

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 Gary King

ADDRESS (number and street) 5537 Canal Blvd

Check if different than previously reported. (ACC) New Orleans LA 70124

2. **FEC IDENTIFICATION NUMBER** ▼ C C00528125

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

CITY ▲ LA STATE ▲ LA ZIP CODE ▲ STATE ▼ DISTRICT 01

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

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on M M / D D / Y Y Y Y in the State of

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

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

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 07 / 01 / 2012 through M M / D D / Y Y Y Y 09 / 30 / 2012

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 Christopher M. Gagnon

Signature of Treasurer Christopher M. Gagnon *[Electronically Filed]* Date M M / D D / Y Y Y Y 08 / 24 / 2012

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

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Committee to Elect Gary King

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	3325.00	3325.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	3325.00	3325.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	3778.41	3778.41
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	3778.41	3778.41
8. Cash on Hand at Close of Reporting Period (from Line 27)	1540.91	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	1994.32	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Committee to Elect Gary King

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2750.00	2750.00
(ii) Unitemized.....	575.00	575.00
(iii) TOTAL of contributions from individuals ▶	3325.00	3325.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	3325.00	3325.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	325.00	325.00
(b) All Other Loans.....	1669.32	1669.32
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	1994.32	1994.32
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	5319.32	5319.32

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3778.41	3778.41
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	3778.41	3778.41

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	5319.32
25. SUBTOTAL (add Line 23 and Line 24).....	5319.32
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3778.41
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1540.91

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 21
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Committee to Elect Gary King

A. Full Name (Last, First, Middle Initial)
Kevin R. Gagnon

Mailing Address 3901 Edenborn Ave.

City State Zip Code
Metairie LA 70002

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

Name of Employer Self Occupation
Self Business Services

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 01 / 2012

Transaction ID : SA11AI.4156

Amount of Each Receipt this Period
 2500.00

In-kind -

B. Full Name (Last, First, Middle Initial)
Walt Paulson

Mailing Address 4503 Perrier St.

City State Zip Code
New Orleans LA 70115

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

Name of Employer Self Occupation
Self

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 12 / 2012

Transaction ID : SA11AI.4124

Amount of Each Receipt this Period
 250.00

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

Mailing Address

City State Zip Code

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

Name of Employer Self Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y 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).....

2750.00

2750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 21
	<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 Gary King

A. Full Name (Last, First, Middle Initial)
Gary King

Mailing Address 5537 Canal Blvd

City: New Orleans State: LA Zip Code: 70124

FEC ID number of contributing federal political committee: **C H4NM02056**

Name of Employer: Self Occupation: Music Teacher

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 75.00

Date of Receipt: 07 / 18 / 2012

Transaction ID : SA13A.4154

Amount of Each Receipt this Period: 75.00

Secretary of State

B. Full Name (Last, First, Middle Initial)
Gary King

Mailing Address 5537 Canal Blvd

City: New Orleans State: LA Zip Code: 70124

FEC ID number of contributing federal political committee: **C H4NM02056**

Name of Employer: Self Occupation: Music Teacher

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 175.00

Date of Receipt: 07 / 25 / 2012

Transaction ID : SA13A.4117

Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
Gary King

Mailing Address 5537 Canal Blvd

City: New Orleans State: LA Zip Code: 70124

FEC ID number of contributing federal political committee: **C H4NM02056**

Name of Employer: Self Occupation: Music Teacher

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 325.00

Date of Receipt: 08 / 01 / 2012

Transaction ID : SA13A.4118

Amount of Each Receipt this Period: 150.00

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

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

325.00

325.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 21
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Committee to Elect Gary King

Full Name (Last, First, Middle Initial) A. Cut Loose Hair Studio		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 27 / 2012
Mailing Address 5537 Canal Blvd.		Transaction ID : SA13B.4120
City New Orleans	State LA	Zip Code 70124
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer	Occupation	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) B. Kathy Rougelot		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 02 / 2012
Mailing Address 5537 Canal Blvd.		Transaction ID : SA13B.4146
City New Orleans	State LA	Zip Code 70124
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 209.89	
Name of Employer Cut Loose Hair Salon	Occupation Self-employed	Campaign Materials
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 209.89	

