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.....

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3		For An A	Authori	zed Com	mittee			Office Use Only
NAME OF COMMITTEE (in	full)	TYPE OR PRIN	Τ ▼		ample: If typin er the lines.	g, type	12FE4M5	
Committee to	Elect Va	nce McAllist	er					1
		P. O. Box 4578	2					
ADDRESS (number ar	nd street)	F. O. Box 4376						
Check if dit	ferent							
than previous reported. (A		Monroe					LA	71211
2. FEC IDENTIFIC	CATION NU	JMBER ▼		CITY			STATE A	ZIP CODE
C 00054034	50	-	3 1	S THIS	NEW		AMENE	STATE ▼ DISTRICT
C C005493	02			REPORT	× NEW	OR	(A)	LA 05
. 5/5- 6- 5-								
4. TYPE OF RE		oose One)	(b) 1	2-Day PRE	-Election Repo	ort for the:		
(a) Quarterly R					Primary (12P)		General (*	12G) Runoff (12R)
April 15	Quarterly F	Report (Q1)			Convention (12C)	Special (1	2S)
July 15	Quarterly R	leport (Q2)						
X Octobe	r 15 Quarter	ly Report (Q3)	E	Election on	M - M /	D = D /	Y - Y - Y - Y	in the State of
January	/ 31 Year-En	d Report (YE)	(c) 3	0-Day POS	T -Election Rep	ort for the	:	
					General (30G)	Runoff (30	DR) Special (30S)
Termina	ation Report	(TER)					Y " Y " Y " Y	in the
		(4	E	Election on	M - M /	D D /	Y Y Y Y	in the State of
	M	M / D D /	YY	YY		M	/ / D D /	Y
Covering Period			20)15	through	09	30	2015
I certify that I have ε	examined th	is Report and to	the be	st of my kn	owledge and l	belief it is t	true, correct and	d complete.
Type or Print Name	of Treasurer	Nancy H. Wa	tkins					
							MMM	/ D D / Y Y Y Y
Signature of Treasure	er <i>Nand</i>	cy H. Watkins			[Electronically I	Filed]	Date 10	07 2015
NOTE: Submission of	false, errone	eous, or incomple	ete inforn	nation may	subject the per	son signing	this Report to t	he penalties of 2 U.S.C. §437g.
Office Use								FEC FORM 3
Only								(Revised 02/2003)

SUMMARY PAGE

rised 02/2003) of Receipts and Disbursements

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FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Committee to Elect Vance McAllister

07 09 30 2015 01 2015 Report Covering the Period: From: To: **COLUMN B COLUMN A** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 10300.00 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 100.00 100.00 (from Line 20(d)) (c) Net Contributions (other than loans) -100.00 10200.00 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 30.00 25043.57 (from Line 17) (b) Total Offsets to Operating 0.00 3719.60 Expenditures (from Line 14)..... (c) Net Operating Expenditures 30.00 21323.97 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 1485.02 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 962016.11 Schedule C and/or Schedule D).....

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

Committee to Elect Vance McAllister

Report Covering the Period: From: 07 01 2015 To: 09 30 2015

I. RECEIPTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date	
1. (CONTRIBUTIONS (other than loans) FROM:			
((a) Individuals/Persons Other Than Political Committees			
	(i) Itemized (use Schedule A)	0.00	0.00	
	(ii) Unitemized	0.00	0.00	
	(iii) TOTAL of contributions from individuals	0.00	0.00	
	(b) Political Party Committees	0.00	0.00	
((c) Other Political Committees (such as PACs)	0.00	500.00	
	(d) The Candidate(e) TOTAL CONTRIBUTIONS	0.00	9800.00	
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	10300.00	
	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00	
		9 9 9	9 9	
	LOANS: (a) Made or Guaranteed by the	0.00	0.00	
	Candidate	7 7 7	0.00	
	(b) All Other Loans(c) TOTAL LOANS	0.00	0.00	
,	(add Lines 13(a) and (b))	0.00	0.00	
	OFFSETS TO OPERATING			
	EXPENDITURES (Refunds, Rebates, etc.)	0.00	3719.60	
	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00	
	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	0.00	14019.60	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

