

**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 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

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

11 / 04 / 2014

in the State of

LA

5. Covering Period

M M / D D / Y Y Y Y

10 / 16 / 2014

through

M M / D D / Y Y Y Y

11 / 24 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Nancy H. Watkins

Signature of Treasurer

Nancy H. Watkins

[Electronically Filed]

Date

M M / D D / Y Y Y Y

12 / 04 / 2014

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

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

## Committee to Elect Vance McAllister

	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)) ....	40438.00	269991.63
(b) Total Contribution Refunds (from Line 20(d)) .....	100.00	12000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	40338.00	257991.63
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	62126.80	719913.58
(b) Total Offsets to Operating Expenditures (from Line 14) .....	91.98	19896.98
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	62034.82	700016.60
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	2042.09	
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) .....	970151.49	

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

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

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- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Committee to Elect Vance McAllister

Report Covering the Period:

From:

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

To:

M M	/	D D	/	Y Y Y Y
11		24		2014

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

**COLUMN B**  
Election Cycle Total as of

**COLUMN C**  
Total for

M M	/	D D	/	Y Y Y Y
11		04		2014

  
(date of general election)

M M	/	D D	/	Y Y Y Y
11		05		2014

  
(date after general election)

through

M M	/	D D	/	Y Y Y Y
11		24		2014

  
(last day of reporting period)
**11. CONTRIBUTIONS**

(other than loans) FROM:

- (a) Individuals/Persons Other than Political Committees  
(i) Itemized (use Schedule A)

36838.00
----------

99288.00
----------

0.00
------

(ii) Unitemized

100.00
--------

6055.00
---------

0.00
------

(iii) Total of contributions from individuals

36938.00
----------

105343.00
-----------

0.00
------

(b) Political Party Committees

0.00
------

2000.00
---------

0.00
------

(c) Other Political Committees

3500.00
---------

131348.63
-----------

0.00
------

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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<b>COLUMN A</b> <b>Total this Period</b>	<b>COLUMN B</b> <b>Election Cycle Total as of *</b> (date of general election) (* See page 5 for date)	<b>COLUMN C</b> <b>Total for *</b> (date after general election) <b>through *</b> (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	31300.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
40438.00	269991.63	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
15000.00	415000.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
15000.00	415000.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
91.98	19896.98	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	1532.88	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
55529.98	706421.49	0.00

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 54

Write or Type Committee Name

Committee to Elect Vance McAllister

Report Covering the Period:

From:

M M /

D D /

Y Y Y Y Y Y

10 16 2014

To:

M M /

D D /

Y Y Y Y Y Y

11 24 2014

**II. DISBURSEMENTS****COLUMN A**  
Total this Period**COLUMN B**  
Election Cycle Total as of \*  
(date of general election)  
(\* See page 5 for date)**COLUMN C**  
Total for \* (date after general election)  
through \* (last day of reporting period)  
(\* See page 5 for dates)

## 17. OPERATING EXPENDITURES

62126.80

719913.58

10566.90

## 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES

0.00

0.00

0.00

## 19. LOAN REPAYMENTS:

(a) Of Loans Made or Guaranteed by the Candidate

0.00

15000.00

0.00

(b) Of All Other Loans

0.00

0.00

0.00

(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))

0.00

15000.00

0.00

## 20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other Than Political Committees

100.00

12000.00

0.00

(b) Political Party Committees

0.00

0.00

0.00

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 54

<b>COLUMN A</b> <b>Total this Period</b>	<b>COLUMN B</b> <b>Election Cycle Total as of *</b> (date of general election) (* See page 5 for date)	<b>COLUMN C</b> <b>Total for *</b> (date after general election) <b>through *</b> (last day of reporting period) (* See page 5 for dates)
---	---	--

(c) Other Political Committees (such as PACs)

0.00

0.00

0.00

(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

100.00

12000.00

0.00

**21. OTHER DISBURSEMENTS**

0.00

600.00

0.00

**22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)**

62226.80

747513.58

10566.90

**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

40338.00

257991.63

0.00

**IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

62034.82

700016.60

10566.90

**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....

25. SUBTOTAL (add Line 23 and Line 24).....

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)

8738.91

55529.98

64268.89

62226.80

2042.09

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

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

FOR LINE NUMBER:

PAGE 7 OF 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial)

Marylu Booth

Mailing Address 519 E. Interstate 30, #627

City

Rockwall

State

TX

Zip Code

75087

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Forney ISD

Occupation

teacher

Receipt For: 2013

☐ Primary☐ General☒ Other (specify)

