP Cod	de		
Monroe	LA 71203			
Original Amount of Loan	Cumulative Payment To	Date E	Balance Outstanding at Close of Ti 4900	
TERMS Date Incurred	Date Due	Interest F	Rate Secured	·
M 10 M / D 17 D / Y 2013 Y			0.00 % (apr) Yes	$\times$
List All Endorsers or Guarantors (if any)	to Loan Source	Name of Franks		
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		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:	7 7	_
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed		7
4. Full Name (Last, First, Middle Initial)		Outstanding:	7	
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)				
TOTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3, Sc	hedule D, for this line. If r	no Schedule D, carry f	orward to appropriate line of Su	ımmary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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OF

DANS		Detailed Summary Pa	
AME OF COMMITTEE (In Full)		Transa	ction ID : SC/10.5356
Committee to Elect Vance McAll	ister		
LOAN SOURCE Full Name (Last, First,	Middle Initial)	Memo Item	Election: 2013
Vance Michael McAllister			Primary  General
Mailing Address 2460 Highway 594			X Other (specify)      Special-General
City	State ZIP C	ode	
Monroe	LA 71203	3	
Original Amount of Loan	Cumulative Payment T	o Date Bala	ance Outstanding at Close of This Period
30100.00	,	0.00	30100.00
TERMS  Date Incurred	Date Due	e Interest Rat	e Secured:
M 10 M / D 17 D / Y 2013 Y	M M / D D / Y	ŇONĚ Y 0.	% (apr) Yes No
List All Endorsers or Guarantors (if any	/) to Loan Source		Tes INO
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	9 1 9 1 9
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
Walling Address			
City State	ZIP Code	Amount Guaranteed	
3. Full Name (Last, First, Middle Initial)		Outstanding:  Name of Employer	9 1 9 1 9 1
Mailing Address		Occupation	
City	ZIP Code	Amount Guaranteed	
City State	ZIP Code	Outstanding:	g- 1 g- 1 w 1
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
	710.0	Amount	
City State	ZIP Code	Guaranteed Outstanding:	9
UBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line of	only)		, , , , , , , , , , , , , , , , , , , ,
Carry outstanding balance only to LINE 3,	Schedule D, for this line. I	f no Schedule D, carry for	ward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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DANS		Detailed Summary Page		
AME OF COMMITTEE (In Full)		Transacti	ion ID : SC/10.4527	
Committee to Elect Vance McA	Allister			
LOAN SOURCE Full Name (Last, First	st, Middle Initial)	Memo Item	Election: 2013	
Vance Michael McAllister			Primary General	
Mailing Address 2460 Highway 594			Other (specify) ▼ Special-General	
City	State ZIP Co	ode		
Monroe	LA 71203			
Original Amount of Loan	Cumulative Payment To	Date Balan	ce Outstanding at Close of This Period	
20000.00		0.00	20000.00	
TERMS  Date Incurred	Date Due	Interest Rate	Secured:	
M 10 <sup>M</sup> / D 18 <sup>D</sup> / Y 2013 Y	M M / D D / Y	ŇONĚ 0.00	% (apr)	
List All Endorsers or Guarantors (if a	any) to Loan Source		Yes No	
1. Full Name (Last, First, Middle Initia	al)	Name of Employer		
Mailing Address		Occupation		
City Sta	ate ZIP Code	Amount Guaranteed Outstanding:	9 9	
2. Full Name (Last, First, Middle Initial	)	Name of Employer		
Mailing Address		Occupation		
		Amount		
City Sta	ate ZIP Code	Guaranteed Outstanding:	9 9	
3. Full Name (Last, First, Middle Initial	)	Name of Employer		
Mailing Address		Occupation		
011	710.0	Amount Guaranteed		
,	ate ZIP Code	Outstanding:	y y w	
4. Full Name (Last, First, Middle Initial		Name of Employer		
Mailing Address		Occupation		
Oit.	-t- 7ID 0 1	Amount		
City Sta	ate ZIP Code	Guaranteed Outstanding:	9	
SUBTOTALS This Period This Page (option	UBTOTALS This Period This Page (optional)			
OTALS This Period (last page in this lin	e only)		7	
Carry outstanding balance only to LINE	3, Schedule D, for this line. If	no Schedule D, carry forwa	ard to appropriate line of Summary.	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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DANS		Detailed Summary Pa	
AME OF COMMITTEE (In Full)		Transa	ction ID : SC/10.4309
Committee to Elect Vance McA	llister		
LOAN SOURCE Full Name (Last, First	Middle Initial)	Memo Item	Election: 2013
Vance Michael McAllister			Primary  General
Mailing Address 2460 Highway 594			X Other (specify) ▼     Runoff
City	State ZIP C	ode	
Monroe	LA 71203	3	
Original Amount of Loan	Cumulative Payment T	o Date Bala	ance Outstanding at Close of This Period
75000.00	2	0.00	75000.00
TERMS  Date Incurred	Date Due	e Interest Rat	e Secured:
M 10	M M / D D / Y	ŇONĚ Y 0.	% (apr) Yes No
List All Endorsers or Guarantors (if ar	ny) to Loan Source		Tes INO
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Stat	e ZIP Code	Amount Guaranteed	
Oity Stat	e zir code	Outstanding:	ay I ay I a
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
O't.	710.0-1-	Amount Guaranteed	
City Stat	e ZIP Code	Outstanding:	9 9 9
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City Stat	e ZIP Code	Guaranteed Outstanding:	9 9 9
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City Stat	e ZIP Code	Guaranteed Outstanding:	9 1 9 1 9 1
SUBTOTALS This Period This Page (option	nal)	······································	75000.00
OTALS This Period (last page in this line	only)		, , , , , , , , , , , , , , , , , , , ,
Carry outstanding balance only to LINE 3	Schedule D, for this line. I	f no Schedule D, carry for	ward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMB

