

**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

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00549352

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE ▼ DISTRICT

LA

05

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

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



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

10

D D / Y Y Y Y

01

Y Y Y Y

2023

through

M M / D D / Y Y Y Y

12

D D / Y Y Y Y

31

Y Y Y Y

2023

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 Watkins, Nancy, H., ,

Signature of Treasurer

Watkins, Nancy, H., ,

Date

M M / D D / Y Y Y Y

01

D D / Y Y Y Y

03

Y Y Y Y

2024

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office  
Use  
Only**FEC FORM 3**  
(Revised 05/2016)

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

**Committee to Elect Vance McAllister**

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
10 01 2023

To:

M M / D D / Y Y Y Y  
12 31 2023

	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)) ....	0.00	0.00
(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)) .....	0.00	0.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	0.00	0.00
(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)) .....	0.00	0.00
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	0.00	
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) .....	960959.09	

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov).**

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Committee to Elect Vance McAllister

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
10 / 01 / 2023

To:

M M / D D / Y Y Y Y  
12 / 31 / 2023**I. RECEIPTS****COLUMN A**  
Total This Period**COLUMN B**  
Election Cycle-to-Date

## 11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than  
Political Committees

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

(ii) Unitemized .....

(iii) TOTAL of contributions  
from individuals ▶

(b) Political Party Committees.....

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

(d) The Candidate .....

(e) TOTAL CONTRIBUTIONS  
(other than loans)  
(add Lines 11(a)(iii), (b), (c), and (d))..12. TRANSFERS FROM OTHER  
AUTHORIZED COMMITTEES .....

## 13. LOANS:

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

(b) All Other Loans.....

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

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 05/2016)

**II. DISBURSEMENTS****COLUMN A**  
Total This Period**COLUMN B**  
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....

0.00

0.00

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) ►

0.00

0.00

**III. CASH SUMMARY**

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

0.00

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

0.00

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

0.00

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

0.00

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD

(subtract Line 26 from Line 25).....

0.00

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

PAGE 5 OF 17

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)☐ Memo Item

Election: 2013

☐ Primary☐ General☒ Other (specify) ▼

Special-General

Mailing Address

2460 Highway 594

City

Monroe

State

LA

ZIP Code

71203

☒ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
10 / 03 / 2013M M / D D / Y Y Y Y  
/ / NONEM M / D D / Y Y Y Y  
/ / NONEM M / D D / Y Y Y Y  
/ / NONE

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).....▶

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 6 OF 17

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)☐ Memo Item

Election: 2013

☐ Primary☐ General☒ Other (specify) ▼

Special-General

McAllister, Vance, Michael, ,

Mailing Address

2460 Highway 594

City

Monroe

State

LA

ZIP Code

71203

☒ Personal Funds of the Candidate

Original Amount of Loan

40000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

40000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
10 10 2013M M / D D / Y Y Y Y  
NONE

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).....▶

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

PAGE 7 OF 17

FOR 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)☐ Memo Item

Election: 2013

☐ Primary☐ General☒ Other (specify) ▼

Special-General

Mailing Address

2460 Highway 594

City

Monroe

State

LA

ZIP Code

71203

☒ Personal Funds of the Candidate

Original Amount of Loan

19900.00

Cumulative Payment To Date

15000.00

Balance Outstanding at Close of This Period

4900.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
10 17 / 2013M M / D D / Y Y Y Y  
NONE

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).....▶

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 8 OF 17

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)☐ Memo Item

Election: 2013

☐ Primary☐ General☒ Other (specify) ▼

Special-General

McAllister, Vance, Michael, ,

Mailing Address

2460 Highway 594

City

Monroe

State

LA

ZIP Code

71203

☐ Personal Funds of the Candidate

Original Amount of Loan

30100.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30100.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
10 17 / 2013M M / D D / Y Y Y Y  
NONEM M / D D / Y Y Y Y  
NONEM M / D D / Y Y Y Y  
NONE

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).....▶

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 9 OF 17

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)☐ Memo Item

Election: 2013

☐ Primary☐ General☒ Other (specify) ▼

Special-General

McAllister, Vance, Michael, ,

Mailing Address

2460 Highway 594

City

Monroe

State

LA

ZIP Code

71203

☐ Personal Funds of the Candidate

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
10 18 / 2013M M / D D / Y Y Y Y  
NONE

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).....▶

20000.00

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

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

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

PAGE 10 OF 17

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)☐ Memo Item

Election: 2013

McAllister, Vance, Michael, ,

☐ Primary☐ General☒ Other (specify) ▼

Mailing Address

2460 Highway 594

Runoff \_\_\_\_\_

City

State

ZIP Code

Monroe

LA

71203

☐ Personal Funds of the Candidate

Original Amount of Loan

75000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

75000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

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

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).....▶

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 11 OF 17

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)☐ Memo Item

Election: 2013

☐ Primary☐ General☒ Other (specify) ▼

Runoff \_\_\_\_\_

McAllister, Vance, Michael, ,

Mailing Address

2460 Highway 594

City

Monroe

State

LA

ZIP Code

71203

☐ Personal Funds of the Candidate

Original Amount of Loan

175000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

175000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
11 / 05 / 2013M M / D D / Y Y Y Y  
/ / NONEM M / D D / Y Y Y Y  
/ /Y Y Y Y  
NONE

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).....▶

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

PAGE 12 OF 17

FOR 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)☐ Memo Item

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

McAllister, Vance, Michael, ,

Mailing Address

2460 Highway 594

City

Monroe

State

LA

ZIP Code

71203

☒ Personal Funds of the Candidate

Original Amount of Loan

250000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

250000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
08 / 21 / 2014M M / D D / Y Y Y 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).....▶

250000.00

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

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

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

PAGE 13 OF 17

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5703

Committee to Elect Vance McAllister

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

Election: 2014

☐ Primary☒ General☐ Other (specify) ▼

McAllister, Vance, Michael, ,

Mailing Address

2460 Highway 594

City

Monroe

State

LA

ZIP Code

71203

☒ Personal Funds of the Candidate

Original Amount of Loan

150000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

150000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
08 21 / 2014M M / D D / Y Y Y 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**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 14 OF 17

FOR 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)☐ Memo Item

Election: 2014

☐ Primary☒ General☐ Other (specify) ▼

McAllister, Vance, Michael, ,

Mailing Address

2460 Highway 594

City

Monroe

State

LA

ZIP Code

71203

☒ Personal Funds of the Candidate

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
10 16 / 2014M M / D D / Y Y Y Y  
10 16 / 2016

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).....▶

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 15 OF 17

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

Seattle

State

WA

Zip Code

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

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

Seattle

State

WA

Zip Code

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

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

Seattle

State

WA

Zip Code

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

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

26644.62

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 16 OF 17

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

Seattle

State

WA

Zip Code

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

B. 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

Baton Rouge

State

LA

Zip Code

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

C. 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

Baton Rouge

State

LA

Zip Code

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

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

54266.97

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 17 OF 17

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

**Red Print Strategy**

Nature of Debt (Purpose):

campaign consulting

Mailing Address 311 S. Fillmore Street

City  
ArlingtonState  
VAZip Code  
22204

Outstanding Balance Beginning This Period

65000.00

Transaction ID : SD10.5375

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

65000.00

B. 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  
TampaState  
FLZip Code  
33606

Outstanding Balance Beginning This Period

5047.50

Transaction ID : SD10.6343

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5047.50

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) ▶

70047.50

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

150959.09

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) ▶

960959.09