

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 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT
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 in the State of
(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 04 / 01 / 2014 through M M / D D / Y Y Y Y 06 / 30 / 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.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Committee to Elect Vance McAllister

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	59500.00	206503.63
(b) Total Contribution Refunds (from Line 20(d))	11400.00	11400.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	48100.00	195103.63
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	50804.25	227322.47
(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)).....	50804.25	227322.47
8. Cash on Hand at Close of Reporting Period (from Line 27).....	6579.12	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	620429.42	

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)

Write or Type Committee Name

Committee to Elect Vance McAllister

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	8600.00	41850.00
(ii) Unitemized.....	0.00	5405.00
(iii) TOTAL of contributions from individuals ▶	8600.00	47255.00
(b) Political Party Committees.....	0.00	2000.00
(c) Other Political Committees (such as PACs).....	20500.00	126848.63
(d) The Candidate.....	30400.00	30400.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	59500.00	206503.63
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)..... ▶	59500.00	206600.51

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	50804.25	227322.47
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	11400.00	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)).....	11400.00	11400.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	62204.25	253722.47

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	9283.37
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	59500.00
25. SUBTOTAL (add Line 23 and Line 24).....	68783.37
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	62204.25
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	6579.12

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Committee to Elect Vance McAllister

A. Full Name (Last, First, Middle Initial)
CAROLINE BROWN

Mailing Address 2801 PARGOUD BLVD

City MONROE State LA Zip Code 71201

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 02 / 2014

Transaction ID : SA11AI.5614

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
HARDY GORDON

Mailing Address 2805 PARGOUD BLVD

City MONROE State LA Zip Code 71201

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

Name of Employer LOUISIANA PAIN CARE Occupation PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 08 / 2014

Transaction ID : SA11AI.5612

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
WILLIAM ARTHUR LAND

Mailing Address 3117 MONTEIGNE CIRCLE

City MONROE State LA Zip Code 71201-2451

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

Name of Employer LAND 3 ARCHITECT inc. Occupation ARCHITECT

Receipt For: 2013
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 14 / 2014

Transaction ID : SA11AI.5587

Amount of Each Receipt this Period
 2600.00
 2013 Special Runoff Debt Relief

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

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

4600.00

**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 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Committee to Elect Vance McAllister

A. Full Name (Last, First, Middle Initial)
Phillip Damon Marsala

Mailing Address 1206 Fairview Avenue

City State Zip Code
Monroe LA 71201

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

Name of Employer Occupation
Marsala Beverage, LP beverage distributor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 10 / 2014

Transaction ID : SA11AI.5671

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
WILLIAM MILLS III

Mailing Address P.O. BOX 52592

City State Zip Code
LAFAYETTE LA 70505

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

Name of Employer Occupation
MPW PROPERTIES REAL ESTATE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 09 / 2014

Transaction ID : SA11AI.5621

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
EDMUND SCHWEITZER III

Mailing Address 330 NW BRANDON DRIVE

City State Zip Code
PULLMAN WA 99163

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

Name of Employer Occupation
SCHWEITZER ENGINEERING LABS ENGINEER/EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 04 / 2014

Transaction ID : SA11AI.5608

Amount of Each Receipt this Period
2000.00

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

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

4000.00

8600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 37
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Committee to Elect Vance McAllister

A. Full Name (Last, First, Middle Initial)
ACADIAN AMBULANCE SERVICE INC EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address P.O. BOX 98000

City LAFAYETTE State LA Zip Code 70509

FEC ID number of contributing federal political committee. **C** C00335570

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 04 / 2014

Transaction ID : SA11C.5597

Amount of Each Receipt this Period
2500.00

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

Mailing Address 1505 PRINCE STREET
SUITE 300

City ALEXANDRIA State VA Zip Code 22314

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 04 / 2014

Transaction ID : SA11C.5596

Amount of Each Receipt this Period
2500.00

Note: Aggregate total reflects 2013 and 2014 Election Cycles

C. Full Name (Last, First, Middle Initial)
AMERICAN SUGAR CANE LEAGUE OF USA INC POLITICAL ACTION COMMITTEE

Mailing Address P. O. DRAWER 938

City THIBODAUX State LA Zip Code 70302

FEC ID number of contributing federal political committee. **C** C00081414

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 9000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 04 / 2014

Transaction ID : SA11C.5600

Amount of Each Receipt this Period
5000.00

Note: Aggregate total reflects 2013 and 2014 Election Cycles

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

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

10000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 37
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Committee to Elect Vance McAllister

