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Image# 15950146763

FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3		For An		zed Comr	nittee			Office	e Use Only
1. NAME OF COMMITTEE (in	full)	TYPE OR PRI	NT ▼		mple: If typing	g, type	12FE4M	5	
Committee to	Elect V	ance McAllis	ster						ı
ADDRESS (number ar	nd street)	P. O. Box 45	78						
Check if dit	ferent								
than previo	usly	Monroe					LA [	71211	
2. <b>FEC IDENTIFIC</b>	CATION	NUMBER ▼		CITY A			STATE A		ZIP CODE A STATE ▼ DISTRICT
C C0054938	52			IS THIS REPORT	× NEW (N)	OR	AMENI (A)	DED	LA 05
			1						
4. TYPE OF RE	•	Choose One)	(b) 1	2-Day PRE-	Election Repo	rt for the:			
(a) Quarterly R	eports.				Primary (12P)		General (	12G)	Runoff (12R)
April 15	Quarterl	y Report (Q1)			Convention (1	12C)	Special (1	12S)	
July 15	Quarterly	/ Report (Q2)						,	
Octobe	r 15 Qua	rterly Report (Q3)		Election on	M - M /	D D /	Y - Y - Y - Y		in the State of
X January	/ 31 Year-	-End Report (YE)	(c) 3	0-Day <b>POS1</b>	-Election Rep	ort for the:			
					General (30G		Runoff (3	0R)	Special (30S)
Termina	ation Repo	ort (TER)		Election on	M M /	D D /	Y Y Y Y		in the State of
5. Covering Period	N	111 / 25		)14 Y	through	M M M 12	/ 31 /		y y y y 2014
I certify that I have e	examined	this Report and	to the be	st of my kno	owledge and k	pelief it is tr	ue, correct an	d com	pplete.
Type or Print Name	of Treasu	rer Nancy H. W	atkins						
Signature of Treasure	er <u>N</u>	ancy H. Watkins			Electronically F	Filed] D	oate 01	/	29 / Y Y Y Y Y 2015
NOTE: Submission of	false, err	oneous, or incomp	lete infor	mation may s	ubject the pers	son signing t	his Report to t	the per	nalties of 2 U.S.C. §437g.
Office Use								FI	EC FORM 3
Only									Revised 02/2003)

#### **SUMMARY PAGE**

2014

of Receipts and Disbursements FEC Form 3 (Revised 02/2003)

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2014

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Write or Type Committee Name

#### Committee to Elect Vance McAllister

Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 500.00 500.00 (other than loans) (from Line 11(e)) .... (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) ..... (c) Net Contributions (other than loans) 500.00 500.00 (subtract Line 6(b) from Line 6(a)) ...... Net Operating Expenditures (a) Total Operating Expenditures 1010.00 11576.90 (from Line 17) ..... (b) Total Offsets to Operating 3719.60 3719.60 Expenditures (from Line 14)..... (c) Net Operating Expenditures -2709.60 7857.30 (subtract Line 7(b) from Line 7(a)) ...... Cash on Hand at Close of 5251.69 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 969298.26 Schedule C and/or Schedule D).....

#### 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

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FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

### Committee to Elect Vance McAllister

Report Covering the Period: From: 11 25 2014 To: 12 31 2014

	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11.	CONTRIBUTIONS (other than loans) FROM:		
	(a) Individuals/Persons Other Than		
	Political Committees (i) Itemized (use Schedule A)	0.00	0.00
	(ii) Unitemized	0.00	0.00
	(iii) TOTAL of contributions from individuals	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	500.00	500.00
	(d) The Candidate	0.00	0.00
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	500.00	500.00
2.	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
3.	LOANS:		
	(a) Made or Guaranteed by the Candidate	0.00	0.00
	(b) All Other Loans	0.00	0.00
	(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	0.00
4.	OFFSETS TO OPERATING		
	EXPENDITURES (Refunds, Rebates, etc.)	3719.60	3719.60
5.	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
6.	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	4219.60	4219.60

