



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Committee to Elect Gary King**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)) ....	3319.32	3319.32
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	3319.32	3319.32
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	4001.64	4001.64
(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)) .....	4001.64	4001.64
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	1027.11	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	1709.43	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Committee to Elect Gary King**

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2012 To: M M / D D / Y Y Y Y 09 / 30 / 2012

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2919.32	2919.32
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	2919.32	2919.32
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	400.00	400.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	3319.32	3319.32
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	250.00	250.00
(b) All Other Loans.....	1459.43	1459.43
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	1709.43	1709.43
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	5028.75	5028.75

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	4001.64	4001.64
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
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	4001.64	4001.64

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	5028.75
25. SUBTOTAL (add Line 23 and Line 24).....	5028.75
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	4001.64
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1027.11

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

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

FOR LINE NUMBER: PAGE 5 OF 23  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Committee to Elect Gary King**

**A.** Full Name (Last, First, Middle Initial)  
**Cut Loose Hair Studio, LLC**

Mailing Address 5537 Canal Boulevard

City State Zip Code  
New Orleans LA 70124

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 27 / 2012

**Transaction ID : SA11AI.4367**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Cut Loose Hair Studio, LLC**

Mailing Address 5537 Canal Boulevard

City State Zip Code  
New Orleans LA 70124

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 27 / 2012

**Transaction ID : SA11AI.4433**

Amount of Each Receipt this Period  
500.00

Loan

**C.** Full Name (Last, First, Middle Initial)  
**Cut Loose Hair Studio, LLC**

Mailing Address 5537 Canal Boulevard

City State Zip Code  
New Orleans LA 70124

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 27 / 2012

**Transaction ID : SA11AI.4434**

Amount of Each Receipt this Period  
500.00

Loan

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 23
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Committee to Elect Gary King**

Full Name (Last, First, Middle Initial) <b>A. Walt Paulson</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 12 / 2012	
Mailing Address 4503 Perrier St.		<b>Transaction ID : SA11AI.4360</b>	
City New Orleans	State LA	Zip Code 70115	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Self	Occupation Self		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>B. Kathleen Rougelot</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 02 / 2012	
Mailing Address 5537 Canal Blvd		<b>Transaction ID : SA11AI.4361</b>	
City New Orleans	State LA	Zip Code 70124	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 209.89	
Name of Employer self employed	Occupation Treasurer		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 209.89		

Full Name (Last, First, Middle Initial) <b>C. Kathleen Rougelot</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 09 / 2012	
Mailing Address 5537 Canal Blvd		<b>Transaction ID : SA11AI.4362</b>	
City New Orleans	State LA	Zip Code 70124	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 186.45	
Name of Employer self employed	Occupation Treasurer		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 606.23		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	646.34
<b>TOTAL</b> This Period (last page this line number only).....	646.34

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 23
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Committee to Elect Gary King**

**A.** Full Name (Last, First, Middle Initial)  
**Kathleen Rougelot**

Mailing Address 5537 Canal Blvd

City State Zip Code  
New Orleans LA 70124

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

Name of Employer self employed Occupation Treasurer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1004.09**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 15 / 2012**

**Transaction ID : SA11AI.4363**

Amount of Each Receipt this Period  
**211.41**

Loan

**B.** Full Name (Last, First, Middle Initial)  
**Kathleen Rougelot**

Mailing Address 5537 Canal Blvd

City State Zip Code  
New Orleans LA 70124

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

Name of Employer self employed Occupation Treasurer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1317.18**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 24 / 2012**

**Transaction ID : SA11AI.4364**

Amount of Each Receipt this Period  
**101.68**

Loan

**C.** Full Name (Last, First, Middle Initial)  
**Kathleen Rougelot**

Mailing Address 5537 Canal Blvd

City State Zip Code  
New Orleans LA 70124

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

Name of Employer self employed Occupation Treasurer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1628.75**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 27 / 2012**

**Transaction ID : SA11AI.4368**

Amount of Each Receipt this Period  
**209.89**

Loan

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

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

**522.98**





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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 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 Gary King**

Full Name (Last, First, Middle Initial) <b>A. Gary King</b>		Date of Receipt MM / DD / YYYY 07 / 25 / 2012
Mailing Address 5537 Canal Boulevard		<b>Transaction ID : SA11D.4357</b>
City New Orleans	State LA	
FEC ID number of contributing federal political committee. C H2LA01075		Amount of Each Receipt this Period 150.00
Name of Employer self	Occupation Music Instruction	Loan
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 150.00	

Full Name (Last, First, Middle Initial) <b>B. Gary King</b>		Date of Receipt MM / DD / YYYY 07 / 27 / 2012
Mailing Address 5537 Canal Boulevard		<b>Transaction ID : SA11D.4356</b>
City New Orleans	State LA	
FEC ID number of contributing federal political committee. C H2LA01075		Amount of Each Receipt this Period 100.00
Name of Employer self	Occupation Music Instruction	Loan
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