A. Full Name (Last, First, Middle Initial)
Association for Advanced Life Underwriting PAC (AALU PAC)

Mailing Address 11921 Freedom Drive
Suite 1100

City Reston State VA Zip Code 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 / D D / Y Y Y Y
 04 / 04 / 2014

Transaction ID : SA11C.5617

Amount of Each Receipt this Period
 2000.00

B. Full Name (Last, First, Middle Initial)
ASSOCIATION OF KENTUCKY FRIED CHICKEN FRANCHISEES INC POLITICAL ACTION COMMITTEE AKFCF PAC

Mailing Address P.O. BOX 26366

City ALEXANDRIA State VA Zip Code 22313

FEC ID number of contributing federal political committee. **C C00412098**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 04 / 2014

Transaction ID : SA11C.5599

Amount of Each Receipt this Period
 2000.00

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

Mailing Address PO BOX 2485

City SPRINGFIELD State VA Zip Code 22152

FEC ID number of contributing federal political committee. **C C00469429**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 04 / 2014

Transaction ID : SA11C.5605

Amount of Each Receipt this Period
 2500.00

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

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

6500.00

**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 9 OF 37
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Committee to Elect Vance McAllister

A. Full Name (Last, First, Middle Initial)
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
2000.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 04 / 2014

Transaction ID : SA11C.5619

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
MINN-DAK FARMERS COOPERATIVE SUGAR PAC (MDSPAC)

Mailing Address 7525 RED RIVER ROAD

City State Zip Code
WAHPETON ND 58075

FEC ID number of contributing federal political committee. **C** C00164939

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 04 / 2014

Transaction ID : SA11C.5606

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
SOUTHERN MINNESOTA BEET SUGAR COOPERATIVE POLITICAL ACTION COMMITTEE

Mailing Address P O BOX 500

City State Zip Code
RENVILLE MN 56284

FEC ID number of contributing federal political committee. **C** C00166348

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 04 / 2014

Transaction ID : SA11C.5598

Amount of Each Receipt this Period
1000.00

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

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

4000.00

20500.00

**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 37
	<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

A. Full Name (Last, First, Middle Initial)
Vance Michael McAllister

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: 2013
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 17 / 2014

Transaction ID : SA11D.5632

Amount of Each Receipt this Period

CONTRIBUTION BY CANDIDATE

B. Full Name (Last, First, Middle Initial)
Vance Michael McAllister

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: 2013
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 17 / 2014

Transaction ID : SA11D.5633

Amount of Each Receipt this Period

CONTRIBUTION BY CANDIDATE

C. Full Name (Last, First, Middle Initial)
Vance Michael McAllister

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 17 / 2014

Transaction ID : SA11D.5641

Amount of Each Receipt this Period

In-kind - Payment to Kim Leija. See Schedule D

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

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

**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 37
<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

A. Full Name (Last, First, Middle Initial)
Vance Michael McAllister

Mailing Address 2460 Highway 594

City State Zip Code
Monroe LA 71203

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

Name of Employer Occupation
U.S. House of Representatives Member of Congress

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
25400.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 23 / 2014

Transaction ID : SA11D.5643

Amount of Each Receipt this Period
5000.00

In-kind - Payment to Kim Leija. See Schedule D

B. Full Name (Last, First, Middle Initial)
Vance Michael McAllister

Mailing Address 2460 Highway 594

City State Zip Code
Monroe LA 71203

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

Name of Employer Occupation
U.S. House of Representatives Member of Congress

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
30400.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 16 / 2014

Transaction ID : SA11D.5645

Amount of Each Receipt this Period
5000.00

In-kind - Payment to Kim Leija. See Schedule D

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

10000.00

30400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial) A. AMERICAN AIRLINES			Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014	
Mailing Address 4333 AMON CARTER BLVD, MD 5675			Amount of Each Disbursement this Period 413.50	
City FORT WORTH	State TX	Zip Code 76155	Transaction ID : SB17.5582	
Purpose of Disbursement AIRFARE		002 Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) B. AMERICAN AIRLINES			Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014	
Mailing Address 4333 AMON CARTER BLVD, MD 5675			Amount of Each Disbursement this Period 531.00	
City FORT WORTH	State TX	Zip Code 76155	Transaction ID : SB17.5575	
Purpose of Disbursement AIRLINE FLIGHT		002 Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) C. CAPITOL HILL CLUB			Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014	
Mailing Address 300 FIRST STREET SE			Amount of Each Disbursement this Period 527.10	
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : SB17.5583	
Purpose of Disbursement MEETING EXPENSE		001 Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	1471.60
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 13 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial)
A. CEREBRAL PALSY OF LOUISIANA

