

**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) ▼

P. O. Box 4578



Check if different than previously reported. (ACC)

Monroe

LA

71211

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

M M / D D / Y Y Y Y
08 / 22 / 2014

in the State of

LA

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y
07 / 01 / 2014

through

M M / D D / Y Y Y Y
08 / 02 / 2014

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

Nancy H. Watkins

[Electronically Filed]

Date

M M / D D / Y Y Y Y
08 / 08 / 2014

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**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 23

Write or Type Committee Name

Committee to Elect Vance McAllister

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	2		2	0	1	4

	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))....	-2900.00	203603.63
(b) Total Contribution Refunds (from Line 20(d))	0.00	11400.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	-2900.00	192203.63
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	3446.00	230768.47
(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))	3446.00	230768.47
8. Cash on Hand at Close of Reporting Period (from Line 27).....	233.12	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	1436.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	617912.42	

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

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	2		2	0	1	4

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

41850.00

(ii) Unitemized.....

200.00

5605.00

(iii) TOTAL of contributions from individuals ▶

200.00

47455.00

(b) Political Party Committees.....

0.00

2000.00

(c) Other Political Committees (such as PACs).....

-4000.00

122848.63

(d) The Candidate.....

900.00

31300.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

-2900.00

203603.63

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)..... ▶

-2900.00

203700.51

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.....	3446.00	230768.47
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	15000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	15000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	11400.00
(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	11400.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	3446.00	257168.47

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	6579.12
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	-2900.00
25. SUBTOTAL (add Line 23 and Line 24).....	3679.12
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3446.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	233.12

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 5 OF 23

<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
------------------------------------	-------------------------------------	--	------------------------------------	-----------------------------

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)

Association for Advanced Life Underwriting PAC (AALU PAC)Mailing Address 11921 Freedom Drive
Suite 1100

City	State	Zip Code
Reston	VA	20190

FEC ID number of contributing
federal political committee.**C** C00447565

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2014

Transaction ID : SA11C.5664

Amount of Each Receipt this Period

-2000.00

Returned check

Full Name (Last, First, Middle Initial)

Michigan Sugar Company Growers Political Action Committee

Mailing Address 2600 S. Euclid Avenue

City	State	Zip Code
Bay City	MI	48706

FEC ID number of contributing
federal political committee.**C** C00384354

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2014

Transaction ID : SA11C.5666

Amount of Each Receipt this Period

-2000.00

Returned check

Full Name (Last, First, Middle Initial)

C. 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 M	/	D 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).....

-4000.00

-4000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 23

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	-------------------------------------	-------------------------------------	---	-----------------------------

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NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial)

Vance Michael McAllister**A.**

Mailing Address 2460 Highway 594

City

Monroe

State

LA

Zip Code

71203

FEC ID number of contributing
federal political committee.**C** H4LA05130

Name of Employer

U.S. House of Representatives

Occupation

Member of Congress

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

30500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		21		2014

Transaction ID : SA11D.5681

Amount of Each Receipt this Period

100.00

personal funds

Full Name (Last, First, Middle Initial)

Vance Michael McAllister**B.**

Mailing Address 2460 Highway 594

City

Monroe

State

LA

Zip Code

71203

FEC ID number of contributing
federal political committee.**C** H4LA05130

Name of Employer

U.S. House of Representatives

Occupation

Member of Congress

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

31300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2014

Transaction ID : SA11D.5663

Amount of Each Receipt this Period

800.00

personal funds

Full Name (Last, First, Middle Initial)

C.

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 M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

900.00

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

900.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 23

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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

Mailing Address 1220 N. 18th Street

City	State	Zip Code
Mondoe	LA	71201

Purpose of Disbursement
service charge

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2014

Amount of Each Disbursement this Period

7.00

Transaction ID : SB17.5667

B. Bancorp South Bank

Mailing Address 1220 N. 18th Street

City	State	Zip Code
Mondoe	LA	71201

Purpose of Disbursement
service charge

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2014

Amount of Each Disbursement this Period

7.00

Transaction ID : SB17.5668

C. Bancorp South Bank

Mailing Address 1220 N. 18th Street

City	State	Zip Code
Mondoe	LA	71201

Purpose of Disbursement
service charge

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		10		2014

Amount of Each Disbursement this Period

72.00

Transaction ID : SB17.5677

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

86.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial)

