01/03/2024 16 : 05

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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An A	Authorized Com	mittee	C	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRIN		ample: If typing, ter the lines.	type 12FE4M5	
Committee to Elect	Vance McAllis	ter			
ADDRESS (number and street)	P. O. Box 457	8			
▼ Chapte if different					
Check if different than previously reported. (ACC)	Monroe			LA 7	1211
2. FEC IDENTIFICATION	I NIIMRED W	CITY ▲		STATE ▲	ZIP CODE ▲
C C00549352	THOMBEN V	3. IS THIS REPORT	× NEW (N)	OR AMENDE (A)	STATE ▼ DISTRICT LA 05
4. TYPE OF REPORT	(Choose One)	(b) 12-Day PRE	-Election Report f	for the:	
(a) Quarterly Reports:			Primary (12P)	General (12	G) Runoff (12R)
April 15 Quarte	rly Report (Q1)	П	Convention (120	Special (129	
July 15 Quarter	rly Report (Q2)		0011101111011 (120		
October 15 Qua	arterly Report (Q3)	Election on	M M / L)	in the State of
X January 31 Yea	ar-End Report (YE)	(c) 30-Day POS	T-Election Report	for the:	
			General (30G)	Runoff (30R	Special (30S)
Termination Rep	port (TER)	Election on	M M / I	D D / Y Y Y Y	in the State of
5. Covering Period	M M / D D	y y y y y y 2023	through	M M / D D / 12 31	Y Y Y Y Y 2023
I certify that I have examined	Watking Na		nowledge and beli	ef it is true, correct and o	complete.
Type or Print Name of Treas	surer	··/1 · ··· 1			
Signature of Treasurer	Watkins, Nancy, H., ,			Date 01	03 7 2024
NOTE: Submission of false, er	rroneous, or incomple	ete 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

^M12 2023 10 2023 31 01 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 0.00 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 0.00 0.00 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 0.00 0.00 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 0.00 0.00 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 0.00 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 960959.09 Schedule C and/or Schedule D).....

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Committee to Elect Vance McAllister

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	0.00	
(d) The Candidate(e) TOTAL CONTRIBUTIONS	0.00	0.00	
(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00	
2. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00	
B. LOANS:			
(a) Made or Guaranteed by the Candidate	0.00	0.00	
(b) All Other Loans	0.00	0.00	
(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	0.00	
4. OFFSETS TO OPERATING			
EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00	
5. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00	
5. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	0.00	0.00	

DETAILED SUMMARY PAGE

FEC Form 3 (Revised 05/2016)

of Disbursements

	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	
	by the Candidate(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 SU	JMMARY		
23.	CASH ON HAND AT BEGINNING OF REPOR	rting 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	m Line 22)	0.00	
27.	CASH ON HAND AT CLOSE OF REPORTING	G PERIOD	0.00	

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

PAGE 5
FOR LINE NUMBER: (check only one)

X	13a
	13h

				100		
NAME OF COMMITTEE (In Full)	to.		Transac	etion ID : SC/10.4543		
Committee to Elect Vance McAllis				Floring		
LOAN SOURCE Full Name (Last, First McAllister, Vance, Michael, ,	t, Middle Initial)	☐ Memo Item	Election: 2013 Primary General			
Mailing Address 2460 Highway 594				X Other (specify) ▼ Special-General		
City	State	ZIP Co		Personal Funds of the Candidate		
Monroe	LA	71203	3			
Original Amount of Loan	Cumulativ	e Payment To	Date Bala	ance Outstanding at Close of This Period		
50000.00	ــا ك	,	0.00	50000.00		
TERMS Date Incurred		Date Due	Interest Rate (If none, enter			
10 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M /	D D / Y	NONE 0.	00 % (apr) Yes X No		
List All Endorsers or Guarantors (if a	any) to Loan So	urce				
1. Full Name (Last, First, Middle Initia	ıl)		Name of Employer			
Mailing Address			Occupation			
			Amount			
City Sta	ate ZIP Cod	е	Guaranteed Outstanding:	7		
2. Full Name (Last, First, Middle Initial)	2. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation			
			Amount			
City	ate ZIP Cod	е	Guaranteed Outstanding:	7 7 7		
3. Full Name (Last, First, Middle Initial)	1		Name of Employer			
Mailing Address			Occupation			
			Amount			
City	ate ZIP Cod	е	Guaranteed Outstanding:	y		
4. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address		Occupation				
			Amount			
City	ate ZIP Cod	е	Guaranteed Outstanding:	7		
SUBTOTALS This Period This Page (option	onal)			50000.00		
TOTALS This Period (last page in this line	,			, , , ,		
				7 7		
Carry outstanding balance only to LINE	3, Schedule D, fo	r this line. If	no Schedule D, carry forv	vard to appropriate line of Summary.		