Full Name (Last, First, Middle Initial) <b>C. Gary King</b>		Date of Receipt MM / DD / YYYY 08 / 01 / 2012
Mailing Address 5537 Canal Boulevard		<b>Transaction ID : SA11D.4358</b>
City New Orleans	State LA	
FEC ID number of contributing federal political committee. C H2LA01075		Amount of Each Receipt this Period 150.00
Name of Employer self	Occupation Music Instruction	Loan
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 23
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Committee to Elect Gary King**

**A.** Full Name (Last, First, Middle Initial)  
**Gary King**

Mailing Address 5537 Canal Boulevard

City State Zip Code  
New Orleans LA 70124

FEC ID number of contributing federal political committee. **C H2LA01075**

Name of Employer self Occupation Music Instruction

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 25 / 2012

**Transaction ID : SA13A.4379**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**Gary King**

Mailing Address 5537 Canal Boulevard

City State Zip Code  
New Orleans LA 70124

FEC ID number of contributing federal political committee. **C H2LA01075**

Name of Employer self Occupation Music Instruction

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2012

**Transaction ID : SA13A.4380**

Amount of Each Receipt this Period  
150.00

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

Mailing Address

City State Zip Code

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

Name of Employer self Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

250.00

250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 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	

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NAME OF COMMITTEE (In Full)  
**Committee to Elect Gary King**

**A.** Full Name (Last, First, Middle Initial)  
**Cut Loose Hair Studio, LLC**

Mailing Address 5537 Canal Boulevard

City State Zip Code  
New Orleans LA 70124

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 27 / 2012

**Transaction ID : SA13B.4382**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Kathleen Rougelot**

Mailing Address 5537 Canal Blvd

City State Zip Code  
New Orleans LA 70124

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

Name of Employer Occupation  
self employed Treasurer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
419.78

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 02 / 2012

**Transaction ID : SA13B.4383**

Amount of Each Receipt this Period  
209.89

**C.** Full Name (Last, First, Middle Initial)  
**Kathleen Rougelot**

Mailing Address 5537 Canal Blvd

City State Zip Code  
New Orleans LA 70124

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

Name of Employer Occupation  
self employed Treasurer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
792.68

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 09 / 2012

**Transaction ID : SA13B.4384**

Amount of Each Receipt this Period  
186.45

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

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

896.34

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 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	

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NAME OF COMMITTEE (In Full)  
**Committee to Elect Gary King**

Full Name (Last, First, Middle Initial) <b>A. Kathleen Rougelot</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 15 / 2012	
Mailing Address 5537 Canal Blvd		<b>Transaction ID : SA13B.4385</b>	
City New Orleans	State LA	Zip Code 70124	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 211.41	
Name of Employer self employed	Occupation Treasurer		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1215.50		

Full Name (Last, First, Middle Initial) <b>B. Kathleen Rougelot</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 24 / 2012	
Mailing Address 5537 Canal Blvd		<b>Transaction ID : SA13B.4386</b>	
City New Orleans	State LA	Zip Code 70124	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 101.68	
Name of Employer self employed	Occupation Treasurer		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1418.86		

Full Name (Last, First, Middle Initial) <b>C. Kathleen Rougelot</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 28 / 2012	
Mailing Address 5537 Canal Blvd		<b>Transaction ID : SA13B.4387</b>	
City New Orleans	State LA	Zip Code 70124	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer self employed	Occupation Treasurer		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2128.75		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	563.09
<b>TOTAL</b> This Period (last page this line number only).....	1459.43

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 23		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Committee to Elect Gary King**

Full Name (Last, First, Middle Initial) <b>A. Ed Smith Stencils</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2012
Mailing Address PO Box 791837		Amount of Each Disbursement this Period 211.41 <b>Transaction ID : SB17.4370</b>
City New Orleans	State LA	
Zip Code 70179	Purpose of Disbursement Signs	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Ed Smith Stencils</b>		Date of Disbursement MM / DD / YYYY 09 / 26 / 2012
Mailing Address PO Box 791837		Amount of Each Disbursement this Period 228.66 <b>Transaction ID : SB17.4371</b>
City New Orleans	State LA	
Zip Code 70179	Purpose of Disbursement Adv. Material	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Faux Pas Prints</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2012
Mailing Address 620 Papworth Ave		Amount of Each Disbursement this Period 209.89 <b>Transaction ID : SB17.4372</b>
City Metairie	State LA	
Zip Code 70005	Purpose of Disbursement Shirts	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	649.96
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 23			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Committee to Elect Gary King**

**A. Faux Pas Prints**

Full Name (Last, First, Middle Initial)

Mailing Address 620 Papworth Ave

City Metairie State LA Zip Code 70005

Purpose of Disbursement Shirts

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 24 / 2012

Amount of Each Disbursement this Period: 101.68

Transaction ID : SB17.4373

Category/Type: 004

**B. Gagnon & Associates Consulting**

Full Name (Last, First, Middle Initial)

Mailing Address 1425 N. Broad Street Suite 201

City New Orleans State LA Zip Code 70119

Purpose of Disbursement Accountant Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 27 / 2012

Amount of Each Disbursement this Period: 500.00

Transaction ID : SB17.4374

Category/Type: 001

**C. Kevin R. Gagnon**

Full Name (Last, First, Middle Initial)

Mailing Address 3901 Edenborn Ave.