Mailing Address 2380 BARATARIA BLVD, SUITE 5

City MARRERO State LA Zip Code 70072

Purpose of Disbursement SPONSORSHIP

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 06 / 2014

Amount of Each Disbursement this Period: 1000.00

Transaction ID : SB17.5579

Category/Type: 004

Full Name (Last, First, Middle Initial)
B. EC CONSULTING, LLC

Mailing Address 526 6TH STREET, SE

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement CONSULTING-FUNDRAISING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 12 / 2014

Amount of Each Disbursement this Period: 5500.00

Transaction ID : SB17.5572

Category/Type: 003

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

Mailing Address 333 108TH AVENUE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement HOTEL ACCOMMODATIONS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 28 / 2014

Amount of Each Disbursement this Period: 147.05

Transaction ID : SB17.5581

Category/Type: 002

SUBTOTAL of Disbursements This Page (optional)..... 6647.05

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 14 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial) A. MATTHEW GUIDRY		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2014
Mailing Address 820 BARTHOLOMEW STREET		Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.5567
City NEW ORLEANS	State LA	
Zip Code 70117	Purpose of Disbursement CAMERA OPERATION	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. HARRIS MEDIA, LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2014
Mailing Address 611 S. CONGRESS AVENUE SUITE 400		Amount of Each Disbursement this Period 303.96 Transaction ID : SB17.5561
City AUSTIN	State TX	
Zip Code 78704	Purpose of Disbursement ONLINE FUNDRAISING APPLICATIONS	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2013	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) C. HARRIS MEDIA, LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2014
Mailing Address 611 S. CONGRESS AVENUE SUITE 400		Amount of Each Disbursement this Period 15.00 Transaction ID : SB17.5573
City AUSTIN	State TX	
Zip Code 78704	Purpose of Disbursement WEBSITE MAINTENANCE	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1118.96
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 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial) A. K & L GATES		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 1601 K STREET, NW		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.5560
City WASHINGTON State DC Zip Code 20006	Purpose of Disbursement LEGAL FEES 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) B. K & L GATES		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 1601 K STREET, NW		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.5569
City WASHINGTON State DC Zip Code 20006	Purpose of Disbursement LEGAL FEES 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. K & L GATES		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 1601 K STREET, NW		Amount of Each Disbursement this Period 10000.00 Transaction ID : SB17.5570
City WASHINGTON State DC Zip Code 20006	Purpose of Disbursement LEGAL FEES 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	20000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial) A. KIM LEIJA		Date of Disbursement MM / DD / YYYY 04 / 17 / 2014
Mailing Address 115 EAST SHORE ROAD		Amount of Each Disbursement this Period 10000.00
City MONROE	State LA	
Zip Code 71203	Purpose of Disbursement Campaign consulting	Transaction ID : SB17.5653
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. KIM LEIJA		Date of Disbursement MM / DD / YYYY 05 / 23 / 2014
Mailing Address 115 EAST SHORE ROAD		Amount of Each Disbursement this Period 5000.00
City MONROE	State LA	
Zip Code 71203	Purpose of Disbursement Campaign consulting	Transaction ID : SB17.5655
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. KIM LEIJA		Date of Disbursement MM / DD / YYYY 06 / 16 / 2014
Mailing Address 115 EAST SHORE ROAD		Amount of Each Disbursement this Period 5000.00
City MONROE	State LA	
Zip Code 71203	Purpose of Disbursement Campaign consulting	Transaction ID : SB17.5656
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 37			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial) A. Vance Michael McAllister		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 2460 Highway 594		Amount of Each Disbursement this Period 10000.00 Transaction ID : SB17.5642
City Monroe	State LA	
Purpose of Disbursement In-kind - Payment to Kim Leija. See Schedule D		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: LA	District: 05	

Full Name (Last, First, Middle Initial) B. Vance Michael McAllister		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 2460 Highway 594		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.5644
City Monroe	State LA	
Purpose of Disbursement In-kind - Payment to Kim Leija. See Schedule D		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: LA	District: 05	

