PAGE 1 / 19

Image# 12962829373

FEC FORM 3

FE5AN018

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An Authorize	ed Committee	Offic	e Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
Committee to Elect G	Sary King			
ADDRESS (number and street)	5537 Canal Blvd			
Check if different than previously reported. (ACC)	New Orleans		LA 70124	4
2. FEC IDENTIFICATION	NUMBER ▼	CITY	STATE A	ZIP CODE
C C00528125	3. IS RE	THIS NEW (N) OR	× AMENDED (A)	STATE ▼ DISTRICT  LA 01
4. TYPE OF REPORT (( (a) Quarterly Reports:  April 15 Quarterly	/ Report (Q1)	Day <b>PRE</b> -Election Report for the Primary (12P) Convention (12C)	: General (12G) Special (12S)	Runoff (12R)
July 15 Quarterly  October 15 Quar		ection on	/ Y " Y " Y " Y	in the State of
January 31 Year-	End Report (YE) (c) 30-	Day POST-Election Report for the	ne:	
		General (30G)	Runoff (30R)	Special (30S)
Termination Repo		ection on	/ Y " Y " Y " Y	in the State of
5. Covering Period	07		9 30 7	ү ү ү 2012
I certify that I have examined  Type or Print Name of Treasu		of my knowledge and belief it is	true, correct and con	nplete.
	Christopher M. Gagnon  hristopher M. Gagnon	[Electronically Filed]	Date 12	06 / 2012
NOTE: Submission of false, erro	oneous, or incomplete informa	ation may subject the person signin	ng this Report to the pe	enalties of 2 U.S.C. §437g.
Office Use Only				EC FORM 3 (Revised 02/2003)

### **SUMMARY PAGE**

of Receipts and Disbursements

PAGE 2 / 19

2012

09

30

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

### Committee to Elect Gary King

07 01 2012 Report Covering the Period: From: To: **COLUMN A COLUMN B Election Cycle-to-Date** This Period Net Contributions (other than loans) **Total Contributions** (a) 3325.00 3325.00 (other than loans) (from Line 11(e)) .... (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) ..... (c) Net Contributions (other than loans) 3325.00 3325.00 (subtract Line 6(b) from Line 6(a)) ...... Net Operating Expenditures (a) Total Operating Expenditures 4737.84 4737.84 (from Line 17) ..... (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 4737.84 4737.84 (subtract Line 7(b) from Line 7(a)) ...... Cash on Hand at Close of 296.59 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 1709.43 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)

PAGE 3 / 19

Write or Type Committee Name

## Committee to Elect Gary King

Report Covering the Period: From: 07 01 2012 To: 09 30 2012

I. RECEIPTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date	
11. CC	ONTRIBUTIONS (other than loans) FROM:			
(a)	Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	2750.00	2750.00	
	(ii) Unitemized	575.00	575.00	
	(iii) TOTAL of contributions from individuals	3325.00	3325.00	
(b)		0.00	0.00	
(c)	(such as PACs)	0.00	0.00	
(d) (e)	TOTAL CONTRIBUTIONS	0.00	0.00	
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	3325.00	3325.00	
	ANSFERS FROM OTHER JTHORIZED COMMITTEES	0.00	0.00	
3. LO (a)		250.00	250.00	
(b)		1459.43	1459.43	
(c)	(add Lines 13(a) and (b))	1709.43	1709.43	
EX	FSETS TO OPERATING PENDITURES	0.00	0.00	
	efunds, Rebates, etc.)	9 9 9 9	3.00	
	THER RECEIPTS vidends, Interest, etc.)	0.00	0.00	
11	OTAL RECEIPTS (add Lines (e), 12, 13(c), 14, and 15) arry Total to Line 24, page 4)	5034.43	5034.43	

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 19

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	4737.84	4737.84
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	0.00
		0.00	0.00
	<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
<u> </u>	OTHER DISBURSEMENTS	0.00	0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	4737.84	4737.84
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	0.00
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	5034.43
25.	SUBTOTAL (add Line 23 and Line 24)		5034.43
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	4737.84
	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)	G PERIOD	296.59

FOR LINE NUMBER: **PAGE** 5 OF Use separate schedule(s) (check only one) 11a 11b 11d 11c 12