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	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	30.00	25043.57
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19.	LOAN REPAYMENTS:		
	(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
	(b) Of All Other Loans	0.00	0.00
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20.	REFUNDS OF CONTRIBUTIONS TO:		
	(a) Individuals/Persons Other Than Political Committees	100.00	100.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	100.00	100.00
21.	OTHER DISBURSEMENTS	0.00	0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	130.00	25143.57
	III. CASH S	SUMMARY	
23.	CASH ON HAND AT BEGINNING OF REP	PORTING PERIOD	1615.02
24	TOTAL RECEIPTS THIS PERIOD (from Lin	ne 16, page 3)	0.00
25.	SUBTOTAL (add Line 23 and Line 24)		1615.02
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	130.00
	CASH ON HAND AT CLOSE OF REPORT		1485.02

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

	FOR LIN	E NUMBE	·D.		PAGE	: 5	OF	18
Use separate schedule(s) for each category of the Detailed Summary Page	(check o		En.	18 20b	[AGE	19a 20c		19b
ay not be sold or used by any person for the purpose of soliciting contribution ddress of any political committee to solicit contributions from such committee.				ons				

Any information copied from such Reports and Statements may not be sold or user for commercial purposes, other than using the name and address of any political purposes.		
NAME OF COMMITTEE (In Full)		
Committee to Elect Vance McAllister		
Full Name (Last, First, Middle Initial)		Data of Dishurasment
A. Regions Bank	Date of Disbursement	
Mailing Address 1500 N. 18th Street		08 31 2015
City State Zip Code		Amount of Each Disbursement this Period
Monroe LA 71201 Purpose of Disbursement		10.00
service charge		Transaction ID : SB17.6347
Candidate Name	Category/ Type	
Office Sought: House Senate President Disbursement For: Primary Other (specify)		
State: District: Full Name (Last, First, Middle Initial)		
Regions Bank		Date of Disbursement
ы		M M / D D / Y Y Y
Mailing Address 1500 N. 18th Street		09 30 2015
City State Zip Code		Amount of Each Disbursement this Period
Monroe LA 71201		10.00
Purpose of Disbursement service charge		
Candidate Name	Category/ Type	Transaction ID : SB17.6348
Office Sought: House Senate President Disbursement For: Primary Other (specify)		
State: District: Full Name (Last, First, Middle Initial)		
C.		Date of Disbursement
Mailing Address		M M / D D / Y Y Y
City State Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement		
Candidate Name	Category/ Type	
Office Sought: House Senate President State: Disbursement For: Primary Other (specify)		
· · · I		
SUBTOTAL of Disbursements This Page (optional)		20.00
		20.00
TOTAL This Period (last page this line number only)		20.00

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

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	13b

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OF

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

FOR LINE NUMBER: (check only one)

PAGE

UMBER: one) X 13a 13b

ANG			Detailed Summary Pa	age (Griedik Grilly Grie)	13b
ME OF COMMITTEE (In Full)	NA Alliata v		Transa	action ID : SC/10.4525	
ommittee to Elect Vance		n.		T =	
Vance Michael McAlliste		al)	[PERSONAL FUNDS]	Election: 2013 Primary General	
Mailing Address 2460 Highway 594				Other (specify) ▼ Special-General	
City	State	ZIP Cod	е		
Monroe	LA	71203			
Original Amount of Loan	Cumul	ative Payment To I	Date Bal	lance Outstanding at Close of	This Perio
, 40	00.00		0.00	400	00.00
TERMS Date Incurred		Date Due	Interest Rat	te Secure	ed:
M10 ^M / D10 ^D / Y Ž01	3 Y	D D / Y	ŇONĚ Y 0.0	% (apr)	es No
List All Endorsers or Guaranto		Source			
1. Full Name (Last, First, Middl	e Initial)		Name of Employer		
Mailing Address			Occupation		
City	State ZIP C	Code	Amount Guaranteed Outstanding:	7	
2. Full Name (Last, First, Middle	Initial)		Name of Employer		
Mailing Address			Occupation		
City	State ZIP C	Code	Amount Guaranteed Outstanding:	9 9 9 9	
3. Full Name (Last, First, Middle	Initial)		Name of Employer		
Mailing Address			Occupation		
City	State ZIP C	Code	Amount Guaranteed Outstanding:	7	
4. Full Name (Last, First, Middle	Initial)		Name of Employer		
Mailing Address			Occupation		
City	State ZIP C	Code	Amount Guaranteed Outstanding:	9 9 9	
JBTOTALS This Period This Page	e (optional)		.	400	00.00
OTALS This Period (last page in t	his line only)			7 7 7	
arry outstanding balance only to	LINE 3. Schedule D	. for this line. If n	o Schedule D. carry for	rward to appropriate line of S	Summary