Runoff

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		03		2014

Transaction ID : SA11AI.6096

Amount of Each Receipt this Period

2500.00

debt retirement

Full Name (Last, First, Middle Initial)

Marylu Booth

Mailing Address 519 E. Interstate 30, #627

City

Rockwall

State

TX

Zip Code

75087

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Forney ISD

Occupation

teacher

Receipt For: 2014

☒ Primary☐ General☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		03		2014

Transaction ID : SA11AI.6098

Amount of Each Receipt this Period

2500.00

debt retirement

Full Name (Last, First, Middle Initial)

Paul D. Booth

Mailing Address 519 E. Interstate 30, #627

City

Rockwall

State

TX

Zip Code

75087

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Integral Software Solutions

Occupation

president

Receipt For: 2013

☐ Primary☐ General☒ Other (specify)

Runoff

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		03		2014

Transaction ID : SA11AI.6093

Amount of Each Receipt this Period

2500.00

debt retirement

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

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

7500.00

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

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

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial)

A. Paul D. Booth

Mailing Address 519 E. Interstate 30, #627

City

Rockwall

State

TX

Zip Code

75087

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Integral Software Solutions

Occupation

president

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2014

Transaction ID : SA11AI.6095

Amount of Each Receipt this Period

2500.00

debt retirement

Full Name (Last, First, Middle Initial)

B. K. Paul Bullock

Mailing Address 247 Pelican Drive

City

Downsville

State

LA

Zip Code

71234

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JPS Companies

Occupation

owner

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2014

Transaction ID : SA11AI.6068

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Paul Cambon

Mailing Address 908 Croton Drive

City

Alexandria

State

VA

Zip Code

22308

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jones Walker, LLP

Occupation

government relations director

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2014

Transaction ID : SA11AI.6067

Amount of Each Receipt this Period

1000.00

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

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

4500.00



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

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

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial)

A. Roger M. Carter

Mailing Address 6702 E. Bay Blvd.

City

Navarre

State

FL

Zip Code

32566

FEC ID number of contributing  
federal political committee.

C

Name of Employer

n/a

Occupation

retired

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2000.00

Date of Receipt

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

Transaction ID : SA11AI.5994

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Michael J. Claire

Mailing Address 117 Parkwest Drive

City

West Monroe

State

LA

Zip Code

71291

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Urgent Care

Occupation

physician

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2014

Transaction ID : SA11AI.6002

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Clay Falls

Mailing Address 4660 Beverly Drive

City

Dallas

State

TX

Zip Code

75209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

K&amp;L Gates, LLP

Occupation

attorney

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2014

Transaction ID : SA11AI.6080

Amount of Each Receipt this Period

150.00

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

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

1650.00

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

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

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial)

A. Claire Gordon

Mailing Address 5115 Ursula Lane

City

Dallas

State

TX

Zip Code

75229

FEC ID number of contributing federal political committee.

C

Name of Employer

n/a

Occupation

homemaker

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2600.00

Date of Receipt

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

Transaction ID : SA11AI.5987

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

B. Jeff Gordon

Mailing Address 5115 Ursula Lane

City

Dallas

State

TX

Zip Code

75229

FEC ID number of contributing federal political committee.

C

Name of Employer

Texas Coastal

Occupation

executive

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2600.00

Date of Receipt

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

Transaction ID : SA11AI.5988

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

C. Herschel J. Horton

Mailing Address P. O. Box 1634

City

Ferriday

State

LA

Zip Code

71334

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

oil &amp; gas executive

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2014

Transaction ID : SA11AI.6027

Amount of Each Receipt this Period

1000.00

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

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

6200.00

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

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

FOR LINE NUMBER:

PAGE 11 OF 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial)

A. Leroy James

Mailing Address P. O. Box 1393

City

Winnfield

State

LA

Zip Code

71483

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employedOccupation  
oil and gas exec.

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

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

Transaction ID : SA11AI.5989

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

B. Leroy James

Mailing Address P. O. Box 1393

City

Winnfield

State

LA

Zip Code

71483

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employedOccupation  
oil and gas exec.

Receipt For: 2013

☐ Primary ☐ General  
☒ Other (specify) Runoff

Election Cycle-to-Date

3000.00

Date of Receipt

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

Transaction ID : SA11AI.5991

Amount of Each Receipt this Period

400.00

debt retirement

Full Name (Last, First, Middle Initial)

C. William McDonald

Mailing Address P. O. Box 945

City

Newellton

State

LA

Zip Code

71357

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Locust Ridge Gas Co., LLC

Occupation

owner

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2014

Transaction ID : SA11AI.6051

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

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

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

FOR LINE NUMBER:

PAGE 12 OF 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial)

A. Claude Rabb

Mailing Address P. O. Box 562

City

Vidalia

State

LA

Zip Code

71373

FEC ID number of contributing federal political committee.