Full Name (Last, First, Middle Initial) C. Vance Michael McAllister		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 2460 Highway 594		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.5646
City Monroe	State LA	
Purpose of Disbursement In-kind - Payment to Kim Leija. See Schedule D		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: LA	District: 05	

SUBTOTAL of Disbursements This Page (optional).....	20000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial) A. MIKE HEALEY PRODUCTIONS			Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014	
Mailing Address 807 STUBBS AVENUE			Amount of Each Disbursement this Period 1028.99	
City MONROE	State LA	Zip Code 71201	Transaction ID : SB17.5559	
Purpose of Disbursement TV COMMERCIAL PRODUCTION		Category/ Type 004		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) B. Piryx, Inc.			Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2014	
Mailing Address 144 2nd Street			Amount of Each Disbursement this Period 115.00	
City San Francisco	State CA	Zip Code 94105	Transaction ID : SB17.5616	
Purpose of Disbursement credit card fees		Category/ Type 003		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) C. Piryx, Inc.			Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014	
Mailing Address 144 2nd Street			Amount of Each Disbursement this Period 57.50	
City San Francisco	State CA	Zip Code 94105	Transaction ID : SB17.5623	
Purpose of Disbursement credit card fees		Category/ Type 003		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional).....	1201.49
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial) A. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 144 2nd Street		Amount of Each Disbursement this Period 57.50
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement credit card fees	Candidate Name	Transaction ID : SB17.5670
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

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

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

SUBTOTAL of Disbursements This Page (optional).....	57.50
TOTAL This Period (last page this line number only).....	50496.60

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 37	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <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. WILLIAM MILLS III		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2014
Mailing Address P.O. BOX 52592		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB20A.5625
City LAFAYETTE	State LA	
Zip Code 70505	Purpose of Disbursement Contribution Refund	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. HEATH PEACOCK		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 400 ZACHARY WAY		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.5628
City STERLINGTON	State LA	
Zip Code 71280	Purpose of Disbursement Contribution Refund	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2013	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input checked="" type="checkbox"/> Other (specify) Special-General	State: District:	

Full Name (Last, First, Middle Initial) C. HEATH PEACOCK		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 400 ZACHARY WAY		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.5630
City STERLINGTON	State LA	
Zip Code 71280	Purpose of Disbursement Contribution Refund	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2013	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	6200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 37	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <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. MELISSA PEACOCK		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 400 ZACHARY WAY		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.5629
City STERLINGTON	State LA	
Zip Code 71280	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2013	State: District:	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General

Full Name (Last, First, Middle Initial) B. MELISSA PEACOCK		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 400 ZACHARY WAY		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.5631
City STERLINGTON	State LA	
Zip Code 71280	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2013	State: District:	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff

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

SUBTOTAL of Disbursements This Page (optional).....	5200.00
TOTAL This Period (last page this line number only).....	11400.00

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/10.4543**

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

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

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

M M / D D / Y Y Y Y
NONE

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)..... ▶ 50000.00
TOTALS This Period (last page in this line only)..... ▶

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Committee to Elect Vance McAllister** Transaction ID : **SC/10.4525**

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

City	State	ZIP Code
Monroe	LA	71203

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 10 / D 10 / Y 2013 Y	M / D / Y NONE Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	40000.00
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Committee to Elect Vance McAllister** Transaction ID : **SC/10.4526**

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

City	State	ZIP Code
Monroe	LA	71203

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 10 / D 17 / Y 2013 Y	M M / D D / Y NONE Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	4900.00
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Committee to Elect Vance McAllister** Transaction ID : **SC/10.5356**

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

City	State	ZIP Code
Monroe	LA	71203

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 10 / D 17 / Y 2013 Y	M / D / Y NONE Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	30100.00
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Committee to Elect Vance McAllister** Transaction ID : **SC/10.4527**

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

City	State	ZIP Code
Monroe	LA	71203

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 10 / D 18 / Y 2013 Y	M M / D D / Y NONE Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <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).....	20000.00
TOTALS 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 Vance McAllister** Transaction ID : **SC/10.4309**

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

City	State	ZIP Code
Monroe	LA	71203

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 10 / D 29 / Y 2013	M / D / Y NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	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

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/10.4577

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 11 / D 05 / Y 2013 Y

Date Due

M M / D D / 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)..... ▶

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 29 OF 37
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor DeWitt, French, Giger & Sitton, LLP	Nature of Debt (Purpose): ACCOUNTING 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 0.00	Outstanding Balance at Close of This Period 1697.00