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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DAN5		Detailed Summary Page	(Crieck only one) 13b
AME OF COMMITTEE (In Full) Committee to Elect Vance M	cAllister	Transaction	on ID : SC/10.4526
LOAN SOURCE Full Name (Last, F Vance Michael McAllister	irst, Middle Initial)	[PERSONAL FUNDS]	Election: 2013 Primary General
Mailing Address 2460 Highway 594			Other (specify) ▼ Special-General
City	State ZIP Co	ode	
Monroe	LA 71203		
Original Amount of Loan	Cumulative Payment To	Date Balance	ce Outstanding at Close of This Period
19900.	00	15000.00	4900.00
TERMS Date Incurred	Date Due	Interest Rate	Secured:
M 10 M / D 17 D / Y 2013	Y M M / D D / Y	ŇONĚ O.00	% (apr) Yes No
List All Endorsers or Guarantors (i	f any) to Loan Source		100 110
1. Full Name (Last, First, Middle In	tial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Init	ial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	, , , , , , ,
3. Full Name (Last, First, Middle Init	ial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Init	ial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	, , , , , , , , , , , , , , , , , , ,
SUBTOTALS This Period This Page (o	otional)	······	4900.00
**TOTALS This Period (last page in this	line only)		. , ,
Carry outstanding balance only to LIN	E 3, Schedule D, for this line. If	no Schedule D, carry forwa	rd to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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OF

DANS		Detailed Summary Page	(crieck only one) 13a
AME OF COMMITTEE (In Full)		Transaction	on ID : SC/10.5356
Committee to Elect Vance Mo			
LOAN SOURCE Full Name (Last, F Vance Michael McAllister	irst, Middle Initial)	I	Election: 2013 Primary
Mailing Address			General X Other (specify) ▼
2460 Highway 594			Special-General
City	State ZIP Co		
Monroe	LA 71203		
Original Amount of Loan	Cumulative Payment To	o Date Balanc	ce Outstanding at Close of This Period
30100.	00	0.00	30100.00
TERMS Date Incurred	Date Due	e Interest Rate	Secured:
M ₁₀ M / D ₁₇ D / Y Ž013	Y M M / D D / Y	NONE Y 0.00	% (apr)
List All Endorsers or Guarantors (i	f any) to Loan Source		Yes No.
1. Full Name (Last, First, Middle Ini	tial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	y 1 y 1
2. Full Name (Last, First, Middle Init	ial)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City	State ZIP Code	Guaranteed	9
3. Full Name (Last, First, Middle Init	ial)	Name of Employer	
Mailing Address		Occupation	
		Amount Guaranteed	
	State ZIP Code	Outstanding:	, , , , , , , , , , , , , , , , , , ,
4. Full Name (Last, First, Middle Init	ial)	Name of Employer	
Mailing Address		Occupation	
City	7/D 0 1:	Amount	
City	State ZIP Code	Guaranteed Outstanding:	
SUBTOTALS This Period This Page (op	otional)	·····	30100.00
TOTALS This Period (last page in this	line only)	······	
Carry outstanding balance only to LIN	E 3, Schedule D, for this line. If	no Schedule D, carry forwa	rd to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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DANS		Detailed Summary Page	(Crieck only one) 13b
AME OF COMMITTEE (In Full)	Alle	Transaction	on ID : SC/10.4527
Committee to Elect Vance Mo	Allister		
LOAN SOURCE Full Name (Last, Fi	rst, Middle Initial)		Election: 2013 Primary General
Mailing Address 2460 Highway 594			X Other (specify) ▼ Special-General
City	State ZIP C	ode	
Monroe	LA 71203	3	
Original Amount of Loan	Cumulative Payment To	o Date Balanc	ce Outstanding at Close of This Period
20000.0	00	0.00	20000.00
TERMS Date Incurred	Date Due	e Interest Rate	Secured:
M 10 / D 18 / Y 2013	Y M M / D D / Y	ŇŎNĚ Y 0.00	% (apr) Yes No
List All Endorsers or Guarantors (if	any) to Loan Source		103 110
1. Full Name (Last, First, Middle Init	tial)	Name of Employer	
Mailing Address		Occupation	
City 5	State ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initi	al)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed	
City	State ZIP Gode		9 9 9
3. Full Name (Last, First, Middle Initi	al)	Name of Employer	
Mailing Address		Occupation	
O'th.	7ID 0 - I	Amount Guaranteed	
,	State ZIP Code	Outstanding:	, , , , , , , , , , , , , , , , , , , ,
4. Full Name (Last, First, Middle Initi	al)	Name of Employer	
Mailing Address		Occupation	
City 5	State ZIP Code	Amount Guaranteed Outstanding:	, , , , , , , ,
SUBTOTALS This Period This Page (op	itional)		20000.00
TOTALS This Period (last page in this I	ine only)		7 7
Carry outstanding balance only to LINE	E 3, Schedule D, for this line. If	f no Schedule D, carry forwa	rd to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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OF

