

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Committee to Elect Vance McAllister

ADDRESS (number and street)

P. O. Box 4578

Check if different  
than previously  
reported. (ACC)

Monroe

LA

71211

2. FEC IDENTIFICATION NUMBER ▼

C

C00549352

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

LA

05

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

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 /

11

D D /

25

Y Y Y Y /

2014

through

M M /

12

D D /

31

Y Y Y Y /

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 /

01

D D /

29

Y Y Y Y /

2015

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

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 22

Write or Type Committee Name

Committee to Elect Vance McAllister

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	5		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	500.00	500.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	500.00	500.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	1010.00	11576.90
(b) Total Offsets to Operating Expenditures (from Line 14).....	3719.60	3719.60
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	-2709.60	7857.30
8. Cash on Hand at Close of Reporting Period (from Line 27).....	5251.69	
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) .....	969298.26	

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 22

Write or Type Committee Name

Committee to Elect Vance McAllister

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	5		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	4

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:**

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

(ii) Unitemized.....

(iii) TOTAL of contributions from individuals ▶

(b) Political Party Committees.....

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

(d) The Candidate.....

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

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....****13. LOANS:**

(a) Made or Guaranteed by the Candidate.....

(b) All Other Loans.....

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....****15. OTHER RECEIPTS (Dividends, Interest, etc.) .....****16. TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1010.00	11576.90
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	1010.00	11576.90

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2042.09
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	4219.60
25. SUBTOTAL (add Line 23 and Line 24).....	6261.69
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1010.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	5251.69

# **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 22

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)

**Committee to Elect Vance McAllister**

Full Name (Last, First, Middle Initial)

**Bill Flores for Congress**

Mailing Address P. O. Box 6207

City

Bryan

State

TX

Zip Code

77805

FEC ID number of contributing  
federal political committee.

**C** C00472241

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
12 02 2014

**Transaction ID : SA11C.6315**

Amount of Each Receipt this Period

500.00

redesignation requested

Full Name (Last, First, Middle Initial)

**B.**  
Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify)

☐ General

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**  
Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify)

☐ General

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).....

500.00

500.00

# **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 22

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

NAME OF COMMITTEE (In Full)

**Committee to Elect Vance McAllister**

Full Name (Last, First, Middle Initial)

**Jamestown Associates**

Mailing Address 5 Mapleton Road, #300

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

956.25

Date of Receipt

M M / D D / Y Y Y Y  
12 / 15 / 2014

Transaction ID : SA14.6321

Amount of Each Receipt this Period

956.25

media placement refund

Full Name (Last, First, Middle Initial)

**Jamestown Associates**

Mailing Address 5 Mapleton Road, #300

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

3719.60

Date of Receipt

M M / D D / Y Y Y Y  
12 / 31 / 2014

Transaction ID : SA14.6323

Amount of Each Receipt this Period

2763.35

media placement refund

Full Name (Last, First, Middle Initial)

**C.**  
Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify)

☐ General

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).....