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

PAGE 6
FOR LINE NUMBER: (check only one)

X	13a
	13b

		130
NAME OF COMMITTEE (In Full)		Transaction ID : SC/10.4525
Committee to Elect Vance McAllister		T = 1
LOAN SOURCE Full Name (Last, First, I	☐ Memo Item	
McAllister, Vance, Michael, ,	General	
Mailing Address 2460 Highway 594		
City	State	ZIP Code Z1203 Personal Funds of the Candidate
Monroe	LA	71203 Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
40000.00		0.00 40000.00
TERMS Date Incurred		Date Due Interest Rate Secured: (If none, enter 0)
10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D	/ 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
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	<u>'</u>	Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City	ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)	'	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	<u>'</u>	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
CURTOTAL O This Deviced This Deve (authors	- N	
SUBTOTALS This Period This Page (optiona	11)	40000.00
TOTALS This Period (last page in this line of	only)	······································
Carry outstanding balance only to LINE 3,	Schedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

PAGE

13a

OF

		100	
NAME OF COMMITTEE (In Full)		Transaction ID : SC/10.4526	
Committee to Elect Vance McAllister			
LOAN SOURCE Full Name (Last, First, McAllister, Vance, Michael, ,	Middle Initial)	Memo Item Election: 2013 Primary	
Mailing Address 2460 Highway 594		General ✓ Other (specify) ▼ Special-General	
City	State	ZIP Code Z1203 Personal Funds of the Candidate	
Monroe	onroe LA 71203		
Original Amount of Loan	Cumulative Page	ment To Date Balance Outstanding at Close of This Period	
19900.00		15000.00 4900.00	
TERMS Date Incurred	Г	ate Due Interest Rate Secured: (If none, enter 0)	
M M / D D / Y Y Y Y Y Y 17 17 17 17 17 17 17 17 17 17 17 17 17	M M / D D	/ NONE 0.00 % (apr) Yes X 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	
City	ZIP Code	Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount Guaranteed	
City	ZIP Code	Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City	ZIP Code	Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City	ZIP Code	Guaranteed Outstanding:	
SURTOTALS This Period This Page (entires			
SUBTOTALS This Period This Page (optional	ai)·····	4900.00	
TOTALS This Period (last page in this line of	only)	······	
Carry outstanding balance only to LINE 3,	Schedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.	

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

PAGE 8
FOR LINE NUMBER: (check only one)

X	13a
	13b

			Detailed Guiriiriai	y rage		13b
NAME OF COMMITTEE (In Full)			Tra	ansaction	ID : SC/10.5356	
Committee to Elect Vance McAllister						
LOAN SOURCE Full Name (Last, First, Mic	ldle Initial)		☐ Memo	Item Ele	ction: 2013	
McAllister, Vance, Michael, ,					Primary	
Mailing Address				$-$ \times	General Other (specify) ▼	
2460 Highway 594				·	pecial-General	
City	State	ZIP Code)		Personal Funds of the	Candidata
Monroe	LA	71203			Personal Funds of the C	Jandidate
Original Amount of Loan	Cumulative Pay	ment To D	ate	Balance	Outstanding at Close of T	his Period
30100.00			0.00		30100	0.00
TERMS Date Incurred	1	ata Dua	Interes	t Data	Saguras	<u>.</u>
		ate Due	(If none	, enter 0)	Secureo	1:
10 / 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D	/ Y N	ONE	0.00	% (apr)	No
List All Endorsers or Guarantors (if any) to	o Loan Source					
1. Full Name (Last, First, Middle Initial)		I	Name of Employer			
Mailing Address		(Occupation			
		-	Amount			
City	ZIP Code		Guaranteed Outstanding:	7	7	
2. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address		(Occupation			
			Amount			$\overline{}$
City	ZIP Code		Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)		1	Name of Employer			
Mailing Address		(Occupation			
			Amount			
City	ZIP Code		Guaranteed Outstanding:	7	,	
4. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address		(Occupation			
			Amount			
City State	ZIP Code		Guaranteed Outstanding:	7	y	
SUBTOTALS This Period This Page (optional)	SUBTOTALS This Period This Page (optional)					
TOTALS This Period (last page in this line only	y)		······		7	
Carry outstanding balance only to LINE 3, Sch	nedule D. for this	line. If no	Schedule D. carry	y forward	to appropriate line of Su	ummarv.