C

Name of Employer  
self-employedOccupation  
oil & gas executive

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		21		2014

Transaction ID : SA11AI.6029

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Stephen P. Roberts

Mailing Address 2601 Woodlawn Trail

City

Alexandria

State

VA

Zip Code

22306

FEC ID number of contributing federal political committee.

C

Name of Employer  
K&L Gates, LLPOccupation  
attorney

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

288.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		04		2014

Transaction ID : SA11AI.6280

Amount of Each Receipt this Period

288.00

In-kind - lodging

Full Name (Last, First, Middle Initial)

C. Patsy Ruffin

Mailing Address P. O. Box 808

City

Oak Grove

State

LA

Zip Code

71263

FEC ID number of contributing federal political committee.

C

Name of Employer  
n/aOccupation  
retired

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		22		2014

Transaction ID : SA11AI.6040

Amount of Each Receipt this Period

2600.00

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

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

3888.00

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

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

FOR LINE NUMBER:

PAGE 13 OF 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial)

Shelton Ruffin

Mailing Address P. O. Box 828

City

Oak Grove

State

LA

Zip Code

71263

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ruffin Building SystemsOccupation  
owner

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		22		2014

Transaction ID : SA11AI.6041

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

Schneider Farming Partnership

Mailing Address 2122 Highland Road

City

Lake Providence

State

LA

Zip Code

71254

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		03		2014

Transaction ID : SA11AI.6082

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

Frederick H. Schneider, IV

Mailing Address 2122 Highland Road

City

Lake Providence

State

LA

Zip Code

71254

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Schneider Farming PartnershipOccupation  
partner

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

667.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		03		2014

Transaction ID : SA11AI.6082.0

Amount of Each Receipt this Period

667.00

[MEMO ITEM]

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 14 OF 54

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

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NAME OF COMMITTEE (In Full)

**Committee to Elect Vance McAllister**

Full Name (Last, First, Middle Initial)

**Frederick H. Schneider, V**

**A.**

Mailing Address 2122 Highland Road

City

Lake Providence

State

LA

Zip Code

71254

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Schneider Farming Partnership

Occupation

partner

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

667.00

Date of Receipt

M M / D D / Y Y Y Y  
11 / 03 / 2014

**Transaction ID : SA11AI.6082.1**

Amount of Each Receipt this Period

667.00

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**Renee Schneider**

**B.**

Mailing Address 2122 Highland Road

City

Lake Providence

State

LA

Zip Code

71254

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Schneider Farming Partnership

Occupation

partner

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

666.00

Date of Receipt

M M / D D / Y Y Y Y  
11 / 03 / 2014

**Transaction ID : SA11AI.6082.2**

Amount of Each Receipt this Period

666.00

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**Lloyd M. Sivils**

**C.**

Mailing Address 3213 Claiborne Circle

City

Monroe

State

LA

Zip Code

71201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hope's Camper Corner

Occupation

owner

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 20 / 2014

**Transaction ID : SA11AI.6025**

Amount of Each Receipt this Period

1000.00

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

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

1000.00

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

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

FOR LINE NUMBER:

PAGE 15 OF 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial)

Kenneth Smith

A.

Mailing Address P. O. Drawer 671

City

Winnfield

State

LA

Zip Code

71483

FEC ID number of contributing  
federal political committee.

C

Name of Employer

P.K. Smith Motors

Occupation

owner

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		23		2014

Transaction ID : SA11AI.6045

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

John Tudor

B.

Mailing Address P. O. Box 13135

City

Alexandria

State

LA

Zip Code

71315

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

construction

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2500.00

Date of Receipt

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

Transaction ID : SA11AI.5986

Amount of Each Receipt this Period

2500.00

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 M	/	D D D	/	Y Y Y Y Y

Amount of Each Receipt this Period

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

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

3500.00

36838.00

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

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

FOR LINE NUMBER:

PAGE 16 OF 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial)

Committee for the Advancement of Louisiana Agriculture (CALA)

A.

Mailing Address 3000 Kilpatrick Blvd.

City

Monroe

State

LA

Zip Code

71201

FEC ID number of contributing  
federal political committee.

C C00332973

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
10		30		2014

Transaction ID : SA11C.6077

Amount of Each Receipt this Period

1000.00

debt retirement

Full Name (Last, First, Middle Initial)

Louisiana for American Security PAC

B.