3719.60

3719.60



**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 8 OF 22

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

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

**TERMS**

Date Incurred

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

Date Due

M M / D D / Y Y Y Y  
NONE

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

50000.00

**TOTALS** This Period (last page in this line only)..... ►

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



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

PAGE 9 OF 22

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4525

Committee to Elect Vance McAllister

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

**[PERSONAL FUNDS]**

Election: 2013

Vance Michael McAllister

☐ Primary☐ General☒ Other (specify) ▼

Special-General

Mailing Address

2460 Highway 594

City

State

ZIP Code

Monroe

LA

71203

Original Amount of Loan

40000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

40000.00

**TERMS**

Date Incurred

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

Date Due

M M / D D / Y Y Y Y  
NONE

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

40000.00

**TOTALS** This Period (last page in this line only)..... ►

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

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

PAGE 10 OF 22

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4526

Committee to Elect Vance McAllister

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

**[PERSONAL FUNDS]**

Election: 2013

Vance Michael McAllister

☐ Primary☐ General☒ Other (specify) ▼

Special-General

Mailing Address

2460 Highway 594

City

State

ZIP Code

Monroe

LA

71203

Original Amount of Loan

19900.00

Cumulative Payment To Date

15000.00

Balance Outstanding at Close of This Period

4900.00

**TERMS**

Date Incurred

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

Date Due

M M / D D / Y Y Y Y  
NONE

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

4900.00

**TOTALS** This Period (last page in this line only)..... ►

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 11 OF 22

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5356

Committee to Elect Vance McAllister

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

Vance Michael McAllister

Election: 2013

☐ Primary☐ General☒ Other (specify) ▼

Special-General

Mailing Address

2460 Highway 594

City

State

ZIP Code

Monroe

LA

71203

Original Amount of Loan

30100.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30100.00

**TERMS**

Date Incurred

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

Date Due

M M / D D / Y Y  
/ / /

/ / /

Y Y Y Y  
NONE

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

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

PAGE 12 OF 22

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4527

Committee to Elect Vance McAllister

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

Vance Michael McAllister

Election: 2013

☐ Primary☐ General☒ Other (specify) ▼

Special-General

Mailing Address

2460 Highway 594

City

State

ZIP Code

Monroe

LA

71203

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

**TERMS**

Date Incurred

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

Date Due

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

Y NONE Y

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

20000.00

**TOTALS** This Period (last page in this line only)..... ►

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 13 OF 22

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4309

Committee to Elect Vance McAllister

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

Vance Michael McAllister

Election: 2013

☐ Primary☐ General☒ Other (specify) ▼

Runoff

Mailing Address

2460 Highway 594

City

State

ZIP Code

Monroe

LA

71203

Original Amount of Loan

75000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

75000.00

**TERMS**

Date Incurred

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

Date Due

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

Y NONE Y

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

75000.00

**TOTALS** This Period (last page in this line only)..... ►

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 14 OF 22

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

Date Due

M M / D D / Y Y Y Y  
NONE

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

175000.00

**TOTALS** This Period (last page in this line only)..... ►

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

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

PAGE 15 OF 22

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5692

Committee to Elect Vance McAllister

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

**[PERSONAL FUNDS]**

Election: 2014

Vance Michael McAllister

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

2460 Highway 594

City

State

ZIP Code

Monroe

LA

71203

Original Amount of Loan

250000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

250000.00

**TERMS**

Date Incurred

M 08 / D 21 / Y 2014 Y

Date Due

M 08 / D 21 / Y 2018 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)..... ►

250000.00

**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

PAGE 16 OF 22

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5703

Committee to Elect Vance McAllister

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

[PERSONAL FUNDS]

Election: 2014

Vance Michael McAllister

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
2460 Highway 594

City

State

ZIP Code

Monroe

LA

71203

Original Amount of Loan

150000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

150000.00

**TERMS**

Date Incurred

M 08 / D 21 / Y 2014 Y

Date Due

M 08 / D 21 / Y 2018 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)..... ►

150000.00

**TOTALS** This Period (last page in this line only)..... ►

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



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

PAGE 17 OF 22

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5985

Committee to Elect Vance McAllister

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

Vance Michael McAllister

**[PERSONAL FUNDS]**

Election: 2014

☐ Primary☒ General☐ Other (specify) ▼

Mailing Address

2460 Highway 594

City

State

ZIP Code

Monroe

LA

71203

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

**TERMS**

Date Incurred

M M / D D / Y Y  
10 16 / 2014

Date Due

M M / D D / Y Y  
10 16 / 2016

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)..... ►

15000.00

**TOTALS** This Period (last page in this line only)..... ►

810000.00

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 18 OF 22

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Committee to Elect Vance McAllister**