DANS			Detailed Summary Pa	
AME OF COMMITTEE (In Full)	A. All'ata		Transa	ction ID : SC/10.4309
committee to Elect Vance I				
Vance Michael McAllister		Initial)		Election: 2013 Primary General
Mailing Address 2460 Highway 594				Other (specify) ▼ Runoff
City	Stat	e ZIP Co	de	
Monroe	L	71203		
Original Amount of Loan	O0.00	mulative Payment To	Date Bal	ance Outstanding at Close of This Period 75000.00
TERMS Date Incurred		Date Due	Interest Rat	te Secured:
M 10	Y M N	J / D D / Y	NONĚ Y 0.0	% (apr)
List All Endorsers or Guarantors	(if any) to Lo	an Source		Yes No
1. Full Name (Last, First, Middle	Initial)		Name of Employer	
Mailing Address			Occupation	
City	State Z	P Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle I	nitial)		Name of Employer	
Mailing Address			Occupation	
City	State Z	P Code	Amount Guaranteed Outstanding:	9 9
3. Full Name (Last, First, Middle I	nitial)		Name of Employer	
Mailing Address			Occupation	
City	State Z	P Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle I	nitial)		Name of Employer	
Mailing Address			Occupation	
City	State Z	P Code	Amount Guaranteed	
ĺ			Outstanding:	7
UBTOTALS This Period This Page	(optional)		·····	75000.00
OTALS This Period (last page in thi	s line only)			
arry outstanding balance only to L	INE 3, Schedul	e D, for this line. If	no Schedule D, carry for	ward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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DANS		Detailed Summary Pag	ge (crieck only one) 13a
AME OF COMMITTEE (In Full) Committee to Elect Vance M	cAllister	Transac	ction ID : SC/10.4577
LOAN SOURCE Full Name (Last, F	irst, Middle Initial)		Election: 2013
Vance Michael McAllister			Primary General
Mailing Address 2460 Highway 594			Other (specify) ▼ Runoff
City	State ZIP	Code	
Monroe	LA 712	03	
Original Amount of Loan	Cumulative Payment	To Date Bala	ance Outstanding at Close of This Perio
175000.	00	0.00	175000.00
TERMS Date Incurred	Date D	ue Interest Rate	e Secured:
M ₁₁ M / D ₀₅ D / Y 2013	Y M M / D D /	ŇONĚ 0.00	% (apr) Yes
List All Endorsers or Guarantors (i	f any) to Loan Source		Tes IV
1. Full Name (Last, First, Middle In	itial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Init	ial)	Name of Employer	
Mailing Address		Occupation	
Maining Address			
City	State ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Init	ial)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City	State ZIP Code	Guaranteed Outstanding:	9 9 9
4. Full Name (Last, First, Middle Init	ial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed	
-		Outstanding:	9 9 9
UBTOTALS This Period This Page (o	otional)		175000.00
OTALS This Period (last page in this	line only)		
arry outstanding balance only to LIN	E 3, Schedule D, for this line.	If no Schedule D, carry for	ward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