Mailing Address 228 Saint Charles Avenue, #1024

City

New Orleans

State

LA

Zip Code

70130

FEC ID number of contributing  
federal political committee.

C C00144170

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
10		16		2014

Transaction ID : SA11C.5993

Amount of Each Receipt this Period

2500.00

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 ☐ 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).....

3500.00

3500.00



# **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 17 OF 54

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

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NAME OF COMMITTEE (In Full)

**Committee to Elect Vance McAllister**

Full Name (Last, First, Middle Initial)

**Vance Michael McAllister**

Mailing Address 2460 Highway 594

City

Monroe

State

LA

Zip Code

71203

FEC ID number of contributing  
federal political committee.

**C** H4LA05130

Name of Employer

U.S. House of Representatives

Occupation

legislator

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

446300.00

Date of Receipt

10 / 16 / 2014

Transaction ID : SA13A.5985

Amount of Each Receipt this Period

15000.00

candidate loan

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

/ /

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

/ /

Amount of Each Receipt this Period

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

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

15000.00

15000.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 54

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

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NAME OF COMMITTEE (In Full)

**Committee to Elect Vance McAllister**

Full Name (Last, First, Middle Initial)

**A. American Viewpoint, Inc.**

Mailing Address 300 N. Lee Street, #400

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement  
survey

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		03		2014

Amount of Each Disbursement this Period

7750.00
---------

Transaction ID : SB17.6090

**B. Patrick C. Barron**

Mailing Address 311 Maryland Avenue, #3

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement  
see memo entries

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		22		2014

Amount of Each Disbursement this Period

1618.79
---------

Transaction ID : SB17.6162

**c. Patrick C. Barron**

Mailing Address 311 Maryland Avenue, #3

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement  
mileage

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		22		2014

Amount of Each Disbursement this Period

376.30
--------

Transaction ID : SB17.6162.0

[MEMO ITEM]

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

9368.79

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 54

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

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NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial)

**A. Magnolia Garden Inn & Suites**

Mailing Address 1640 S. Columbia Street

City	State	Zip Code
Bogalusa	LA	70427

Purpose of Disbursement  
lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 15 / 2014

Amount of Each Disbursement this Period

810.88
--------

Transaction ID : SB17.6162.2

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Pelican State Wholesale, Inc.**

Mailing Address P. O. Box 2974

City	State	Zip Code
Monroe	LA	71201

Purpose of Disbursement  
food & beverage

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 14 / 2014

Amount of Each Disbursement this Period

188.80
--------

Transaction ID : SB17.6162.3

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Deborah F. Blanson**

Mailing Address 3607 Reddix Lane

City	State	Zip Code
Monroe	LA	71202

Purpose of Disbursement  
GOTV Consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 29 / 2014

Amount of Each Disbursement this Period

140.00
--------

Transaction ID : SB17.6195

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

140.00
--------

--

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 54

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

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NAME OF COMMITTEE (In Full)

**Committee to Elect Vance McAllister**

Full Name (Last, First, Middle Initial)

**A. Emanuel Burks**Mailing Address 307 Ransdell Street  
Apt. 1

City Lake Providence State LA Zip Code 71254

Purpose of Disbursement  
GOTV Consulting

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
10		29		2014

Amount of Each Disbursement this Period

120.00
--------

Transaction ID : SB17.6206

**B. Al-Jowayne Carraway**

Mailing Address 1314 Scott St.

City Lake Providence State LA Zip Code 71254

Purpose of Disbursement  
GOTV Consulting

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
10		29		2014

Amount of Each Disbursement this Period

120.00
--------

Transaction ID : SB17.6205

**c. Cenla Signs**

Mailing Address 3219 Masonic Drive

City Alexandria State LA Zip Code 71301

Purpose of Disbursement  
campaign stickers

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
10		28		2014

Amount of Each Disbursement this Period

141.70
--------

Transaction ID : SB17.6062

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

381.70

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 54

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

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NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial)

**A. Comcast Cable**

Mailing Address P. O. Box 105184

City	State	Zip Code
Atlanta	GA	30348

Purpose of Disbursement  
internet access/telephone

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
10		28		2014

Amount of Each Disbursement this Period

258.78
--------

Transaction ID : SB17.6063

**B. Etta L. Cullins**

Mailing Address 4310 Crown Circle

City	State	Zip Code
Monroe	LA	71203

Purpose of Disbursement  
GOTV consulting

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
10		29		2014

Amount of Each Disbursement this Period

140.00
--------

Transaction ID : SB17.6196

**c. Tosha Davis**

Mailing Address 1912 N. 7th Street

City	State	Zip Code
West Monroe	LA	71291

Purpose of Disbursement  
GOTV consulting

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
10		29		2014

Amount of Each Disbursement this Period

120.00
--------

Transaction ID : SB17.6194

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

518.78

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 54

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

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NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial)