City Metairie State LA Zip Code 70002

Purpose of Disbursement Website design

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 01 / 2012

Amount of Each Disbursement this Period: 2500.00

Transaction ID : SB17.4375

Category/Type: 004

**SUBTOTAL** of Disbursements This Page (optional)..... 3101.68

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 23	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Committee to Elect Gary King**

Full Name (Last, First, Middle Initial) <b>A. National Center For Constitutional Studies</b>		Date of Disbursement M M / D D / Y Y Y Y <b>09 / 28 / 2012</b>
Mailing Address <b>37777 W. Juniper Rd.</b>		Amount of Each Disbursement this Period <b>250.00</b> <b>Transaction ID : SB17.4376</b>
City <b>Malta</b> State <b>Malta</b> ID Zip Code <b>83342</b>	Purpose of Disbursement <b>Adv. Materials</b> Category/Type <b>004</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>4001.64</b>

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : **SC/10.4379**

Committee to Elect Gary King

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

Gary King

Election: 2012

Primary  
 General  
 Other (specify) ▼

Mailing Address  
5537 Canal Boulevard

City State ZIP Code  
New Orleans LA 70124

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:  
07 / 25 / 2012 M M / D D / 7/25/2014 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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

**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 no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : **SC/10.4380**

Committee to Elect Gary King

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

Gary King

Election: 2012

Primary  
 General  
 Other (specify) ▼

Mailing Address  
5537 Canal Boulevard

City State ZIP Code  
New Orleans LA 70124

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:  
08 / 01 / 2012 M M / D D / 8/1/2014 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
City State ZIP Code	Amount Guaranteed 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.

**SCHEDULE C (FEC Form 3)  
LOANS**

NAME OF COMMITTEE (In Full) **Committee to Elect Gary King** Transaction ID : **SC/10.4382**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
**Cut Loose Hair Studio, LLC**

Mailing Address  
 5537 Canal Boulevard

Election: 2012  
 Primary  
 General  
 Other (specify) ▼

City State ZIP Code  
 New Orleans LA 70124

Original Amount of Loan 500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 500.00
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**TERMS**

Date Incurred: M 08 / D 27 / Y 2012  
 Date Due: M / D / Y 8/27/2014  
 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)..... ▶ 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 Schedule D, carry forward to appropriate line of Summary.**

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Committee to Elect Gary King** Transaction ID : **SC/10.4383**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Kathleen Rougelot</b>	Election: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 5537 Canal Blvd	
City State ZIP Code New Orleans LA 70124	

Original Amount of Loan 209.89	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 209.89
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**TERMS**

Date Incurred M 08 / D 02 / Y 2012	Date Due M / D / Y 8/2/2014	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	[ ] 209.89
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>		

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Committee to Elect Gary King** Transaction ID : **SC/10.4384**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
**Kathleen Rougelot**

Election: 2012  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
 5537 Canal Blvd

City State ZIP Code  
 New Orleans LA 70124

Original Amount of Loan 186.45	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 186.45
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**TERMS**

Date Incurred: MM/08 / DD/09 / YY/2012  
 Date Due: MM/ / DD/ / YY/2014  
 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)..... ▶ 186.45

**TOTALS** This Period (last page in this line only)..... ▶ [ ]

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Committee to Elect Gary King** Transaction ID : **SC/10.4385**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Kathleen Rougelot</b>	Election: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 5537 Canal Blvd	

City	State	ZIP Code
New Orleans	LA	70124

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:
08 / 15 / 2012	8/15/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	<input type="text" value="211.41"/>
<b>TOTALS</b> This Period (last page in this line only).....	▶	<input type="text"/>

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Committee to Elect Gary King** Transaction ID : **SC/10.4386**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Kathleen Rougelot</b>	Election: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 5537 Canal Blvd	

City	State	ZIP Code
New Orleans	LA	70124

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
101.68	0.00	101.68

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
08 / 24 / 2012	8/24/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	101.68
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Committee to Elect Gary King** Transaction ID : **SC/10.4387**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Kathleen Rougelot</b>	Election: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 5537 Canal Blvd	

City	State	ZIP Code
New Orleans	LA	70124

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
250.00	0.00	250.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
09 / 28 / 2012	9/28/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....	250.00
<b>TOTALS</b> This Period (last page in this line only).....	1709.43

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**