

# 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) ▼

POST OFFICE BOX 15412

Check if different than previously reported. (ACC)

MONROE

LA

71207

2. **FEC IDENTIFICATION NUMBER** ▼

C C00549352

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

LA

05

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P)  General (12G)  Runoff (12R)
- Convention (12C)  Special (12S)

Election on  /  /  in the State of

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

- General (30G)  Runoff (30R)  Special (30S)

Election on  /  /  in the State of

5. Covering Period

/  /

through

/  /

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 MARTY WILLIAM FRENCH

Signature of Treasurer MARTY WILLIAM FRENCH

*[Electronically Filed]*

Date

/  /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only								
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**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))....	38500.00	185503.63
(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)).....	27100.00	174103.63
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	30746.75	207264.97
(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)).....	30746.75	207264.97
8. Cash on Hand at Close of Reporting Period (from Line 27).....	4778.26	
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).....	607901.24	

**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:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	7600.00	40850.00
(ii) Unitemized.....	0.00	5405.00
(iii) TOTAL of contributions from individuals ▶	7600.00	46255.00
(b) Political Party Committees.....	0.00	2000.00
(c) Other Political Committees (such as PACs).....	20500.00	126848.63
(d) The Candidate.....	10400.00	10400.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	38500.00	185503.63
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	96.88
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	38500.00	185600.51

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	30746.75	207264.97
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. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	42146.75	233664.97

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	8425.01
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	38500.00
25. SUBTOTAL (add Line 23 and Line 24).....	46925.01
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	42146.75
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	4778.26

**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 30
	<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 State Zip Code  
MONROE LA 71201

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

Name of Employer Occupation  
NONE HOMEMAKER

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.5614**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 2805 PARGOUD BLVD

City State Zip Code  
MONROE LA 71201

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

Name of Employer Occupation  
LOUISIANA PAIN CARE PHYSICIAN

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 / 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 State Zip Code  
MONROE LA 71201-2451

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

Name of Employer Occupation  
LAND 3 ARCHITECT inc. ARCHITECT

Receipt For: 2013  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
2600.00

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

**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 30
	<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)  
**WILLIAM MILLS III**

Mailing Address P.O. BOX 52592

City LAFAYETTE State LA Zip Code 70505

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

Name of Employer MPW PROPERTIES Occupation REAL ESTATE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 16 / 2014

**Transaction ID : SA11AI.5621**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 330 NW BRANDON DRIVE

City PULLMAN State WA Zip Code 99163

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

Name of Employer SCHWEITZER ENGINEERING LABS Occupation ENGINEER/EXECUTIVE

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 : SA11AI.5608**

Amount of Each Receipt this Period  
 2000.00

**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 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).....

3000.00

7600.00

**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 30
<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  
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  
04 / 04 / 2014

**Transaction ID : SA11C.5596**

Amount of Each Receipt this Period  
2500.00

**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  
04 / 04 / 2014

**Transaction ID : SA11C.5600**

Amount of Each Receipt this Period  
5000.00

**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 30
	<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 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 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 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 30
	<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 SOUTH 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 30
<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  
SELF EMPLOYED BUSINESSPERSON

Receipt For: 2013  
 Primary  General  
 Other (specify) Special-General

Election Cycle-to-Date  
3800.00

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

**Transaction ID : SA11D.5632**

Amount of Each Receipt this Period  
3800.00

CONTRIBUTION BY CANDIDATE

**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  
SELF EMPLOYED BUSINESSPERSON

Receipt For: 2013  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
10400.00

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

**Transaction ID : SA11D.5633**

Amount of Each Receipt this Period  
6600.00

CONTRIBUTION BY CANDIDATE

**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).....

10400.00

10400.00

**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 11 OF 30			
	<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) <b>A. AMERICAN AIRLINES</b>			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		Category/ Type 002		
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>B. AMERICAN AIRLINES</b>			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		Category/ Type 002		
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>C. CAPITOL HILL CLUB</b>			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		Category/ Type 001		
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1471.60
<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 12 OF 30	
	<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 13 OF 30	
	<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) <b>A. MATTHEW GUIDRY</b>		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 <b>Transaction ID : SB17.5567</b>
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>B. HARRIS MEDIA, LLC</b>		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 <b>Transaction ID : SB17.5561</b>
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) <b>C. HARRIS MEDIA, LLC</b>		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 <b>Transaction ID : SB17.5573</b>
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1118.96
<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 30			
	<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**

Mailing Address 1601 K STREET, NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement LEGAL FEES 001 Category/Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2013  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement: M M / D D / Y Y Y Y  
04 / 10 / 2014

Amount of Each Disbursement this Period: 5000.00

Transaction ID : SB17.5560

Full Name (Last, First, Middle Initial)  
**B. K & L GATES**

Mailing Address 1601 K STREET, NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement LEGAL FEES 001 Category/Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: M M / D D / Y Y Y Y  
04 / 10 / 2014