**A. Yolanda Doyle**

Mailing Address 901 Robinson Circle

City	State	Zip Code
Winnsboro	LA	71295

Purpose of Disbursement  
GOTV consulting

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
11		03		2014

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : SB17.6221

**B. Eyes Open Productions, LLC**

Mailing Address P. O. Box 13667

City	State	Zip Code
Alexandria	LA	71315

Purpose of Disbursement  
media placement

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
10		20		2014

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : SB17.6007

**C. Fiske Theatre**

Mailing Address 306 E. Main Street

City	State	Zip Code
Oak Grove	LA	71263

Purpose of Disbursement  
advertising

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
10		20		2014

Amount of Each Disbursement this Period

539.00
--------

Transaction ID : SB17.6008

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

4539.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 54

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

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NAME OF COMMITTEE (In Full)

**Committee to Elect Vance McAllister**

Full Name (Last, First, Middle Initial)

**A. Joann Gatlin**Mailing Address 204 Ransdell St.  
Apt. 1City State Zip Code  
Lake Providence LA 71254Purpose of Disbursement  
GOTV consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		29		2014

Amount of Each Disbursement this Period

200.00
--------

Transaction ID : SB17.6213

**B. Christy Gough**

Mailing Address 1008 Cinderella Court

City State Zip Code  
Alexandria LA 71303Purpose of Disbursement  
GOTV consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		20		2014

Amount of Each Disbursement this Period

400.00
--------

Transaction ID : SB17.6103

**c. Christy Gough**

Mailing Address 1008 Cinderella Court

City State Zip Code  
Alexandria LA 71303Purpose of Disbursement  
event/office supplies

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		23		2014

Amount of Each Disbursement this Period

148.43
--------

Transaction ID : SB17.6169

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

748.43

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Committee to Elect Vance McAllister**

Full Name (Last, First, Middle Initial)

**A. Christy Gough**

Mailing Address 1008 Cinderella Court

City	State	Zip Code
Alexandria	LA	71303

Purpose of Disbursement  
GOTV consulting

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 28 / 2014

Amount of Each Disbursement this Period

800.00
--------

Transaction ID : SB17.6178

**B. Kelley Holmes**

Mailing Address 195 George Harris Road

City	State	Zip Code
Monroe	LA	71203

Purpose of Disbursement  
campaign consulting

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 21 / 2014

Amount of Each Disbursement this Period

650.00
--------

Transaction ID : SB17.6015

**c. Kelley Holmes**

Mailing Address 195 George Harris Road

City	State	Zip Code
Monroe	LA	71203

Purpose of Disbursement  
see memo entries

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 21 / 2014

Amount of Each Disbursement this Period

812.79
--------

Transaction ID : SB17.6107

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

2262.79



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial)

**A. Kelley Holmes**

Mailing Address 195 George Harris Road

City	State	Zip Code
Monroe	LA	71203

Purpose of Disbursement  
mileage

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
10		21		2014

Amount of Each Disbursement this Period

757.12
--------

Transaction ID : SB17.6107.0

[MEMO ITEM]

**B. Kelley Holmes**

Mailing Address 195 George Harris Road

City	State	Zip Code
Monroe	LA	71203

Purpose of Disbursement  
campaign consulting

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
10		28		2014

Amount of Each Disbursement this Period

650.00
--------

Transaction ID : SB17.6059

**C. Kelley Holmes**

Mailing Address 195 George Harris Road

City	State	Zip Code
Monroe	LA	71203

Purpose of Disbursement  
campaign consulting

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
11		04		2014

Amount of Each Disbursement this Period

650.00
--------

Transaction ID : SB17.6092

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

1300.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial)

**A. Carolyn D. Hunt**

Mailing Address 3253 Deborah Drive

City	State	Zip Code
Monroe	LA	71201

Purpose of Disbursement  
GOTV consulting

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
10		22		2014

Amount of Each Disbursement this Period

3000.00
---------

Transaction ID : SB17.6163

**B. Carolyn D. Hunt**

Mailing Address 3253 Deborah Drive

City	State	Zip Code
Monroe	LA	71201

Purpose of Disbursement  
GOTV consulting

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
10		29		2014

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB17.6214

**c. Danny Hunt**

Mailing Address 3253 Deborah Drive

City	State	Zip Code
Monroe	LA	71201

Purpose of Disbursement  
GOTV Consulting

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
10		29		2014

Amount of Each Disbursement this Period

200.00
--------

Transaction ID : SB17.6190

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

4200.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Committee to Elect Vance McAllister**