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Detailed Summary Page Transaction ID: SC/10.5692 NAME OF COMMITTEE (In Full) Committee to Elect Vance McAllister LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Vance Michael McAllister General Mailing Address Other (specify) \blacktriangledown 2460 Highway 594 State ZIP Code City LA 71203 Monroe Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 250000.00 0.00 250000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D21 ^D21 ^D ^M 08^M ž014 80^M 2018 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 250000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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DANS			Detailed Summary Pa		(check only or	ie)	-	13a 13b
AME OF COMMITTEE (In Full)	Alliator		Transa	ction	ID : SC/10.5703			
Committee to Elect Vance Mc				l Eu	-Para			
Vance Michael McAllister	st, iviladie initial)		[PERSONAL FUNDS]		ction: 2014 Primary			
Mailing Address 2460 Highway 594					General Other (specify)	•		
City	State	ZIP Cod	de					_
Monroe	LA	71203						
Original Amount of Loan	Cumulat	ive Payment To	Date Bal	ance (Outstanding at C	lose of Ti	his F	² eriod
150000.00	0	9 9	0.00	_	, ,	150000	0.00	\Box
Date Incurred M 08 / D21 / Y 2014	M M /	Date Due	Interest Rat	-	٦	Secured	:	
List All Endorsers or Guarantors (if					% (apr)	Yes		No
Full Name (Last, First, Middle Initial Control of		ouice	Name of Employer					
Mailing Address			Occupation					
City S	tate ZIP Co	de	Amount Guaranteed Outstanding:	7	7			
2. Full Name (Last, First, Middle Initia	ıl)		Name of Employer					
Mailing Address			Occupation					
City S	tate ZIP Co	de	Amount Guaranteed Outstanding:	7				
3. Full Name (Last, First, Middle Initia	ıl)		Name of Employer					
Mailing Address			Occupation					
City S	tate ZIP Co	de	Amount Guaranteed Outstanding:	7				
4. Full Name (Last, First, Middle Initia	ıl)		Name of Employer					
Mailing Address			Occupation					
City S	tate ZIP Co	de	Amount Guaranteed Outstanding:	9	7	-		
CUBTOTALS This Period This Page (opt				-	7 7	150000	0.00	

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

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	13b

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Detailed Summary Page Transaction ID: SC/10.5985 NAME OF COMMITTEE (In Full) Committee to Elect Vance McAllister LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Vance Michael McAllister General Mailing Address Other (specify) 2460 Highway 594 State ZIP Code City LA 71203 Monroe Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 15000.00 0.00 15000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D16^D ^M 10^M ž014 ^M10 ^D16 2016 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 15000.00 TOTALS This Period (last page in this line only) 810000.00 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3) **DEBTS AND OBLIGATIONS**