19

for each category of the ITEMIZED RECEIPTS Detailed Summary Page 13a 13b 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 Gary King Full Name (Last, First, Middle Initial) Kevin R. Gagnon Date of Receipt Mailing Address 3901 Edenborn Ave. 80 2012 01 City State Zip Code Transaction ID: SA11AI.4156 LA 70002 Metairie FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 2500.00 Name of Employer Occupation In-kind -Self **Business Services** Receipt For: 2012 Election Cycle-to-Date X General Primary 2500.00 Other (specify) Full Name (Last, First, Middle Initial) Walt Paulson Date of Receipt Mailing Address 4503 Perrier St. 12 2012 City State Zip Code Transaction ID: SA11AI.4124 New Orleans LA 70115 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation Self Self Receipt For: 2012 Election Cycle-to-Date Primary Meneral Control 250.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) 2750.00 SUBTOTAL of Receipts This Page (optional)..... 2750.00 TOTAL This Period (last page this line number only).....

## SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

	FOR LINE NUMBER: PAGE 6 OF 19
Use separate schedule(s)	(check only one)
for each category of the	11a 11b 11c 11d
Detailed Summary Page	12 X 13a 13b 14 15
y not be sold or used by any p	person for the purpose of soliciting contributions
ddress of any political committe	e to solicit contributions from such committee.

Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and ac NAME OF COMMITTEE (In Full) Committee to Elect Gary King Full Name (Last, First, Middle Initial) Gary King Date of Receipt Mailing Address 5537 Canal Blvd 25 2012 City State Zip Code Transaction ID: SA13A.4117 LA 70124 **New Orleans** FEC ID number of contributing Amount of Each Receipt this Period H4NM02056 federal political committee. 100.00 Name of Employer Occupation Self Music Teacher Receipt For: 2012 Election Cycle-to-Date Primary X General 100.00 Other (specify) Full Name (Last, First, Middle Initial) Gary King Date of Receipt Mailing Address 5537 Canal Blvd 01 2012 City State Zip Code Transaction ID: SA13A.4118 **New Orleans** LA 70124 FEC ID number of contributing C H4NM02056 Amount of Each Receipt this Period federal political committee. 150.00 Name of Employer Occupation Self Music Teacher Receipt For: 2012 Election Cycle-to-Date ✓ General Primary 250.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) 250.00 SUBTOTAL of Receipts This Page (optional)..... 250.00 TOTAL This Period (last page this line number only).....

COLEDINE A (FFO F 0)			FOR LINE NUMBER: PAGE 7 OF 19
SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)  11a 11b 11c 11d  12 13a X 13b 14 15
			person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Committee to Elect Gary King			
Full Name (Last, First, Middle Initial)  Cut Loose Hair Studio			Date of Receipt
Mailing Address 5537 Canal Blvd.			08 27 2012
City New Orleans	State LA	Zip Code 70124	Transaction ID : SA13B.4120
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer	Occupation	1	500.00
Receipt For: 2012 Primary General Other (specify)	Election C	ycle-to-Date 500.00	
Full Name (Last, First, Middle Initial)  Kathy Rougelot  Mailing Address 5537 Canal Blvd			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City New Orleans	State LA	Zip Code 70124	7 Transaction ID : SA13B.4146
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer Cut Loose Hair Salon	Occupation Self-employ		209.89 Campaign Materials
Receipt For: 2012 Primary General Other (specify)	Election C	ycle-to-Date 209.89	
Full Name (Last, First, Middle Initial)  Kathy Rougelot			Date of Receipt
Mailing Address 5537 Canal Blvd			08 09 2012
City New Orleans	State LA	Zip Code 70124	Transaction ID : SA13B.4147
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer Cut Loose Hair Salon	Occupation Self-employ		Campaign Materials
Receipt For: 2012 Primary General Other (specify)		ycle-to-Date 396.34	Campaign waterials
			896.34

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

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

X General

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

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

Primary

Other (specify)