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

PAGE FOR LINE NUMBER: (check only one)

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OF

		135
AME OF COMMITTEE (In Full) Committee to Elect Vance McAlliste	er	Transaction ID : SC/10.4527
LOAN SOURCE Full Name (Last, First,		Momo Itom Election: 2013
McAllister, Vance, Michael, ,	date mindig	Memo Item Primary General
Mailing Address 2460 Highway 594		Other (specify) ▼ Special-General
City	State	ZIP Code
Monroe	LA	71203 Personal Funds of the Candidate
Original Amount of Loan	Cumulative Page	yment To Date Balance Outstanding at Close of This Period
20000.00		0.00 20000.00
TERMS Date Incurred	С	Date Due Interest Rate Secured: (If none, enter 0)
10 18 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D	/ Y NONE Y 0.00 % (apr) Yes No
List All Endorsers or Guarantors (if an	y) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	e ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	e ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	1	Name of Employer
Mailing Address		Occupation
		Amount
City	e ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	'	Name of Employer
Mailing Address		Occupation
		Amount
City	e ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (option	nal)	20000.00
TOTALS This Period (last page in this line	only)	
Carry outstanding balance only to LINE 2	Schedule D. for this	s line. If no Schedule D, carry forward to appropriate line of Summary.
Jan , Judgianumy Dalamoe Ulliy io Line 3,	Concadie D, IOI (III)	sime. In the deficación b, carry forward to appropriate line of duffillary.

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

FOR LINE NUMBER: (check only one)

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X	13a
	13h

						130		
	AME OF COMMITTEE (In Full)				Trans	saction ID : SC/10.4309		
$\lfloor C$	Committee to Elect Vance McA	llister						
	LOAN SOURCE Full Name (Last,	First, Mic	ddle Initial)	☐ Memo Ite				
	McAllister, Vance, Michae	ı, ,				Primary General		
	Mailing Address 2460 Highway 594					Other (specify) ▼ Runoff		
	City	State ZIP Code		de	Devend Funds of the Condidate			
	Monroe LA 7120				Personal Funds of the Candida			
	Original Amount of Loan Cumulative Payment To				Date E	Balance Outstanding at Close of This Period		
	75000.00				0.00	75000.00		
	TERMS Date Incurred		D	ate Due	Interest F (If none, e			
	M M / D D / Y Y Y 2013	Υ	M M / D D	/ Y	NONE Y	0.00 % (apr) Yes No		
	List All Endorsers or Guarantors	(if any) to	o Loan Source					
	1. Full Name (Last, First, Middle I	nitial)			Name of Employer			
	Mailing Address				Occupation			
					Amount			
	City	TAIR CODE		Guaranteed Outstanding:				
	2. Full Name (Last, First, Middle In	itial)	1		Name of Employer			
	Mailing Address				Occupation Amount Guaranteed Outstanding:			
	City	State	ZIP Code					
	3. Full Name (Last, First, Middle In	itial)			Name of Employer Occupation			
	Mailing Address							
					Amount			
	City	State	ZIP Code		Guaranteed Outstanding:			
	4. Full Name (Last, First, Middle In	itial)			Name of Employer			
	Mailing Address				Occupation			
					Amount			
	City	State	ZIP Code		Guaranteed Outstanding:	7		
S	UBTOTALS This Period This Page (optional)				75000.00		
т	OTALS This Period (last page in this	line only	/)		······			
_ c	Carry outstanding balance only to LII	NE 3, Sch	nedule D, for this	s line. If	no Schedule D, carry f	orward to appropriate line of Summary.		