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3 (Revised 02/2003)

pursements

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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
	(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.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	1010.00	11576.90
	III. CASH SU	MMARY	
23.	CASH ON HAND AT BEGINNING OF REPORT	TING PERIOD	2042.09
24	TOTAL RECEIPTS THIS PERIOD (from Line 10	6, page 3)	4219.60
25.	SUBTOTAL (add Line 23 and Line 24)		6261.69
26.	TOTAL DISBURSEMENTS THIS PERIOD (from	ı Line 22)	1010.00
27.	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)		5251.69

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

	FC	R LINE I	NU	MBER:		PAGE	Ę	OF	=	22
Use separate schedule(s)	(ch	neck only	or	ne)			_			
for each category of the Detailed Summary Page		11a		11b	X	11c		11d		_
Detailed Suffillary Page		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 Date of Receipt Mailing Address P. O. Box 6207 2014 02 City State Zip Code Transaction ID: SA11C.6315 TX 77805 Bryan FEC ID number of contributing Amount of Each Receipt this Period C00472241 federal political committee. 500.00 Name of Employer Occupation redesignation requested Receipt For: 2014 Election Cycle-to-Date Primary X General 500.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) 500.00 SUBTOTAL of Receipts This Page (optional)..... 500.00 TOTAL This Period (last page this line number only).....

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

Image# 15950146768					
SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 22  11c		
any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions r 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		Date of Receipt	/ Y Y Y Y Y Y 2014		
City State Princeton NJ	Zip Code 08540	Transaction ID : SA14.			
FEC ID number of contributing federal political committee.		Amount of Each Rec	eipt this Period		

Committee to Elect Vance McAllister Full Name (Last, First, Middle Initial) Jamestown Associates Mailing Address 5 Mapleton Road, #300 City State NJ Princeton FEC ID number of contributing C federal political committee. 956.25 Name of Employer Occupation media placement refund Receipt For: 2014 Election Cycle-to-Date Primary X General 956.25 Other (specify) Full Name (Last, First, Middle Initial) Jamestown Associates Date of Receipt Mailing Address 5 Mapleton Road, #300 31 2014 City State Zip Code Transaction ID: SA14.6323 Princeton NJ 08540 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 2763.35 Name of Employer Occupation media placement refund Receipt For: 2014 Election Cycle-to-Date ✓ General Primary 3719.60 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) 3719.60 SUBTOTAL of Receipts This Page (optional)..... 3719.60 TOTAL This Period (last page this line number only).....

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

								22
	FOR LINE	NUMBE	R:		PAGE	- /	OF	22
Use separate schedule(s)	(check onl	y one)						
for each category of the Detailed Summary Page	×	17		18		19a		191
Detailed Suffillary Fage		20a		20b		20c		21
y not be sold or used by any	person for	the purpo	ose	of so	licitina	cont	ributio	การ

_	I		20a     20b     20c     21
	y information copied from such Reports and Statements may not be sold or u for commercial purposes, other than using the name and address of any polit		rson for the purpose of soliciting contributions
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)  Committee to Elect Vance McAllister		
/			
	Full Name (Last, First, Middle Initial)		Date of Disbursement
٩.	KB Strategic Group		
	Mailing Address 3213 Duke Street, #700		12 05 2014
	City State Zip Code		Amount of Each Disbursement this Period
	Alexandria VA 22314		
	Purpose of Disbursement fundraising consulting		1000.00 Transaction ID : SB17.6330
	Candidate Name	Category/ Type	
	Office Sought: House Disbursement For: 2014		
	Senate Primary General		
	President Other (specify) State: District:		
	Full Name (Last, First, Middle Initial)		
3.			Date of Disbursement
٠.	Add Proc Address		M M / D D / Y Y Y
	Mailing Address		
	City State Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement		
	Candidate Name	Category/ Type	
	Office Sought:    House   Disbursement For:   Primary   General		
	Full Name (Last, First, Middle Initial)		
Э.	(,,)		Date of Disbursement
	Mailing Address		M M / D D / Y Y Y
	City State Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement	· · · ·	
	Candidate Name	Category/ Type	
	Office Sought:  House Senate President  State:  Disbursement For: Primary Other (specify)		
s	UBTOTAL of Disbursements This Page (optional)		1000.00
_			1000.00
Т	OTAL This Period (last page this line number only)		1000.00