Full Name (Last, First, Middle Initial)

**A. Joyce Jackson**

Mailing Address 1314 Scott St.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		29		2014

City	State	Zip Code
Lake Providence	LA	71254

Purpose of Disbursement  
GOTV consulting

Amount of Each Disbursement this Period

120.00
--------

Transaction ID : SB17.6207

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. Terrance M. Jackson**

Mailing Address 1517 Scott Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		29		2014

City	State	Zip Code
Lake Providence	LA	71254

Purpose of Disbursement  
GOTV consulting

Amount of Each Disbursement this Period

160.00
--------

Transaction ID : SB17.6204

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. Jamestown Associates**

Mailing Address 5 Mapleton Road, #300

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		28		2014

City	State	Zip Code
Princeton	NJ	08540

Purpose of Disbursement  
media placement/production

Amount of Each Disbursement this Period

12625.75
----------

Transaction ID : SB17.6065

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

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

12905.75

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 54

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

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NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial)

**A. Ranata Johnson**

Mailing Address

City State Zip Code

Purpose of Disbursement  
GOTV consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		22		2014

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB17.6116

**B. Rupert E. Jones**

Mailing Address 65 Ransdell St.

City State Zip Code  
Lake Providence LA 71259Purpose of Disbursement  
GOTV consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		29		2014

Amount of Each Disbursement this Period

180.00
--------

Transaction ID : SB17.6203

**C. Claudia Matthews**

Mailing Address 324 W. Hickory Ave.

City State Zip Code  
Bastrop LA 71220Purpose of Disbursement  
GOTV consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		22		2014

Amount of Each Disbursement this Period

275.00
--------

Transaction ID : SB17.6114

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

1455.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 54

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

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NAME OF COMMITTEE (In Full)

**Committee to Elect Vance McAllister**

Full Name (Last, First, Middle Initial)

**A. Claudia Matthews**

Mailing Address 324 W. Hickory Ave.

City	State	Zip Code
Bastrop	LA	71220

Purpose of Disbursement  
GOTV consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 29 / 2014

Amount of Each Disbursement this Period

200.00
--------

Transaction ID : SB17.6202

**B. Claudia Matthews**

Mailing Address 324 W. Hickory Ave.

City	State	Zip Code
Bastrop	LA	71220

Purpose of Disbursement  
GOTV consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
11 / 07 / 2014

Amount of Each Disbursement this Period

200.00
--------

Transaction ID : SB17.6268

**C. William E. McFarland**

Mailing Address 408 Dacron sStreet

City	State	Zip Code
Rayville	LA	71269

Purpose of Disbursement  
GOTV consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
11 / 04 / 2014

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB17.6222

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

1400.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 54

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

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NAME OF COMMITTEE (In Full)

**Committee to Elect Vance McAllister**

Full Name (Last, First, Middle Initial)

**A. Jerry McWright**Mailing Address 901 Niel Wagoner  
Apt. 18

City Winnfield State LA Zip Code 71483

Purpose of Disbursement  
GOTV consulting

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
10	23	2014

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB17.6173

**B. Jerry McWright**Mailing Address 901 Niel Wagoner  
Apt. 18

City Winnfield State LA Zip Code 71483

Purpose of Disbursement  
GOTV consulting

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
10	28	2014

Amount of Each Disbursement this Period

300.00
--------

Transaction ID : SB17.6177

**c. Office Depot**

Mailing Address 2301 Louisville Avenue

City Monroe State LA Zip Code 71201

Purpose of Disbursement  
office supplies

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
10	24	2014

Amount of Each Disbursement this Period

132.17
--------

Transaction ID : SB17.6058

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

1432.17

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Committee to Elect Vance McAllister**

Full Name (Last, First, Middle Initial)

**A. Pelican State Wholesale, Inc.**

Mailing Address P. O. Box 2974

City	State	Zip Code
Monroe	LA	71201

Purpose of Disbursement  
parade candy

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
10		23		2014

Amount of Each Disbursement this Period

173.15
--------

Transaction ID : SB17.6171

**B. Rack Service Company**

Mailing Address P. O. Box 4727

City	State	Zip Code
Monroe	LA	71211

Purpose of Disbursement  
office rent

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
11		01		2014

Amount of Each Disbursement this Period

1400.00
---------

Transaction ID : SB17.6075

**c. Red Print Strategy**

Mailing Address 311 S. Fillmore Street

City	State	Zip Code
Arlington	VA	22204

Purpose of Disbursement  
campaign consulting

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
11		05		2014

Amount of Each Disbursement this Period

5000.00
---------

Transaction ID : SB17.6309

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

6573.15

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 54

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

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NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial)