IIIIaye# 12902029300			
SCHEDULE A (FEC Form 3	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 OF 19 (check only one)  11a 11b 11c 11d 11d 12 13a X 13b 14 15
			person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Committee to Elect Gary Kir	ng		
Full Name (Last, First, Middle Initial)  Kathy Rougelot			Date of Receipt
Mailing Address 5537 Canal Blvd			08 15 2012
City New Orleans	State LA	Zip Code 70124	Transaction ID : SA13B.4228
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer Cut Loose Hair Salon	Occupation Self-emplo	yed	Loan for Campaign Matl
Receipt For: 2012 Primary General Other (specify)	Election C	cycle-to-Date 607.75	
Full Name (Last, First, Middle Initial)  Kathy Rougelot  Mailing Address 5537 Canal Blvd			Date of Receipt
City New Orleans	State LA	Zip Code 70124	08 24 2012  Transaction ID : SA13B.4150
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer Cut Loose Hair Salon	Occupation Self-employ	yed	Campaign Materials
Receipt For: 2012 Primary Seneral Other (specify)	Election C	cycle-to-Date 709.43	
Full Name (Last, First, Middle Initial)  Kathy Rougelot	'		Date of Receipt
Mailing Address 5537 Canal Blvd			09 28 2012
City New Orleans	State LA	Zip Code 70124	Transaction ID : SA13B.4151
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer Cut Loose Hair Salon	Occupation Self-emplo		250.00 Campaign Materials
Receipt For: 2012	Flection C	Sycle-to-Date	

959.43

563.09

1459.43

SCHEDULE B (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 OF 19 (check only one)
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X   17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and		
NAME OF COMMITTEE (In Full)  Committee to Elect Gary King		
Full Name (Last, First, Middle Initial)  A. Action Press, Inc  Mailing Address 3720 Hessmer Ave.  City State Metairie LA  Purpose of Disbursement Advertising  Candidate Name Committee to Elect Gary King  Office Sought: House Disbursement F		ory/
State: LA District: 01	ry X General (specify)	
Full Name (Last, First, Middle Initial)  Ed Smith Stencils  Mailing Address PO Box 791837		Date of Disbursement  M M / D D / Y Y Y Y  08 15 2012
City State New Orleans LA	Zip Code 70179	Amount of Each Disbursement this Period
Purpose of Disbursement Banner	006	211.41 Transaction ID : SB17.4221
Candidate Name Committee to Elect Gary King	Catego Type	
Office Sought:    Year   House   Disbursement F		
Full Name (Last, First, Middle Initial)  2. Ed Smith Stencils		Date of Disbursement
Mailing Address PO Box 791837		09 / D D / Y Y Y Y Y 2012
City State New Orleans LA  Purpose of Disbursement Printing	Zip Code 70179	
Candidate Name  Committee to Elect Gary King  Office Sought:  House Senate President State: LA District: 01		
SUBTOTAL of Disbursements This Page (optional)		576.01

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

ago., 1200202002			
SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate sci for each categor Detailed Summa	nedule(s) y of the	FOR LINE NUMBER: PAGE 10 OF 19 (check only one)    X   17
Any information copied from such Reports and State or for commercial purposes, other than using the national NAME OF COMMITTEE (In Full)  Committee to Elect Gary King			erson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial)  Faux Pas Prints  Mailing Address 620 Papworth Ave			Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Metairie Purpose of Disbursement T-Shirts  Candidate Name Committee to Elect Gary King  Office Sought: House Senate President	State Zip Code LA 70005  The sement For: 2012  Primary General Other (specify)	006 Category/ Type	Amount of Each Disbursement this Period 209.89  Transaction ID: SB17.4219
State: LA District: 01  Full Name (Last, First, Middle Initial)  Faux Pas Prints  Mailing Address 620 Papworth Ave  City  Metairie  Purpose of Disbursement	State Zip Code LA 70005		Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Senate President State: LA District: 01	ement For: 2012 Primary X General Other (specify)	O06 Category/ Type	Transaction ID : SB17.4223
Full Name (Last, First, Middle Initial)  Gagnon & Associates Consulting  Mailing Address 1425 N. Broad 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
Suite 201  City Stat  New Orleans LA  Purpose of Disbursement Professional Fee  Candidate Name  Committee to Elect Gary King	e Zip Code 70119	001 Category/ Type	Amount of Each Disbursement this Period  500.00  Transaction ID : SB17.4132
, ,	ement For: 2012 Primary X General Other (specify)	, ,,	