Use separate schedule(s) for each category of the

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OF

**LOANS** (check only one) Detailed Summary Page Transaction ID: SC/10.4543 NAME OF COMMITTEE (In Full) Committee to Elect Vance McAllister LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2013 [PERSONAL FUNDS] Primary Vance Michael McAllister General Mailing Address X Other (specify) 2460 Highway 594 Special-General State ZIP Code City LA 71203 Monroe Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 50000.00 0.00 50000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 10<sup>M</sup> 03 2013 0.00 NONE % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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.

Use separate schedule(s) for each category of the

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Detailed Summary Page Transaction ID: SC/10.4525 NAME OF COMMITTEE (In Full) Committee to Elect Vance McAllister LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2013 [PERSONAL FUNDS] Primary Vance Michael McAllister General X Other (specify) Mailing Address 2460 Highway 594 Special-General State ZIP Code City LA 71203 Monroe Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 40000.00 0.00 40000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 10<sup>M</sup> <sup>D</sup>10<sup>D</sup> 2013 0.00 NONE % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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.

Use separate schedule(s) for each category of the

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Detailed Summary Page Transaction ID: SC/10.4526 NAME OF COMMITTEE (In Full) Committee to Elect Vance McAllister LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2013 [PERSONAL FUNDS] Primary Vance Michael McAllister General Mailing Address X Other (specify) 2460 Highway 594 Special-General State ZIP Code City LA 71203 Monroe Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 4900.00 19900.00 15000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 10<sup>M</sup> <sup>D</sup> 17 2013 0.00 NONE % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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.

Use separate schedule(s) for each category of the

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ME OF COMMITTEE (In Full)  committee to Elect Vance McAllister  LOAN SOURCE Full Name (Last, First, Middle Initial)	Transaction ID : SC/10.5356
LOAN SOURCE Full Name (Last, First, Middle Initial)	··
Terms (East, 1 met, 1 maile minary	Election: 2013
Vance Michael McAllister	Primary  General
Mailing Address 2460 Highway 594	Other (specify) ▼ Special-General
City State ZIP C	ode
Monroe LA 71203	3
Original Amount of Loan Cumulative Payment T	o Date Balance Outstanding at Close of This Peri
30100.00	0.00 30100.00
TERMS Date Incurred Date Due	e Interest Rate Secured:
M <sub>10</sub> M / D <sub>17</sub> D / Y 2013 Y M M / D D / Y	NONE O.00 % (apr)
List All Endorsers or Guarantors (if any) to Loan Source	165
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
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
Other 7ID Orde	Amount Guaranteed
City State ZIP Code	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
UBTOTALS This Period This Page (optional)  OTALS This Period (last page in this line only)	30100.00

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

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	Detailed Summary Page 13b			
AME OF COMMITTEE (In Full)	Transaction ID : SC/10.4527			
Committee to Elect Vance McAllister				
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election: 2013			
Vance Michael McAllister	Primary  General			
Mailing Address 2460 Highway 594	Other (specify) ▼ Special-General			
City State ZIP C	ode			
Monroe LA 71203	3			
Original Amount of Loan Cumulative Payment T	o Date Balance Outstanding at Close of This Period			
20000.00	0.00 20000.00			
TERMS  Date Incurred  Date Due	e Interest Rate Secured:			
M10 <sup>M</sup> / D18 <sup>D</sup> / Y 2013 Y M M / D D / Y	NŎNĚ O.00 % (apr) Yes No			
List All Endorsers or Guarantors (if any) to Loan Source				
1. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding			
2. Full Name (Last, First, Middle Initial)	Outstanding:  Name of Employer			
Mailing Address	Occupation			
	Amount Guaranteed			
City State ZIP Code	Outstanding:			
3. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3, Schedule D, for this line. It	f no Schedule D, carry forward to appropriate line of Summary.			