**A. Regions Bank**

Mailing Address 1500 N. 18th Street

City	State	Zip Code
Monroe	LA	71201

Purpose of Disbursement  
service charge

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
10		28		2014

Amount of Each Disbursement this Period

20.00
-------

Transaction ID : SB17.6066

**B. Regions Bank**

Mailing Address 1500 N. 18th Street

City	State	Zip Code
Monroe	LA	71201

Purpose of Disbursement  
deposit supplies

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
10		31		2014

Amount of Each Disbursement this Period

37.48
-------

Transaction ID : SB17.6225

**c. Regions Bank**

Mailing Address 1500 N. 18th Street

City	State	Zip Code
Monroe	LA	71201

Purpose of Disbursement  
service charge

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		03		2014

Amount of Each Disbursement this Period

20.00
-------

Transaction ID : SB17.6089

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

77.48
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 54

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

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NAME OF COMMITTEE (In Full)

**Committee to Elect Vance McAllister**

Full Name (Last, First, Middle Initial)

**A. Reginald Roberts**

Mailing Address 806 Cypress Street

City	State	Zip Code
New Roads	LA	70760

Purpose of Disbursement  
GOTV consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 24 / 2014

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : SB17.6175

**B. Stephen P. Roberts**

Mailing Address 2601 Woodlawn Trail

City	State	Zip Code
Alexandria	VA	22306

Purpose of Disbursement  
In-kind - lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
11 / 04 / 2014

Amount of Each Disbursement this Period

288.00
--------

Transaction ID : SB17.6282

**c. Shaw Oxygen Company, Inc.**

Mailing Address 2914 Desiard Street

City	State	Zip Code
Monroe	LA	71201

Purpose of Disbursement  
event supplies

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
11 / 03 / 2014

Amount of Each Disbursement this Period

542.25
--------

Transaction ID : SB17.6217

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

1330.25

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial)

**A. Sir Speedy**

Mailing Address 1825 Avenue of America

City	State	Zip Code
Monroe	LA	71201

Purpose of Disbursement  
printing

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
10		21		2014

Amount of Each Disbursement this Period

27.50
-------

Transaction ID : SB17.6109

**B. Sir Speedy**

Mailing Address 1825 Avenue of America

City	State	Zip Code
Monroe	LA	71201

Purpose of Disbursement  
printing

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
10		23		2014

Amount of Each Disbursement this Period

82.49
-------

Transaction ID : SB17.6172

**c. Sir Speedy**

Mailing Address 1825 Avenue of America

City	State	Zip Code
Monroe	LA	71201

Purpose of Disbursement  
printing

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
11		07		2014

Amount of Each Disbursement this Period

1347.38
---------

Transaction ID : SB17.6276

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

1457.37

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial)

**A. Sir Speedy**

Mailing Address 1825 Avenue of America

City	State	Zip Code
Monroe	LA	71201

Purpose of Disbursement  
printing

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		12		2014

Amount of Each Disbursement this Period

82.49
-------

Transaction ID : SB17.6279

**B. Caleb F. Smith**

Mailing Address 112 Marion Place

City	State	Zip Code
West Monroe	LA	71291

Purpose of Disbursement  
campaign consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		20		2014

Amount of Each Disbursement this Period

400.00
--------

Transaction ID : SB17.6011

**c. Caleb F. Smith**

Mailing Address 112 Marion Place

City	State	Zip Code
West Monroe	LA	71291

Purpose of Disbursement  
mileage

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		21		2014

Amount of Each Disbursement this Period

135.60
--------

Transaction ID : SB17.6106

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

618.09

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial)

**A. Caleb F. Smith**

Mailing Address 112 Marion Place

City	State	Zip Code
West Monroe	LA	71291

Purpose of Disbursement  
campaign consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		28		2014

Amount of Each Disbursement this Period

400.00
--------

Transaction ID : SB17.6176

**B. Caleb F. Smith**

Mailing Address 112 Marion Place

City	State	Zip Code
West Monroe	LA	71291

Purpose of Disbursement  
campaign consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		03		2014