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

**DeWitt, French, Giger & Sitton, LLP**Nature of Debt (Purpose):  
accounting services

Mailing Address 1871 Hudson Circle

City State

Zip Code

Monroe

LA

71201

Outstanding Balance Beginning This Period

3000.00

**Transaction ID : SD10.5546**

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

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

**DeWitt, French, Giger & Sitton, LLP**Nature of Debt (Purpose):  
accounting services

Mailing Address 1871 Hudson Circle

City State

Zip Code

Monroe

LA

71201

Outstanding Balance Beginning This Period

6459.32

**Transaction ID : SD10.5922**

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6459.32

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

**DeWitt, French, Giger & Sitton, LLP**Nature of Debt (Purpose):  
accounting services

Mailing Address 1871 Hudson Circle

City

State

Zip Code

Monroe

LA

71201

Outstanding Balance Beginning This Period

141.05

**Transaction ID : SD10.6304**

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

141.05

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

9600.37

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

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

PAGE 19 OF 22

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Committee to Elect Vance McAllister**

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

**DeWitt, French, Giger & Sitton, LLP**Nature of Debt (Purpose):  
accounting services

Mailing Address 1871 Hudson Circle

City State

Zip Code

Monroe

LA

71201

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.6328

Amount Incurred This Period

146.77

Payment This Period

0.00

Outstanding Balance at Close of This Period

146.77

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

**K&L Gates, LLP**Nature of Debt (Purpose):  
legal services

Mailing Address 925 Fourth Avenue, #2900

City State

Zip Code

Seattle

WA

98104

Outstanding Balance Beginning This Period

467.49

Transaction ID : SD10.5548

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

467.49

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

**K&L Gates, LLP**Nature of Debt (Purpose):  
legal services

Mailing Address 925 Fourth Avenue, #2900

City State

Zip Code

Seattle

WA

98104

Outstanding Balance Beginning This Period

15061.34

Transaction ID : SD10.5923

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15061.34

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

15675.60

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

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

PAGE 20 OF 22

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, LLP**Nature of Debt (Purpose):  
legal services

Mailing Address 925 Fourth Avenue, #2900

City State  
SeattleZip Code  
WA 98104

Outstanding Balance Beginning This Period

11115.79

Transaction ID : SD10.5981

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11115.79

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

**K&L Gates, LLP**Nature of Debt (Purpose):  
legal services

Mailing Address 925 Fourth Avenue, #2900

City State  
SeattleZip Code  
WA 98104

Outstanding Balance Beginning This Period

7738.79

Transaction ID : SD10.6006

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7738.79

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

**KB Strategic Group**Nature of Debt (Purpose):  
fundraising consulting

Mailing Address 3213 Duke Street, #700

City State Zip Code  
Alexandria VA 22314

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.6303

Amount Incurred This Period

0.00

Payment This Period

1000.00

Outstanding Balance at Close of This Period

0.00

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

18854.58

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

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

PAGE 21 OF 22

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Committee to Elect Vance McAllister**

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

**Nungesser Consulting, LLC**

Nature of Debt (Purpose):

fundraising consulting-disputed debt

Mailing Address 1554 Lobdell Avenue

City State

Zip Code

Baton Rouge

LA

70806

Outstanding Balance Beginning This Period

46313.58

Transaction ID : SD10.5639

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

46313.58

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

**Nungesser Consulting, LLC**

Nature of Debt (Purpose):

fundraising consulting

Mailing Address 1554 Lobdell Avenue

City State

Zip Code

Baton Rouge

LA

70806

Outstanding Balance Beginning This Period

214.60

Transaction ID : SD10.5640

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

214.60

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

**Red Print Strategy**

Nature of Debt (Purpose):

campaign consulting

Mailing Address 311 S. Fillmore Street

City

State

Zip Code

Arlington

VA

22204

Outstanding Balance Beginning This Period

65000.00

Transaction ID : SD10.5375

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

65000.00

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

111528.18

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) ▶

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

PAGE 22 OF 22

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

**Robert Watkins & Company**Nature of Debt (Purpose):  
accounting services

Mailing Address 610 S. Boulevard

City State

Zip Code

Tampa

FL

33606

Outstanding Balance Beginning This Period

3639.53

Transaction ID : SD10.6310

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3639.53

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

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

3639.53

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

159298.26

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

810000.00

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

969298.26