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

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Detailed Summary Page Transaction ID: SC/10.4309 NAME OF COMMITTEE (In Full) Committee to Elect Vance McAllister LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2013 Primary Vance Michael McAllister General Mailing Address X Other (specify) 2460 Highway 594 Runoff State ZIP Code City LA 71203 Monroe 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: <sup>M</sup> 10<sup>M</sup> <sup>D</sup>29<sup>D</sup> 2013 0.00 NONE % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

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Detailed Summary Page Transaction ID: SC/10.4577 NAME OF COMMITTEE (In Full) Committee to Elect Vance McAllister LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2013 Primary Vance Michael McAllister General Mailing Address X Other (specify) 2460 Highway 594 Runoff State ZIP Code City LA 71203 Monroe 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: м <sub>= М</sub> 05 2013 0.00 NONE % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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.

Use separate schedule(s) for each category of the

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(check only one) Detailed Summary Page Transaction ID: SC/10.5692 NAME OF COMMITTEE (In Full) Committee to Elect Vance McAllister LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Vance Michael McAllister General Mailing Address Other (specify)  $\blacktriangledown$ 2460 Highway 594 State ZIP Code City LA 71203 Monroe Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 250000.00 0.00 250000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup>21 <sup>D</sup>21 <sup>D</sup> <sup>M</sup> 08<sup>M</sup> ž014 80<sup>M</sup> 2018 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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.

Use separate schedule(s) for each category of the

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(check only one) Detailed Summary Page Transaction ID: SC/10.5703 NAME OF COMMITTEE (In Full) Committee to Elect Vance McAllister LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Vance Michael McAllister General Mailing Address Other (specify) 2460 Highway 594 State ZIP Code City LA 71203 Monroe Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 150000.00 0.00 150000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup>21 <sup>D</sup>21 <sup>D</sup> <sup>M</sup>08<sup>M</sup> ž014 80<sup>M</sup> 2018 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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.

Use separate schedule(s) for each category of the

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(check only one) Detailed Summary Page Transaction ID: SC/10.5985 NAME OF COMMITTEE (In Full) Committee to Elect Vance McAllister LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Vance Michael McAllister General Mailing Address Other (specify) 2460 Highway 594 State ZIP Code City LA 71203 Monroe Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 15000.00 0.00 15000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup>16<sup>D</sup> <sup>M</sup> 10<sup>M</sup> ž014 <sup>M</sup>10 <sup>D</sup>16 2016 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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.

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 18 OF
FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)		
Committee to	Elect Vance	<b>McAllister</b>

Δ Full Name (Last First Middle Initial) of Debto	or Creditor	Nature of Debt (Purpose):
<ul> <li>A. Full Name (Last, First, Middle Initial) of Debto</li> <li>DeWitt, French, Giger &amp; Sitton, L</li> </ul>	accounting services	
Mailing Address 1871 Hudson Circle		
City State	Zip Code	
Monroe	LA 71201	
Outstanding Balance Beginning This Period		Transaction ID: SD10.5546
3000.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	3000.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Purpose):
DeWitt, French, Giger & Sitton, L	LP	accounting services
Mailing Address 1871 Hudson Circle		
City State	Zip Code	
Monroe	LA 71201	
Outstanding Balance Beginning This Period		Transaction ID : SD10.5922
6459.32		
9 9 9		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	6459.32
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of Debt (Purpose):
DeWitt, French, Giger & Sitton, L	LP	accounting services
Mailing Address 1871 Hudson Circle		
City	State Zip Code	
Monroe	LA 71201	
Outstanding Balance Beginning This Period		Transaction ID : SD10.6304
141.05		
9 9		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	141.05
		9600.37
SUBTOTALS This Period This Page (optional)		3000.31
TOTALS This Period (last page this line number	only)	
TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	
	line of Summary Page (last page only)	