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

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

811.57

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

**PAGE** 19 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **X** 17 18 19a Detailed Summary Page 20a 20b 20c 21

19b 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 Gary King Full Name (Last, First, Middle Initial) Date of Disbursement A. Kevin R. Gagnon 2012 Mailing Address 3901 Edenborn Ave. 08 City State Zip Code Amount of Each Disbursement this Period LA Metairie 70002 Purpose of Disbursement 2500.00 In-kind -Transaction ID: SB17.4157 Candidate Name Category/ Type Disbursement For: 2012 Office Sought: House ✓ General Senate Primary Other (specify) President District: State: Full Name (Last, First, Middle Initial) National Center For Constitutional Studies Date of Disbursement Mailing Address 37777 W. Juniper Rd. 09 28 2012 City State Zip Code Amount of Each Disbursement this Period ID 83342 Malta 250.00 Purpose of Disbursement Campaign Materials 006 Transaction ID: SB17.4224 Candidate Name Category/ Committee to Elect Gary King Type Office Sought: Disbursement For: House X General Senate Primary Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Mailing Address City Zip Code State Amount of Each Disbursement this Period Purpose of Disbursement Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) State: District: 2750.00 SUBTOTAL of Disbursements This Page (optional)..... 4137.58

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

**PAGE** 

12

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	13h

19

Detailed Summary Page Transaction ID: SC/10.4117 NAME OF COMMITTEE (In Full) Committee to Elect Gary King LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Gary King General Mailing Address Other (specify)  $\blacktriangledown$ 5537 Canal Blvd City State ZIP Code LA 70124 **New Orleans** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 100.00 0.00 100.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup>25 <sup>M</sup> 07<sup>M</sup> Ž012 07/25/14 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 100.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

**PAGE** 

13

	i
X	13a
	13b

19

Detailed Summary Page Transaction ID: SC/10.4118 NAME OF COMMITTEE (In Full) Committee to Elect Gary King LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Gary King General Mailing Address Other (specify)  $\blacktriangledown$ 5537 Canal Blvd City State ZIP Code LA 70124 **New Orleans** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 150.00 0.00 150.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 01 <sup>M</sup>08<sup>M</sup> Ž012 08/01/14 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 150.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

14

LUANS	Detailed Summary Page (Crieck Only One) X 13b
NAME OF COMMITTEE (In Full)  Committee to Elect Gary King	Transaction ID : SC/10.4120
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election: 2012
Cut Loose Hair Studio	Primary  General
Mailing Address 5537 Canal Blvd.	Other (specify) ▼
City State ZIP Code	9
New Orleans LA 70124	
Original Amount of Loan Cumulative Payment To D	Pate Balance Outstanding at Close of This Period
500.00	0.00 500.00
Date Incurred  Date Due  Mo8 / P27 / Y Z012 Y M M / P D / Y 08	Interest Rate Secured:  0.00  (apr)
List All Endorsers or Guarantors (if any) to Loan Source	Yes No
1 21	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
	Amount
Oity Otato Zii Oodo	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address (	Occupation
	Amount
	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	500.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no	o Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 15

:		13a
	•	132

OANS		for each category of the Detailed Summary Page (check only one) 13a
IAME OF COMMITTEE (In Fu	,	Transaction ID : SC/10.4146
Committee to Elect G	ary King	
LOAN SOURCE Full Nam	ne (Last, First, Middle Initial)	Election: 2012
Kathy Rougelot		Primary  General
Mailing Address 5537 Canal Blvd		Other (specify)
City	State	ZIP Code
New Orleans	LA	70124
Original Amount of Loan	Cumulative Payr	nent To Date Balance Outstanding at Close of This Period
	209.89	0.00 209.89
Date Incurred Mos / Doz / Y	ed Da	e Due Interest Rate Secured:  / 8/02/14
List All Endorsers or Gua	arantors (if any) to Loan Source	Yes No
Full Name (Last, First,	* **	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, I	vliddle Initial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, I	Viiddle Initial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, I	Middle Initial)	Name of Employer
Mailing Address		Occupation
		Amount
City	State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This	s Page (optional)	209.89
FOTALS This Period (last page	ge in this line only)	
Carry outstanding balance o	nly to LINE 3, Schedule D, for this	ine. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 16