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 0.00	Outstanding Balance at Close of This Period 3820.00

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)	7858.51
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 30 OF 37
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

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

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.5634	
Amount Incurred This Period 4370.00	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 31 OF 37
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

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

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10.5635	
Amount Incurred This Period <input type="text" value="300.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="300.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor HARRIS MEDIA, LLC		Nature of Debt (Purpose): MEDIA CONSULTING
Mailing Address 611 S. CONGRESS AVENUE SUITE 400		
City AUSTIN	State TX	Zip Code 78704

Outstanding Balance Beginning This Period <input type="text" value="5000.00"/>	Transaction ID : SD10.5540	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="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 <input type="text" value="5000.00"/>	Transaction ID : SD10.5377	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="5000.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="5300.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
K & L GATES

Mailing Address 1601 K STREET, NW

City State Zip Code
WASHINGTON DC 20006

Nature of Debt (Purpose):
LEGAL FEES

Outstanding Balance Beginning This Period **Transaction ID : SD10.5548**
2555.49

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 0.00 2555.49

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
K & L GATES

Mailing Address 1601 K STREET, NW

City State Zip Code
WASHINGTON DC 20006

Nature of Debt (Purpose):
LEGAL FEES

Outstanding Balance Beginning This Period **Transaction ID : SD10.5549**
1956.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 0.00 1956.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
K & L GATES

Mailing Address 1601 K STREET, NW

City State Zip Code
WASHINGTON DC 20006

Nature of Debt (Purpose):
LEGAL FEES

Outstanding Balance Beginning This Period **Transaction ID : SD10.5626**
0.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
2500.00 0.00 2500.00

1) SUBTOTALS This Period This Page (optional)	7011.49
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)

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

Mailing Address 1601 K STREET, NW

City State Zip Code
WASHINGTON DC 20006

Nature of Debt (Purpose):
LEGAL FEES

Outstanding Balance Beginning This Period **0.00** **Transaction ID : SD10.5627**

Amount Incurred This Period **3456.00** Payment This Period **0.00** Outstanding Balance at Close of This Period **3456.00**

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

Mailing Address 115 EAST SHORE ROAD

City State Zip Code
MONROE LA 71203

Nature of Debt (Purpose):
CAMPAIGN CONSULTING

Outstanding Balance Beginning This Period **2000.00** **Transaction ID : SD10.5545**

Amount Incurred This Period **0.00** Payment This Period **0.00** Outstanding Balance at Close of This Period **0.00**

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

Mailing Address 115 EAST SHORE ROAD

City State Zip Code
MONROE LA 71203

Nature of Debt (Purpose):
CAMPAIGN CONSULTING

Outstanding Balance Beginning This Period **4000.00** **Transaction ID : SD10.5539**

Amount Incurred This Period **0.00** Payment This Period **0.00** Outstanding Balance at Close of This Period **0.00**

1) SUBTOTALS This Period This Page (optional)	3456.00
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) ▶	

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

Form/Schedule: SD10

Transaction ID : SD10.5545

Paid in-kind by candidate. See Schedule A, Line 11d.

Form/Schedule: SD10

Transaction ID: SD10.5539

Paid in-kind by candidate. See Schedule A, Line 11d.

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 35 OF 37
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor KIM LEIJA	Nature of Debt (Purpose): CAMPAIGN CONSULTING
Mailing Address 115 EAST SHORE ROAD	
City State Zip Code MONROE LA 71203	

Outstanding Balance Beginning This Period 14000.00	Transaction ID : SD10.5541	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 0.00

B. 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 0.00	Transaction ID : SD10.5639	
Amount Incurred This Period 46313.58	Payment This Period 0.00	Outstanding Balance at Close of This Period 46313.58

C. 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 0.00	Transaction ID : SD10.5640	
Amount Incurred This Period 214.60	Payment This Period 0.00	Outstanding Balance at Close of This Period 214.60

1) SUBTOTALS This Period This Page (optional)	46528.18
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) ▶	

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

Form/Schedule: SD10

Transaction ID : SD10.5541

Paid in-kind by candidate. See Schedule A, Line 11d.

Form/Schedule:

Transaction ID:

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

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	Transaction ID : SD10.5361	
<input type="text" value="56206.69"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="56206.69"/>

B. 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	Transaction ID : SD10.5375	
<input type="text" value="92000.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="92000.00"/>

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		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="148206.69"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="225429.42"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="395000.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="620429.42"/>