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 19 OF
FOR LINE NUMBER:
(check only one)

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22

NAME OF COMMITTEE (In Full)

	committee to Elect val	nce ivic	Allister		
	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 Monroe	Zip Code LA	71201		
	Outstanding Balance Beginning This Period  0.00	_			Transaction ID : SD10.6328
	Amount Incurred This Period 146.77	Pay	ment This Period	0.00	Outstanding Balance at Close of This Period 146.77
	B. Full Name (Last, First, Middle Initial) of Debtor K&L Gates, LLP	r or Creditor			Nature of Debt (Purpose): legal services
	Mailing Address 925 Fourth Avenue, #2900				
	City State Seattle	Zip Code WA	98104		
	Outstanding Balance Beginning This Period 467.49				Transaction ID : SD10.5548
	Amount Incurred This Period 0.00	Pay	ment This Period	0.00	Outstanding Balance at Close of This Period 467.49
	C. Full Name (Last, First, Middle Initial) of Debto  K&L Gates, LLP	or or Creditor			Nature of Debt (Purpose): legal services
	Mailing Address 925 Fourth Avenue, #2900				
	City Seattle	State WA	Zip Code 98104		
	Outstanding Balance Beginning This Period				Transaction ID : SD10.5923
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
	0.00		7	0.00	15061.34
1)	SUBTOTALS This Period This Page (optional)			<b>&gt;</b>	15675.60
2)	TOTALS This Period (last page this line number	r only)		<b>&gt;</b>	
3)	TOTAL OUTSTANDING LOANS from Schedule	C (last page or	nly)	<b>&gt;</b>	
4)	ADD 2) and 3) and carry forward to appropriate	e line of Summa	ary Page (last page	e only)	

Outstanding Balance Beginning This Period

Amount Incurred This Period

1000.00

0.00

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 20 OF
FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initia K&L Gates, LLP	Nature of Debt (Purpose): legal services			
Mailing Address 925 Fourth Avenue, #	‡2900			
City State Seattle	Zip Code WA	98104		
Outstanding Balance Beginning This	Period			Transaction ID : SD10.5981
11115	.79			
Amount Incurred This Period	Paym	nent This Period		Outstanding Balance at Close of This Period
0	.00	7	0.00	11115.79
B. Full Name (Last, First, Middle Initial)	of Debtor of Creditor			Nature of Debt (Purpose):
K&L Gates, LLP  Mailing Address 925 Fourth Avenue, #				legal services
,		98104		
Mailing Address 925 Fourth Avenue, #	2900 Zip Code WA	98104		
Mailing Address 925 Fourth Avenue, #  City State Seattle	2900 Zip Code WA Period	98104		legal services
Mailing Address 925 Fourth Avenue, #  City State Seattle  Outstanding Balance Beginning This	Zip Code WA Period	98104		legal services
Mailing Address 925 Fourth Avenue, # City State Seattle  Outstanding Balance Beginning This 7738 Amount Incurred This Period	Zip Code WA Period		0.00	Iegal services  Transaction ID : SD10.6006
Mailing Address 925 Fourth Avenue, #  City State Seattle  Outstanding Balance Beginning This  7738  Amount Incurred This Period	Zip Code WA  Period .79  Paym		0.00	Transaction ID : SD10.6006  Outstanding Balance at Close of This Period 7738.79  Nature of Debt (Purpose):
Mailing Address 925 Fourth Avenue, #  City State Seattle  Outstanding Balance Beginning This 7738  Amount Incurred This Period	Zip Code WA  Period .79  Paym		0.00	Transaction ID : SD10.6006  Outstanding Balance at Close of This Period 7738.79
Mailing Address 925 Fourth Avenue, #  City State Seattle  Outstanding Balance Beginning This  7738  Amount Incurred This Period  0  C. Full Name (Last, First, Middle Initia	Zip Code WA  Period  .79  Paym .00		0.00	Transaction ID : SD10.6006  Outstanding Balance at Close of This Period 7738.79  Nature of Debt (Purpose):
Mailing Address 925 Fourth Avenue, #  City State Seattle  Outstanding Balance Beginning This 7738  Amount Incurred This Period  C. Full Name (Last, First, Middle Initial KB Strategic Group	Zip Code WA  Period  .79  Paym .00		0.00	Transaction ID : SD10.6006  Outstanding Balance at Close of This Period 7738.79  Nature of Debt (Purpose):