BER:		
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		13b

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OANS		Detailed Summary Pa	
AME OF COMMITTEE (In Full) Committee to Elect Vance Mo	·Allister	Transa	ction ID : SC/10.4577
LOAN SOURCE Full Name (Last, Fi			Election: 0040
Vance Michael McAllister	ist, Middle Illitial)	Memo Item	Election: 2013 Primary General
Mailing Address 2460 Highway 594			X Other (specify) ▼ Runoff
City	State ZIP	Code	
Monroe	LA 712	203	
Original Amount of Loan	Cumulative Paymen	t To Date Bal	ance Outstanding at Close of This Period 175000.00
TERMS			
Date Incurred  Manage 11 Date Incurred  Manage 12 Date Incurred  Y 2013	Date I		Secured:  % (apr)  Yes  No
List All Endorsers or Guarantors (if	any) to Loan Source		165 110
1. Full Name (Last, First, Middle Init	ial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	y y
2. Full Name (Last, First, Middle Initi	al)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	9 1 9 1 8
3. Full Name (Last, First, Middle Initi	al)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City	State ZIP Code	Guaranteed Outstanding:	9 9
4. Full Name (Last, First, Middle Initi	al)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	9 9 9
SUBTOTALS This Period This Page (op	ne only)	······	175000.00
Carry outstanding balance only to LINE	3, Schedule D, for this line	e. If no Schedule D, carry for	ward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

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OF

	Detailed Summary Page 13b
NAME OF COMMITTEE (In Full)  Committee to Elect Vance McAllister	Transaction ID : SC/10.5692
LOAN SOURCE Full Name (Last, First, Middle Initial) PERSONAL FU	NDS] Memo Item Election: 2014  Primary  General
Mailing Address 2460 Highway 594	Other (specify)
City State ZIP Coc	le
Monroe LA 71203	
Original Amount of Loan Cumulative Payment To 250000.00	Date Balance Outstanding at Close of This Period  0.00 250000.00
TERMS  Date Incurred  Date Due	Interest Rate Secured:
Mo8 M / D21 D / Y 2014 Y Mo8 M / D21 D / Y	2018 Y 0.00 % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	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
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	······································
Carry outstanding balance only to LINE 3, Schedule D, for this line. If r	no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

E NUMBER:

Nly one)

X 13a 13b

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			Detailed Summary	/ Page ``	, , , ,	13b
AME OF COMMITTEE (In Full)			Tra	nsaction ID :	SC/10.5703	
Committee to Elect Vance	e McAlliste	r				
LOAN SOURCE Full Name (La		le Initial) <b>PERSONAL</b>	FUNDS] Memo Item	Electio		
Vance Michael McAllist	er			X Ge	imary eneral	
Mailing Address 2460 Highway 594					her (specify) ▼	
City	8	State ZIP C	ode	<u> </u>		
Monroe		LA 7120	3			
Original Amount of Loan		Cumulative Payment 1	To Date	Balance Out	standing at Close	of This Period
150	000.00	, , , , , ,	0.00		15	00.000
TERMS  Date Incurred		Date Du	e Interest	Rate	Sec	ured:
M08 <sup>M</sup> / D21 <sup>D</sup> / Y Ž0	14 Y	8 <sup>M</sup> / <sup>D</sup> 21 <sup>D</sup> / <sup>N</sup>	Ž018 Y	0.00	% (apr)	Yes No
List All Endorsers or Guaranto	ors (if any) to	Loan Source				100 110
1. Full Name (Last, First, Midd	le Initial)		Name of Employer			
Mailing Address			Occupation			
			Amount			
City	State	ZIP Code	Guaranteed Outstanding:	7		
2. Full Name (Last, First, Middle	e Initial)		Name of Employer			
Mailing Address			Occupation			
			Amount			-
City	State	ZIP Code	Guaranteed Outstanding:	7		
3. Full Name (Last, First, Middle	e Initial)		Name of Employer			
Mailing Address			Occupation			
			Amount			-
City	State	ZIP Code	Guaranteed Outstanding:			
4. Full Name (Last, First, Middle	e Initial)		Name of Employer			
Mailing Address			Occupation			
			Amount			-
City	State	ZIP Code	Guaranteed Outstanding:	7	9	
SUBTOTALS This Period This Pag	e (optional)		<b>&gt;</b>		150	0000.00
TOTALS This Period (last page in	this line only).		······	L,		
Carry outstanding balance only to	LINE 3 Sche	dule D for this line I	f no Schedule D. carry	forward to	annronriate line o	f Summary