Full Name (Last, First, Middle Initial) C. Kathy Rougelot		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 09 / 2012
Mailing Address 5537 Canal Blvd.		Transaction ID : SA13B.4147
City New Orleans	State LA	Zip Code 70124
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 186.45	
Name of Employer Cut Loose Hair Salon	Occupation Self-employed	Campaign Materials
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 396.34	

SUBTOTAL of Receipts This Page (optional).....	896.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 21
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Committee to Elect Gary King

A. Full Name (Last, First, Middle Initial)
Kathy Rougelot

Mailing Address 5537 Canal Blvd

City: New Orleans State: LA Zip Code: 70124

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

Name of Employer: Cut Loose Hair Salon Occupation: Self-employed

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: **607.75**

Date of Receipt: 08 / 15 / 2012

Transaction ID : SA13B.4148

Amount of Each Receipt this Period: **211.41**

Campaign Materials

B. Full Name (Last, First, Middle Initial)
Kathy Rougelot

Mailing Address 5537 Canal Blvd

City: New Orleans State: LA Zip Code: 70124

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

Name of Employer: Cut Loose Hair Salon Occupation: Self-employed

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: **817.64**

Date of Receipt: 08 / 16 / 2012

Transaction ID : SA13B.4149

Amount of Each Receipt this Period: **209.89**

Campaign Materials

C. Full Name (Last, First, Middle Initial)
Kathy Rougelot

Mailing Address 5537 Canal Blvd

City: New Orleans State: LA Zip Code: 70124

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

Name of Employer: Cut Loose Hair Salon Occupation: Self-employed

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: **919.32**

Date of Receipt: 08 / 24 / 2012

Transaction ID : SA13B.4150

Amount of Each Receipt this Period: **101.68**

Campaign Materials

SUBTOTAL of Receipts This Page (optional).....	522.98
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 21
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Committee to Elect Gary King

Full Name (Last, First, Middle Initial) A. Kathy Rougelot		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 28 / 2012	
Mailing Address 5537 Canal Blvd		Transaction ID : SA13B.4151	
City New Orleans	State LA	Zip Code 70124	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Campaign Materials	
Name of Employer Cut Loose Hair Salon	Occupation Self-employed		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1169.32		

Full Name (Last, First, Middle Initial) B.		Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount of Each Receipt this Period	
City	State	Zip Code	Campaign Materials
FEC ID number of contributing federal political committee. C		Campaign Materials	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount of Each Receipt this Period	
City	State	Zip Code	Campaign Materials
FEC ID number of contributing federal political committee. C		Campaign Materials	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	1669.32

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 21	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Committee to Elect Gary King

Full Name (Last, First, Middle Initial) A. Action Press, Inc		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2012
Mailing Address 3720 Hessmer Ave.		Amount of Each Disbursement this Period 864.60 Transaction ID : SB17.4137
City Metairie	State LA	
Zip Code 70002	Purpose of Disbursement Advertising	Category/ Type 004
Candidate Name Committee to Elect Gary King	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: LA District: 01	

Full Name (Last, First, Middle Initial) B. Ed Smith Stencils		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2012
Mailing Address PO Box 791837		Amount of Each Disbursement this Period 228.66 Transaction ID : SB17.4141
City New Orleans	State LA	
Zip Code 70179	Purpose of Disbursement Printing	Category/ Type 006
Candidate Name Committee to Elect Gary King	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: LA District: 01	

Full Name (Last, First, Middle Initial) c. Gagnon & Associates Consulting		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2012
Mailing Address 1425 N. Broad Street Suite 201		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4132
City New Orleans	State LA	
Zip Code 70119	Purpose of Disbursement Professional Fee	Category/ Type 001
Candidate Name Committee to Elect Gary King	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: LA District: 01	

SUBTOTAL of Disbursements This Page (optional).....	864.60
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 21		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Committee to Elect Gary King

Full Name (Last, First, Middle Initial) A. Kevin R. Gagnon		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012
Mailing Address 3901 Edenborn Ave.		Amount of Each Disbursement this Period 2500.00
City Metairie State LA Zip Code 70002	Purpose of Disbursement In-kind - Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB17.4157
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	3364.60

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

NAME OF COMMITTEE (In Full) **Committee to Elect Gary King** Transaction ID : **SC/10.4154**