Amount of Each Disbursement this Period: 5000.00

Transaction ID : SB17.5569

Full Name (Last, First, Middle Initial)  
**C. K & L GATES**

Mailing Address 1601 K STREET, NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement LEGAL FEES 001 Category/Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: M M / D D / Y Y Y Y  
04 / 10 / 2014

Amount of Each Disbursement this Period: 10000.00

Transaction ID : SB17.5570

**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 15 OF 30			
	<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) <b>A. MIKE HEALEY PRODUCTIONS</b>			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>B. PIRYX, INC.</b>			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 ELECTRONIC CONTRIBUTION 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) <b>C. PIRYX, INC.</b>			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 ONLINE CONTRIBUTION FEE		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: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1201.49
<b>TOTAL</b> This Period (last page this line number only).....	30439.10

**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 30			
	<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) <b>A. WILLIAM MILLS III</b>		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 <b>Transaction ID : SB20A.5625</b>
City LAFAYETTE	State LA	
Zip Code 70505	Purpose of Disbursement REFUND PER CONTRIBUTORS REQUEST	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>B. HEATH PEACOCK</b>		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 <b>Transaction ID : SB20A.5628</b>
City STERLINGTON	State LA	
Zip Code 71280	Purpose of Disbursement	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) <b>C. HEATH PEACOCK</b>		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 <b>Transaction ID : SB20A.5630</b>
City STERLINGTON	State LA	
Zip Code 71280	Purpose of Disbursement	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6200.00
<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 17 OF 30			
	<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) <b>A. MELISSA PEACOCK</b>		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 <b>Transaction ID : SB20A.5629</b>
City STERLINGTON	State LA	
Zip Code 71280	Purpose of Disbursement 010	
Candidate Name	Category/Type	
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) <b>B. MELISSA PEACOCK</b>		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 <b>Transaction ID : SB20A.5631</b>
City STERLINGTON	State LA	
Zip Code 71280	Purpose of Disbursement 010	
Candidate Name	Category/Type	
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>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	
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)	
State: District:		

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

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

NAME OF COMMITTEE (In Full) **COMMITTEE TO ELECT VANCE MCALLISTER** Transaction ID : **SC/10.4543**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>VANCE MICHAEL MCALLISTER</b>	<b>[PERSONAL FUNDS]</b>	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
50000.00	0.00	50000.00

<b>TERMS</b>		Date Incurred	Date Due	Interest Rate	Secured:
M 10	D 03	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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	50000.00
<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 VANCE MCALLISTER** Transaction ID : **SC/10.4525**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>VANCE MICHAEL MCALLISTER</b>	<b>[PERSONAL FUNDS]</b>	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

<b>TERMS</b>		Date Incurred	Date Due	Interest Rate	Secured:
M 10 / D 10 / 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	40000.00
<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) **Transaction ID : SC/10.4526**  
**COMMITTEE TO ELECT VANCE MCALLISTER**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>VANCE MICHAEL MCALLISTER</b>	<b>[PERSONAL FUNDS]</b>	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

<b>TERMS</b>		Date Incurred	Date Due	Interest Rate	Secured:
M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	10 / 17 / 2013	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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	4900.00
<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 VANCE MCALLISTER** Transaction ID : **SC/10.5356**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>VANCE MICHAEL MCALLISTER</b>	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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	30100.00
<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 VANCE MCALLISTER** Transaction ID : **SC/10.4527**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>VANCE MICHAEL MCALLISTER</b>	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:
10 / 18 / 2013	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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	20000.00
<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 VANCE MCALLISTER** Transaction ID : **SC/10.4309**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>VANCE MICHAEL MCALLISTER</b>	Election: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>
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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	75000.00
<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 VANCE MCALLISTER** Transaction ID : **SC/10.4577**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>VANCE MICHAEL MCALLISTER</b>	Election: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>
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
175000.00	0.00	175000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
11 / 05 / 2013	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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	175000.00
<b>TOTALS</b> This Period (last page in this line only).....	395000.00
<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 D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 25 OF 30
	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 <b>DEWITT FRENCH GIGER &amp; SITTON LLP</b>		Nature of Debt (Purpose): ACCOUNTING FEES
Mailing Address 1871 HUDSON CIRCLE		
City State	Zip Code	
MONROE	LA 71201	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.5376</b>	
<input type="text" value="1697.00"/>		
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="1697.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>DEWITT FRENCH GIGER &amp; SITTON LLP</b>		Nature of Debt (Purpose): ACCOUNTING
Mailing Address 1871 HUDSON CIRCLE		
City State	Zip Code	
MONROE	LA 71201	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.5546</b>	
<input type="text" value="3820.00"/>		
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="3820.00"/>

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

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.5542</b>	
<input type="text" value="2341.51"/>		
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="2341.51"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="7858.51"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> 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 <b>EC CONSULTING, LLC</b>	Nature of Debt (Purpose): CAMPAIGN CONSULTING
Mailing Address 526 6TH STREET, SE	
City State Zip Code WASHINGTON DC 20036	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="1221.06"/>	<b>Transaction ID : SD10.5544</b>
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="1221.06"/>	