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

FOR LINE NUMBER: (check only one)

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OF

LOANS		Detailed Summary Page	13b
NAME OF COMMITTEE (In Full)  Committee to Elect Vance Mo	:Allister	Transaction ID: SC/10.5985	
Vance Michael McAllister	rst, Middle Initial) <b>PERSONA</b>	L FUNDS]	
Mailing Address 2460 Highway 594		Other (specify) ▼	
City Monroe	State ZIP	Code 203	
Original Amount of Loan	Cumulative Payment	Balance Outstanding at Close of This P  0.00  15000.00	'eriod
Date Incurred  M 10	Date D	Oue Interest Rate Secured:  9 2016 9 (apr) Yes	No
List All Endorsers or Guarantors (if	any) to Loan Source		
1. Full Name (Last, First, Middle Init	ial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial	al)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initia	al)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial	al)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (op	tional)	15000.00	
TOTALS This Period (last page in this li	ine 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 Summa	arv.

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

**Excluding Loans** 

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

PAGE 16 OF FOF (che

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NAME OF COMMITTEE (In Full) Committee to Elect Vance McAllister A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): legal services K&L Gates, LLP Mailing Address 925 Fourth Avenue, #2900 Zip Code City Seattle WA 98104 Transaction ID: SD10.5548 Outstanding Balance Beginning This Period 467.49 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 467.49 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): legal services K&L Gates, LLP Mailing Address 925 Fourth Avenue, #2900 Zip Code State Seattle WA 98104 Outstanding Balance Beginning This Period Transaction ID: SD10.5923 15061.34 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 15061.34 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): legal services K&L Gates, LLP Mailing Address 925 Fourth Avenue, #2900 City State Zip Code WA Seattle 98104 Transaction ID: SD10.5981 Outstanding Balance Beginning This Period 11115.79 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 11115 79 0.00 26644.62 1) SUBTOTALS This Period This Page (optional)..... TOTALS This Period (last page this line number only)..... TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

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

**Excluding Loans** 

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

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NAME OF COMMITTEE (In Full)

Committee to Elect Va	nce McAlli:	ster	
A. Full Name (Last, First, Middle Initial) of Debte K&L Gates, LLP	or or Creditor		Nature of Debt (Purpose): legal services
Mailing Address 925 Fourth Avenue, #2900			
City State Seattle	Zip Code WA 98	104	
Outstanding Balance Beginning This Period 7738.79			Transaction ID : SD10.6006
Amount Incurred This Period	Payment Th	is Period	Outstanding Balance at Close of This Period
0.00		0.00	7738.79
B. Full Name (Last, First, Middle Initial) of Debto Nungesser Consulting, LLC	r or Creditor		Nature of Debt (Purpose): fundraising consulting-disputed debt
Mailing Address 1554 Lobdell Avenue			
City State Baton Rouge	Zip Code LA 70	806	
Outstanding Balance Beginning This Period  46313.58  Amount Incurred This Period  0.00	Payment Th	is Period 0.00	Outstanding Balance at Close of This Period 46313.58
C. Full Name (Last, First, Middle Initial) of Debt Nungesser Consulting, LLC	or or Creditor		Nature of Debt (Purpose): fundraising consulting
Mailing Address 1554 Lobdell Avenue			
City Baton Rouge	State Zip C LA 7080		
Outstanding Balance Beginning This Period 214.60			Transaction ID : SD10.5640
Amount Incurred This Period	Payment Th		Outstanding Balance at Close of This Period
0.00		0.00	214.60
1) SUBTOTALS This Period This Page (optional)		<b>&gt;</b>	54266.97
2) TOTALS This Period (last page this line number	r only)	<b>&gt;</b>	
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	<b>&gt;</b>	
4) ADD 2) and 3) and carry forward to appropriate	e line of Summary Page	(last page only)	

NAME OF COMMITTEE (In Full)

# SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS

**Excluding Loans** 

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

PAGE 18 OF
FOR LINE NUMBER:
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Committee to Elect Vance McAlliste	er
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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Red Print Strategy		campaign consulting
Mailing Address 311 S. Fillmore Street		
City State	Zip Code	_
Arlington	VA 22204	
Outstanding Balance Beginning This Period		Transaction ID : SD10.5375
65000.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	65000.00
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Robert Watkins & Company		accounting services
Mailing Address 610 S. Boulevard		
City State	Zip Code	_
Tampa	FL 33606	
Outstanding Balance Beginning This Period 6104.52		Transaction ID : SD10.6343
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	6104.52
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State Zip Code		
Outstanding Balance Beginning This Period		
9 9 9 9		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
	7 7 7	
SUBTOTALS This Period This Page (optional)		71104.52
		152016.11
TOTALS This Period (last page this line number only)		7 7
TOTAL OUTSTANDING LOANS from Schedule C (last page only)		810000.00
ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)		962016.11
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