	13a
X	13b

OANS		Detailed Summary Pag	
AME OF COMMITTEE (In Full)		Transac	ction ID : SC/10.4147
Committee to Elect Gary Kin	g		
LOAN SOURCE Full Name (Last, Kathy Rougelot	First, Middle Initial)		Election: 2012 Primary
Mailing Address 5537 Canal Blvd			General Other (specify) ▼
City	State Z	IP Code	
New Orleans	LA 7	70124	
Original Amount of Loan	Cumulative Payme	ent To Date Bala	ance Outstanding at Close of This Period
186	.45	0.00	186.45
Date Incurred  MO8 / DO9 / Y Z012	Date	e Due Interest Rate  /	% (apr)
List All Endorsers or Guarantors	if any) to Loan Source		Yes No
1. Full Name (Last, First, Middle Ir	nitial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	9 9
2. Full Name (Last, First, Middle Ini	tial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Ini	tial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	9 9
4. Full Name (Last, First, Middle Ini	tial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	9 9
SUBTOTALS This Period This Page (c	ptional)	·····	186.45
FOTALS This Period (last page in this	line only)		, ,
Carry outstanding balance only to LIN	IE 3. Schedule D. for this li	ne. If no Schedule D. carry for	ward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

**PAGE** 

17 OF

$\overline{}$	106
	13a

19

Detailed Summary Page Transaction ID: SC/10.4228 NAME OF COMMITTEE (In Full) Committee to Elect Gary King LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Primary Kathy Rougelot ★ General Mailing Address Other (specify)  $\blacktriangledown$ 5537 Canal Blvd City State ZIP Code LA 70124 **New Orleans** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 211.41 0.00 211.41 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup> 15 <sup>M</sup>08<sup>M</sup> Ž012 8/15/14 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 211.41 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 18

	13a
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OANS		Detailed Summary Pa	
AME OF COMMITTEE (In Full)		Transa	ction ID : SC/10.4150
Committee to Elect Gary Kin	g		
LOAN SOURCE Full Name (Last, I			Election: 2012
Kathy Rougelot	,		Primary  X General
Mailing Address 5537 Canal Blvd			Other (specify)
City	State	ZIP Code	
New Orleans	LA	70124	
Original Amount of Loan	Cumulative Pay	ment To Date Bal	ance Outstanding at Close of This Period
101	.68	0.00	101.68
TERMS  Date Incurred		ate Due Interest Rat	
M08 <sup>M</sup> / D24 <sup>D</sup> / Y 2012	Y M M / D D	/ Y 08/24/14 Y 0.0	% (apr) Yes No
List All Endorsers or Guarantors (			
1. Full Name (Last, First, Middle Ir	itial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	y y
2. Full Name (Last, First, Middle Ini	tial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	9 9
3. Full Name (Last, First, Middle Ini	tial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	y
4. Full Name (Last, First, Middle Ini	tial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	9 1 9 1 8 1
SUBTOTALS This Period This Page (c	ptional)	<b>&gt;</b>	101.68
TOTALS This Period (last page in this	line only)		
Carry outstanding balance only to LIN	IE 3. Schedule D. for this	line. If no Schedule D. carry for	ward to appropriate line of Summary.

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 19

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	X	13b

OANS		Detailed Summary Pa	
AME OF COMMITTEE (In Full)		Transa	ction ID : SC/10.4151
Committee to Elect Gary Kir	ng		
LOAN SOURCE Full Name (Last, Kathy Rougelot	First, Middle Initial)		Election: 2012 Primary
Mailing Address 5537 Canal Blvd			General Other (specify) ▼
City	State	ZIP Code	
New Orleans	LA	70124	
Original Amount of Loan	Cumulative Pa	yment To Date Bal	ance Outstanding at Close of This Period
25	0.00	0.00	250.00
TERMS  Date Incurred  M 09 / 28 / Y 2012	M M M / D D	Date Due Interest Rat	
List All Endorsers or Guarantors	· • • • • • • • • • • • • • • • • • • •	Name of Frankria	
1. Full Name (Last, First, Middle	nitial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	9 9
2. Full Name (Last, First, Middle Ir	itial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	9 9
3. Full Name (Last, First, Middle Ir	itial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	y y
4. Full Name (Last, First, Middle In	itial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	9 1 9 1 1
SUBTOTALS This Period This Page (	optional)	<b>&gt;</b>	250.00
FOTALS This Period (last page in this	line only)		1709.43
Carry outstanding balance only to LI	NE 3. Schedule D. for this	s line. If no Schedule D. carry for	ward to appropriate line of Summary.