Amount of Each Disbursement this Period

400.00
--------

Transaction ID : SB17.6215

**C. Aston D. Stubbs**

Mailing Address P. O. Box 842

City	State	Zip Code
Winnsboro	LA	71295

Purpose of Disbursement  
GOTV consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

650.00
--------

Transaction ID : SB17.6019

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

1450.00

# **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)

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☒ 17    ☐ 18    ☐ 19a    ☐ 19b  
☐ 20a    ☐ 20b    ☐ 20c    ☐ 21

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NAME OF COMMITTEE (In Full)

**Committee to Elect Vance McAllister**

Full Name (Last, First, Middle Initial)

**A. Aston D. Stubbs**

Mailing Address P. O. Box 842

City Winnsboro State LA Zip Code 71295

Purpose of Disbursement  
GOTV consulting

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  
10 / 28 / 2014

Amount of Each Disbursement this Period

650.00

Transaction ID : SB17.6179

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Tee It Up Golf, LLC**

Mailing Address 744 MacArthur Drive, #A

City Alexandria State LA Zip Code 71301

Purpose of Disbursement  
utilities

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  
10 / 28 / 2014

Amount of Each Disbursement this Period

111.35

Transaction ID : SB17.6061

Category/  
Type

Full Name (Last, First, Middle Initial)

**c. TransAxt, LLC**

Mailing Address 190 Monroe, N.W., #500

City Grand Rapids State MI Zip Code 49503

Purpose of Disbursement  
online fundraising

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  
10 / 23 / 2014

Amount of Each Disbursement this Period

221.22

Transaction ID : SB17.6050

Category/  
Type

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

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

982.57

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial)

**A. TransAxt, LLC**

Mailing Address 190 Monroe, N.W., #500

City	State	Zip Code
Grand Rapids	MI	49503

Purpose of Disbursement  
online fundraising

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
11		05		2014

Amount of Each Disbursement this Period

634.26
--------

Transaction ID : SB17.6091

**B. Lennon Whitney**

Mailing Address 605 N. Mulbery Street

City	State	Zip Code
Tallulah	LA	71282

Purpose of Disbursement  
GOTV consulting

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
10		23		2014

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB17.6167

**c. Va'Delrius Wilson**

Mailing Address 605 Zoe Circle

City	State	Zip Code
Monroe	LA	71203

Purpose of Disbursement  
GOTV consulting

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
10		29		2014

Amount of Each Disbursement this Period

150.00
--------

Transaction ID : SB17.6193

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

1784.26

54925.58

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

PAGE 39 OF 54

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

PAGE 40 OF 54

FOR 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  
10 10 / 2013

Date Due

M M / D D / 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**

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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  
10 / 17 / 2013

Date Due

M M / D D / Y 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)..... ►

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 42 OF 54

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 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)..... ►

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 43 OF 54

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

Monroe

State

LA

ZIP Code

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

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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 45 OF 54

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**

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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**

PAGE 47 OF 54

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/10.5703

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

Cumulative Payment To Date

Balance Outstanding at Close of This Period

150000.00

0.00

150000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M / D / Y  
08 / 21 / 2014M / D / Y  
08 / 21 / 2018M / D / Y  
08 / 21 / 2018M / D / Y  
08 / 21 / 2018M / D / Y  
08 / 21 / 2018M / D / Y  
08 / 21 / 2018

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

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 48 OF 54

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 / D / Y  
10 / 16 / 2014

Date Due

M / D / 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 49 OF 54

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

0.00

**Transaction ID : SD10.6304**

Amount Incurred This Period

141.05

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 50 OF 54

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

**Harris Media, LLC**Nature of Debt (Purpose):  
media consulting

Mailing Address 611 S. Congress Avenue, #400

City State

Zip Code

Austin

TX

78704

Outstanding Balance Beginning This Period

5000.00

Transaction ID : SD10.5540

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.00

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

**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) ..... ▶

15528.83

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

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB  
.

Form/Schedule: SD10  
Transaction ID : SD10.5540

Previous debt amount of \$5,000.00 to Harris Media, LLC has been determined by both parties to not be due. No  
inkind contribution results from removal of debt.

Form/Schedule:  
Transaction ID:

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

PAGE 52 OF 54

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

0.00

**Transaction ID : SD10.6303**

Amount Incurred This Period

1000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

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

19854.58

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 53 OF 54

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

70000.00

Transaction ID : SD10.5375

Amount Incurred This Period

0.00

Payment This Period

5000.00

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 54 OF 54

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

0.00

**Transaction ID : SD10.6310**

Amount Incurred This Period

3639.53

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) ..... ▶

160151.49

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) ▶

970151.49