LOAN SOURCE Full Name (Last, First, Middle Initial) Gary King	[PERSONAL FUNDS]	Election: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 5537 Canal Blvd		

City	State	ZIP Code
New Orleans	LA	70124

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
75.00	0.00	75.00

TERMS		Date Incurred	Date Due	Interest Rate	Secured:
M 07	D 18	Y 2012	M M / D D / Y 07/18/14	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	75.00
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**

NAME OF COMMITTEE (In Full) **Committee to Elect Gary King** Transaction ID : **SC/10.4117**

LOAN SOURCE Full Name (Last, First, Middle Initial) Gary King	[PERSONAL FUNDS]	Election: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 5537 Canal Blvd		
City New Orleans	State LA	ZIP Code 70124

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100.00	0.00	100.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
07 / 25 / 2012	07/25/14	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....	100.00
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)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4118

Committee to Elect Gary King

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

[PERSONAL FUNDS]

Election: 2012

Gary King

Primary

General

Other (specify) ▼

Mailing Address
5537 Canal Blvd

City State ZIP Code
New Orleans LA 70124

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
150.00 0.00 150.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

08

01

2012

08/01/14

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)..... 150.00

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

NAME OF COMMITTEE (In Full) **Committee to Elect Gary King** Transaction ID : **SC/10.4120**

LOAN SOURCE Full Name (Last, First, Middle Initial) Cut Loose Hair Studio	Election: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 5537 Canal Blvd.	

City	State	ZIP Code
New Orleans	LA	70124

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500.00	0.00	500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 08 / D 27 / Y 2012	M / D / Y 08/27/14	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....	500.00
TOTALS This Period (last page in this line only).....	<input type="text"/>

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

NAME OF COMMITTEE (In Full) **Committee to Elect Gary King** Transaction ID : **SC/10.4146**

LOAN SOURCE Full Name (Last, First, Middle Initial) Kathy Rougelot	Election: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 5537 Canal Blvd	

City	State	ZIP Code
New Orleans	LA	70124

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
209.89	0.00	209.89

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
08 / 02 / 2012	8/02/14	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	209.89
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

NAME OF COMMITTEE (In Full) **Committee to Elect Gary King** Transaction ID : **SC/10.4147**

LOAN SOURCE Full Name (Last, First, Middle Initial) Kathy Rougelot	Election: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 5537 Canal Blvd	

City	State	ZIP Code
New Orleans	LA	70124

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
186.45	0.00	186.45

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
08 / 09 / 2012	08/09/14	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	186.45
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

NAME OF COMMITTEE (In Full) **Committee to Elect Gary King** Transaction ID : **SC/10.4148**

LOAN SOURCE Full Name (Last, First, Middle Initial) Kathy Rougelot	Election: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 5537 Canal Blvd	

City	State	ZIP Code
New Orleans	LA	70124

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
211.41	0.00	211.41

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
08 / 15 / 2012	08/15/14	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	211.41
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

NAME OF COMMITTEE (In Full) **Committee to Elect Gary King** Transaction ID : **SC/10.4149**

LOAN SOURCE Full Name (Last, First, Middle Initial) Kathy Rougelot	Election: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 5537 Canal Blvd	

City	State	ZIP Code
New Orleans	LA	70124

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
209.89	0.00	209.89

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
08 / 16 / 2012	08/16/14	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	209.89
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

NAME OF COMMITTEE (In Full) **Committee to Elect Gary King** Transaction ID : **SC/10.4150**

LOAN SOURCE Full Name (Last, First, Middle Initial) Kathy Rougelot	Election: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 5537 Canal Blvd	

City	State	ZIP Code
New Orleans	LA	70124

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
101.68	0.00	101.68

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
08 / 24 / 2012	08/24/14	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	101.68
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

NAME OF COMMITTEE (In Full) **Committee to Elect Gary King** Transaction ID : **SC/10.4151**

LOAN SOURCE Full Name (Last, First, Middle Initial) Kathy Rougelot	Election: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 5537 Canal Blvd	

City	State	ZIP Code
New Orleans	LA	70124

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
250.00	0.00	250.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
09 / 28 / 2012	09/28/14	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	250.00
TOTALS This Period (last page in this line only).....	▶	1994.32

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