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

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="1477.49"/>	<b>Transaction ID : SD10.5547</b>
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="1477.49"/>	

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

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="0.00"/>	<b>Transaction ID : SD10.5634</b>
Amount Incurred This Period <input style="width:100%;" type="text" value="4370.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="4370.00"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional) ..... ▶	<input style="width:100%;" type="text" value="7068.55"/>
<b>2) TOTALS</b> This Period (last page this line number only) ..... ▶	<input style="width:100%;" type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only)..... ▶	<input style="width:100%;" type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input style="width:100%;" 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 <b>EC CONSULTING, LLC</b>	Nature of Debt (Purpose): FUNDRAISING CONSULTING
Mailing Address 526 6TH STREET, SE	
City State Zip Code WASHINGTON DC 20036	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="0.00"/>	<b>Transaction ID : SD10.5635</b>
Amount Incurred This Period <input style="width:100%;" type="text" value="300.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="300.00"/>	

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

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="5000.00"/>	<b>Transaction ID : SD10.5540</b>
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="5000.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>K &amp; L GATES</b>	Nature of Debt (Purpose): LEGAL FEES
Mailing Address 1601 K STREET, NW	
City State Zip Code WASHINGTON DC 20006	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="5000.00"/>	<b>Transaction ID : SD10.5377</b>
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="5000.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="0.00"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional) ..... ▶	<input style="width:100%;" type="text" value="5300.00"/>
<b>2) TOTALS</b> This Period (last page this line number only) ..... ▶	<input style="width:100%;" type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only)..... ▶	<input style="width:100%;" type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input style="width:100%;" 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 <b>K &amp; L GATES</b>	Nature of Debt (Purpose): LEGAL FEES
Mailing Address 1601 K STREET, NW	
City State Zip Code WASHINGTON DC 20006	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="2555.49"/>	<b>Transaction ID : SD10.5548</b>
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="2555.49"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>K &amp; L GATES</b>	Nature of Debt (Purpose): LEGAL FEES
Mailing Address 1601 K STREET, NW	
City State Zip Code WASHINGTON DC 20006	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="1956.00"/>	<b>Transaction ID : SD10.5549</b>
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="1956.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>K &amp; L GATES</b>	Nature of Debt (Purpose): LEGAL FEES
Mailing Address 1601 K STREET, NW	
City State Zip Code WASHINGTON DC 20006	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="0.00"/>	<b>Transaction ID : SD10.5626</b>
Amount Incurred This Period <input style="width:100%;" type="text" value="2500.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="2500.00"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional) ..... ▶	<input style="width:100%;" type="text" value="7011.49"/>
<b>2) TOTALS</b> This Period (last page this line number only) ..... ▶	<input style="width:100%;" type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only)..... ▶	<input style="width:100%;" type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input style="width:100%;" 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 <b>K &amp; L GATES</b>	Nature of Debt (Purpose): LEGAL FEES
Mailing Address 1601 K STREET, NW	
City State Zip Code WASHINGTON DC 20006	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="0.00"/>	<b>Transaction ID : SD10.5627</b>
Amount Incurred This Period <input style="width:100%;" type="text" value="3456.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="3456.00"/>	

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

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="2000.00"/>	<b>Transaction ID : SD10.5545</b>
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="2000.00"/>	

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

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="4000.00"/>	<b>Transaction ID : SD10.5539</b>
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="4000.00"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional) ..... ▶	<input style="width:100%;" type="text" value="9456.00"/>
<b>2) TOTALS</b> This Period (last page this line number only) ..... ▶	<input style="width:100%;" type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only)..... ▶	<input style="width:100%;" type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input style="width:100%;" type="text"/>

**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 <b>KIM LEIJA</b>		Nature of Debt (Purpose): CAMPAIGN CONSULTING
Mailing Address 115 EAST SHORE ROAD		
City State	Zip Code	
MONROE	LA 71203	

Outstanding Balance Beginning This Period	Transaction ID : SD10.5541	
28000.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	28000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RED PRINT STRATEGY</b>		Nature of Debt (Purpose): CAMPAIGN CONSULTING
Mailing Address 311 S. FILMORE		
City State	Zip Code	
ARLINGTON	VA 22204	

Outstanding Balance Beginning This Period	Transaction ID : SD10.5361	
56206.69		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	56206.69

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RED PRINT STRATEGY</b>		Nature of Debt (Purpose): CAMPAIGN CONSULTING
Mailing Address 311 S. FILMORE		
City	State	Zip Code
ARLINGTON	VA	22204

Outstanding Balance Beginning This Period	Transaction ID : SD10.5375	
92000.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	92000.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	176206.69
2) <b>TOTALS</b> This Period (last page this line number only) .....	212901.24
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	395000.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	607901.24