1)	SUBTOTALS This Period This Page (optional)			Ξ	7		_	7	Ξ	188	54.5	8
2)	TOTALS This Period (last page this line number only)			_	7	Ξ	_	7	_	Ξ	_	
3)	TOTAL OUTSTANDING LOANS from Schedule C (last page only)	L	_	_	7	_	_	7	_	-	_	
4)	ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)		_	_	7	_	_	7	_	_	-	

Payment This Period

1000.00

Transaction ID: SD10.6303

Outstanding Balance at Close of This Period

0.00

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 21 OF
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NAME OF COMMITTEE (In Full)

(	C	mmittee	to	Ele	ect	Van	ce	McAlliste	ŗ
	Δ	Full Name (Last	Firet M	liddla	Initial) o	f Debtor c	or Cro	ditor	

O O I I I I I I I I I I I I I I I I I I	100 1110	***************************************	
A. Full Name (Last, First, Middle Initial) of Debto Nungesser Consulting, LLC	Nature of Debt (Purpose): fundraising consulting-disputed debt		
Mailing Address 1554 Lobdell Avenue			
City State	Zip Code		
Baton Rouge	Σίρ Code LA	70806	
Outstanding Balance Beginning This Period			Transaction ID : SD10.5639
46313.58			
Amount Incurred This Period	Payn	nent This Period	Outstanding Balance at Close of This Period
0.00		0.0	46313.58
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose):
Nungesser Consulting, LLC			fundraising consulting
Mailing Address 1554 Lobdell Avenue			
City State	Zip Code		
Baton Rouge	LA	70806	
Outstanding Balance Beginning This Period			Transaction ID : SD10.5640
214.60			
Amount Inquired This Poried	Dove	nent This Period	Outstanding Polance at Class of This Povind
Amount Incurred This Period	Fayii		Outstanding Balance at Close of This Period
0.00	,	0.0	214.60
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of Debt (Purpose):
Red Print Strategy			campaign consulting
Mailing Address 311 S. Fillmore Street			
City	State	Zip Code	
Arlington	VA	22204	
Outstanding Balance Beginning This Period			Transaction ID : SD10.5375
65000.00			
Amount Incurred This Period	Payn	nent This Period	Outstanding Balance at Close of This Period
0.00		0.0	65000.00
			111528.18
SUBTOTALS This Period This Page (optional)			
) TOTALS This Period (last page this line number	only)		<b>&gt;</b>
) TOTAL OUTSTANDING LOANS from Schedule	C (last page onl	y)	· -
ADD 2) and 3) and carry forward to appropriate	line of Summar	ry Page (last page only	y) <b>&gt;</b>

Excluding Loans

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Committee (In Full)	nce McAllister				
A. Full Name (Last, First, Middle Initial) of Debt Robert Watkins & Company	Nature of Debt (Purpose): accounting services				
Mailing Address 610 S. Boulevard					
City State Tampa	Zip Code FL 33606				
Outstanding Balance Beginning This Period 3639.53		Transaction ID : SD10.6310			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period			
0.00	0.00	3639.53			
B. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of Debt (Purpose):			
Mailing Address					
City State	Zip Code				
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period			
C. Full Name (Last, First, Middle Initial) of Debt	or 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			
SUBTOTALS This Period This Page (optional)		3639.53			
TOTALS This Period (last page this line number	r only)	159298.26			
TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	810000.00			
ADD 2) and 3) and carry forward to appropriat	969298.26				