Excluding Loans

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

PAGE 16 OF FOR (chec

LINE NUMBER:		
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Excluding Loans		Thambered line)
NAME OF COMMITTEE (In Full)	N. (1. A. III)	
Committee to Elect Va	nce McAllister	
A. Full Name (Last, First, Middle Initial) of Debte	or or Creditor	Nature of Debt (Purpose): legal services
K&L Gates, LLP		, and the second
Mailing Address 925 Fourth Avenue, #2900		
City State	Zip Code	
Seattle	WA 98104	
Outstanding Balance Beginning This Period 467.49		Transaction ID: SD10.5548
9 9 9		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.0	0 467.49
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of Debt (Purpose):
K&L Gates, LLP		legal services
Mailing Address 925 Fourth Avenue, #2900		
City State	Zip Code	
Seattle	WA 98104	
Outstanding Balance Beginning This Period		Transaction ID: SD10.5923
15061.34		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	15061.34
C. Full Name (Last, First, Middle Initial) of Debt	or or Creditor	Nature of Debt (Purpose):
K&L Gates, LLP	or or oround.	legal services
Mailing Address 925 Fourth Avenue, #2900		
City	State Zip Code	
Seattle	WA 98104	
Outstanding Balance Beginning This Period		Transaction ID: SD10.5981
11115.79		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
	0.0	
0.00	0.0	0 11115.79
1) SUBTOTALS This Period This Page (optional)		26644.62
2) TOTALS This Period (last page this line numbe		—
3) TOTAL OUTSTANDING LOANS from Schedule		—
		_
4) ADD 2) and 3) and carry forward to appropriate	e line of Summary Page (last page only) P

SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 17 OF
FOR LINE NUMBER:
(check only one)

	9
X	10

18

NAME OF COMMITTEE (In Full)

Committee to Elect Var	nce McAllister	
A. Full Name (Last, First, Middle Initial) of Debtor	r or Creditor	Nature of Debt (Purpose): legal services
Mailing Address 925 Fourth Avenue, #2900		
City State Seattle	Zip Code WA 98104	
Outstanding Balance Beginning This Period 7738.79		Transaction ID : SD10.6006
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.	00 7738.79
B. Full Name (Last, First, Middle Initial) of Debtor Nungesser Consulting, LLC	or Creditor	Nature of Debt (Purpose): fundraising consulting-disputed debt
Mailing Address 1554 Lobdell Avenue		
City State Baton Rouge	Zip Code LA 70806	
Outstanding Balance Beginning This Period 46313.58 Amount Incurred This Period 0.00	Payment This Period 0.	Outstanding Balance at Close of This Period 46313.58
C. Full Name (Last, First, Middle Initial) of Debto Nungesser Consulting, LLC	r or Creditor	Nature of Debt (Purpose): fundraising consulting
Mailing Address 1554 Lobdell Avenue		
City Baton Rouge	State Zip Code LA 70806	
Outstanding Balance Beginning This Period 214.60		Transaction ID : SD10.5640
Amount Incurred This Period 0.00	Payment This Period 0.	Outstanding Balance at Close of This Period 214.60
 SUBTOTALS This Period This Page (optional) TOTALS This Period (last page this line number 		> 54266.97
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 or	nly) ►

SCHEDULE D (FEC Form 3) **DEBTS AND OBLIGATIONS**

Excluding Loans

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

PAGE 18 OF FOR (che

R LINE NUMBER:		
eck only one)		9
	X	10

Committee to Elect Vance McAllister A. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose): campaign consulting
Red Print Strategy Mailing Address 311 S. Fillmore Street			
	7:- O		
City State Arlington	Zip Code VA	22204	
Outstanding Balance Beginning This Period			Transaction ID : SD10.5375
65000.00			
Amount Incurred This Period	Paym	ent This Period	Outstanding Balance at Close of This Peri
0.00		0.00	65000.00
9	7	7	,
B. Full Name (Last, First, Middle Initial) of Debtor Robert Watkins & Company	or Creditor		Nature of Debt (Purpose): accounting services
• •			
Mailing Address 610 S. Boulevard			
City State	Zip Code		
Tampa	FL	33606	
Outstanding Balance Beginning This Period			Transaction ID : SD10.6343
6104.52			
Amount Incurred This Period	Paym	ent This Period	Outstanding Balance at Close of This Period
0.00		0.00	6104.52
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
Ivialing Address			
City	State	Zip Code	
Outstanding Balance Beginning This Period			
Amount Incurred This Period	Paym	ent This Period	Outstanding Balance at Close of This Peri
SUBTOTALS This Period This Page (optional)			71104.52
TOTALS This Period (last page this line number only)			152016.11
TOTAL OUTSTANDING LOANS from Schedule C (last page only)			810000.00
ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)			962016.11