A. DeWitt, French, Giger & Sitton, LLP

Mailing Address 1871 Hudson Circle

City	State	Zip Code
Monroe	LA	71201

Purpose of Disbursement
accounting services

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		08		2014

Amount of Each Disbursement this Period

820.00

Transaction ID : SB17.5659

B. United Airlines, Inc.

Mailing Address 233 S. Wacker Drive

City	State	Zip Code
Chicago	IL	60606

Purpose of Disbursement
transportation

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		09		2014

Amount of Each Disbursement this Period

375.50

Transaction ID : SB17.5675

C. United Airlines, Inc.

Mailing Address 233 S. Wacker Drive

City	State	Zip Code
Chicago	IL	60606

Purpose of Disbursement
transportation

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		09		2014

Amount of Each Disbursement this Period

375.50

Transaction ID : SB17.5676

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

1571.00

3400.00

SCHEDULE C (FEC Form 3)
LOANS

PAGE 10 OF 23

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4543

Committee to Elect Vance McAllister

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2013

Vance Michael McAllister

☐ Primary☐ General☒ Other (specify) ▼

Special-General

Mailing Address

2460 Highway 594

City

State

ZIP Code

Monroe

LA

71203

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
10 / 03 / 2013

Date Due

M M / D D / Y Y Y Y
NONE

Interest Rate

0.00 % (apr)

Secured:

☐ 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

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

PAGE 11 OF 23

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4525

Committee to Elect Vance McAllister

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2013

Vance Michael McAllister

☐ Primary☐ General☒ Other (specify) ▼

Special-General

Mailing Address

2460 Highway 594

City

State

ZIP Code

Monroe

LA

71203

Original Amount of Loan

40000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

40000.00

TERMS

Date Incurred

M M / D D / Y Y
10 10 / 2013

Date Due

M M / D D / Y Y
NONE

Interest Rate

0.00

% (apr)

Secured:

☐ 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

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

PAGE 12 OF 23

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4526

Committee to Elect Vance McAllister

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2013

Vance Michael McAllister

☐ Primary☐ General☒ Other (specify) ▼

Special-General

Mailing Address

2460 Highway 594

City

State

ZIP Code

Monroe

LA

71203

Original Amount of Loan

19900.00

Cumulative Payment To Date

15000.00

Balance Outstanding at Close of This Period

4900.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
10 / 17 / 2013

Date Due

M M / D D / Y Y Y Y
NONE

Interest Rate

0.00 % (apr)

Secured:

☐ 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

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

PAGE 13 OF 23

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5356

Committee to Elect Vance McAllister

LOAN SOURCE Full Name (Last, First, Middle Initial)

Vance Michael McAllister

Election: 2013

☐ Primary☐ General☒ Other (specify) ▼

Special-General

Mailing Address

2460 Highway 594

City

State

ZIP Code

Monroe

LA

71203

Original Amount of Loan

30100.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30100.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
10 / 17 / 2013

Date Due

M M / D D / Y Y Y Y
/ / /

Interest Rate

0.00

% (apr)

Secured:

☐ 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

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

PAGE 14 OF 23

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4527

Committee to Elect Vance McAllister

LOAN SOURCE Full Name (Last, First, Middle Initial)

Vance Michael McAllister

Election: 2013

☐ Primary☐ General☒ Other (specify) ▼

Special-General

Mailing Address

2460 Highway 594

City

State

ZIP Code

Monroe

LA

71203

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

M M / D D / Y Y
10 / 18 / 2013

Date Due

M M / D D / Y Y
/ / / NONE

Interest Rate

0.00

% (apr)

Secured:

☐ 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

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

PAGE 15 OF 23

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4309

Committee to Elect Vance McAllister

LOAN SOURCE Full Name (Last, First, Middle Initial)

Vance Michael McAllister

Election: 2013

☐ Primary☐ General☒ Other (specify) ▼

Runoff

Mailing Address

2460 Highway 594

City

State

ZIP Code

Monroe

LA

71203

Original Amount of Loan

75000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

75000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
10 / 29 / 2013

Date Due

M M / D D / Y Y Y Y
/ / /

Y NONE Y

Interest Rate

0.00

% (apr)

Secured:

☐ 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

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

PAGE 16 OF 23

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4577

Committee to Elect Vance McAllister

LOAN SOURCE Full Name (Last, First, Middle Initial)

Vance Michael McAllister

Election: 2013

☐ Primary☐ General☒ Other (specify) ▼

Runoff

Mailing Address

2460 Highway 594

City

State

ZIP Code

Monroe

LA

71203

Original Amount of Loan

175000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

175000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
11 / 05 / 2013

Date Due

M M / D D / Y Y Y Y
NONE

Interest Rate

0.00 % (apr)

Secured:

☐ 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

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 17 OF 23

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

Nature of Debt (Purpose):

travel reimbursement-non committee use

Mailing Address 115 East Shore Road

City State

Zip Code

Monroe

LA

71203

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD9.5688

Amount Incurred This Period

1436.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1436.00

B. 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

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)

1436.00

2) **TOTALS** This Period (last page this line number only)

1436.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

1436.00

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 18 OF 23

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

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

1697.00

Transaction ID : SD10.5376

Amount Incurred This Period

0.00

Payment This Period

1697.00

Outstanding Balance at Close of This Period

0.00

B. 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

3820.00

Transaction ID : SD10.5546

Amount Incurred This Period

0.00

Payment This Period

820.00

Outstanding Balance at Close of This Period

3000.00

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

2341.51

Transaction ID : SD10.5542

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2341.51

1) **SUBTOTALS** This Period This Page (optional) ▶

5341.51

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **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)

PAGE 19 OF 23

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, LLCNature of Debt (Purpose):
CAMPAIGN CONSULTING

Mailing Address 526 6TH STREET, SE

City State

WASHINGTON

Zip Code

DC

20036

Outstanding Balance Beginning This Period

1221.06

Transaction ID : SD10.5544

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1221.06

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

EC CONSULTING, LLCNature of Debt (Purpose):
CAMPAIGN CONSULTING

Mailing Address 526 6TH STREET, SE

City State

WASHINGTON

Zip Code

DC

20036

Outstanding Balance Beginning This Period

1477.49

Transaction ID : SD10.5547

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1477.49

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

EC CONSULTING, LLCNature of Debt (Purpose):
FUNDRAISING CONSULTING

Mailing Address 526 6TH STREET, SE

City

WASHINGTON

State

DC

Zip Code

20036

Outstanding Balance Beginning This Period

4370.00

Transaction ID : SD10.5634

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4370.00

1) **SUBTOTALS** This Period This Page (optional) ▶

7068.55

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **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)

PAGE 20 OF 23

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):

FUNDRAISING CONSULTING

Mailing Address 526 6TH STREET, SE

City State

WASHINGTON

Zip Code

DC

20036

Outstanding Balance Beginning This Period

300.00

Transaction ID : SD10.5635

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

300.00

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

HARRIS MEDIA, LLC

Nature of Debt (Purpose):

MEDIA CONSULTINGMailing Address 611 S. CONGRESS AVENUE
SUITE 400

City State

AUSTIN

Zip Code

TX

78704

Outstanding Balance Beginning This Period

5000.00

Transaction ID : SD10.5540

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

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

WASHINGTON

State

DC

Zip Code

20006

Outstanding Balance Beginning This Period

2555.49

Transaction ID : SD10.5548

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2555.49

1) **SUBTOTALS** This Period This Page (optional) ▶

7855.49

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **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)

PAGE 21 OF 23

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

1956.00

Transaction ID : SD10.5549

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1956.00

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

2500.00

Transaction ID : SD10.5626

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

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

3456.00

Transaction ID : SD10.5627

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3456.00

1) **SUBTOTALS** This Period This Page (optional) ▶

7912.00

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **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)

PAGE 22 OF 23

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

Nungesser Consulting, LLC

Nature of Debt (Purpose):

Fundraising consulting-Disputed debt

Mailing Address 1554 Lobdell Avenue

City State

Zip Code

Baton Rouge

LA

70806

Outstanding Balance Beginning This Period

46313.58

Transaction ID : SD10.5639

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

46313.58

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

Nungesser Consulting, LLC

Nature of Debt (Purpose):

Fundraising consulting

Mailing Address 1554 Lobdell Avenue

City State

Zip Code

Baton Rouge

LA

70806

Outstanding Balance Beginning This Period

214.60

Transaction ID : SD10.5640

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

214.60

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

RED PRINT STRATEGY

Nature of Debt (Purpose):

CAMPAIGN CONSULTING-DISPUTED DEBT

Mailing Address 311 S. FILMORE

City

State

Zip Code

ARLINGTON

VA

22204

Outstanding Balance Beginning This Period

56206.69

Transaction ID : SD10.5361

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

56206.69

1) **SUBTOTALS** This Period This Page (optional) ▶

102734.87

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **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)

PAGE 23 OF 23

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-DISPUTED DEBT

Mailing Address 311 S. FILMORE

City State

Zip Code

ARLINGTON

VA

22204

Outstanding Balance Beginning This Period

92000.00

Transaction ID : SD10.5375

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

92000.00

B. 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

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)

92000.00

2) **TOTALS** This Period (last page this line number only)

222912.42

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

395000.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

617912.42