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

FOR LINE NUMBER: (check only one)

PAGE 11 OF

×	13a
	13h

		130						
NAME OF COMMITTEE (In Full)		Transaction ID : SC/10.4577						
Committee to Elect Vance McAllister								
LOAN SOURCE Full Name (Last, First, N	1iddle Initial)	☐ Memo Item						
McAllister, Vance, Michael, ,		General						
Mailing Address 2460 Highway 594		X Other (specify) ▼ Runoff						
City	State	ZIP Code 71203 Personal Funds of the Candidate						
Monroe Original Amount of Loan		yment To Date Balance Outstanding at Close of This Period						
	Cumulative Fa							
175000.00		0.00 175000.00						
TERMS Date Incurred		Date Due Interest Rate Secured: (If none, enter 0)						
11 / 05 / Y Y Y Y Y Y Y	M M / D D	0.00 % (apr) Yes X 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						
City	ZIP Code	Guaranteed Outstanding:						
2. Full Name (Last, First, Middle Initial)	I	Name of Employer						
Mailing Address		Occupation						
		Amount						
City State	ZIP Code	Guaranteed Outstanding:						
3. Full Name (Last, First, Middle Initial)	1	Name of Employer						
Mailing Address		Occupation						
		Amount						
City	ZIP Code	Guaranteed Outstanding:						
4. Full Name (Last, First, Middle Initial)		Name of Employer						
Mailing Address		Occupation						
		Amount						
City	ZIP Code	Guaranteed Outstanding:						
SUBTOTALS This Period This Page (optional)								
TOTALS This Period (last page in this line only)								
Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.						

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

PAGE 12 OF
FOR LINE NUMBER:
(check only one)

13a

						130		
	COMMITTEE (In Full)				Tr	ransaction ID : SC/10.5692		
	ee to Elect Vance McA							
LOAN S	SOURCE Full Name (Last,	First, Mic	ldle Initial)		☐ Memo			
McAlli	ister, Vance, Michae	el, ,				Primary General		
Mailing A	Address					Other (specify)		
_	ghway 594							
City	City			State ZIP Code		Damasal Funda of the Condidate		
Monroe	Monroe LA 71203				Personal Funds of the Candidate			
Origina	Original Amount of Loan Cumulative Payment To				Date	Balance Outstanding at Close of This Period		
	25000	0.00			0.00	250000.00		
TERMS	Date Incurred			Date Due		st Rate Secured:		
M N	/ / D D / Y Y Y	Υ	M M / D D	/ Y	YYY	e, enter 0) 0.00		
08	21 2014		08 21		2018	0.00 % (apr) Yes No		
List All	Endorsers or Guarantors	(if any) to	o Loan Source					
1. Full	Name (Last, First, Middle	Initial)			Name of Employer			
Mail	ing Address				Occupation Amount			
City	City State		ZIP Code		Guaranteed Outstanding:			
2. Full N	Name (Last, First, Middle II	 nitial)			Name of Employer Occupation Amount			
Mailir	ng Address							
City		State	ZIP Code		Guaranteed Outstanding: Name of Employer			
3. Full N	Name (Last, First, Middle II	nitial)	<u>'</u>					
Mailir	ng Address				Occupation			
					Amount			
City		State	ZIP Code		Guaranteed			
	//+ F:+ M:	- '+' - I\			Outstanding:	, , , , , , , , , , , , , , , , , , , ,		
4. Full r	Name (Last, First, Middle II	niliai)			Name of Employer			
Mailir	Mailing Address				Occupation			
					Amount			
City		State	ZIP Code		Guaranteed Outstanding:	9 9		
			•					
SUBTOTAL	LS This Period This Page	(optional)			·····	250000.00		
TOTALS T	his Period (last page in thi	s line only	·) ·······			, , , , , , , , , , , , , , , , , , , ,		
	(b. 2)	,		-	7 7		
Carry outs	standing balance only to L	INE 3, Sch	edule D, for this	s line. If	no Schedule D, carr	ry forward to appropriate line of Summary.		

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

PAGE 13 OF
FOR LINE NUMBER:
(check only one)

X	13a
	13b

						130		
	ME OF COMMITTEE (In Full)				Transa	action ID : SC/10.5703		
	ommittee to Elect Vance McA							
	LOAN SOURCE Full Name (Last,	First, Mic	ddle Initial)	☐ Memo Iten				
	McAllister, Vance, Michael	el, ,				Primary General		
ŀ	Mailing Address					☐ X General Other (specify) ▼		
	2460 Highway 594							
	City	State ZIP Code		de	Description of the Condidate			
	Monroe LA 71203					Personal Funds of the Candidate		
	Original Amount of Loan		Cumulative Pag	yment To	Date Ba	lance Outstanding at Close of This Period		
	150000	0.00			0.00	150000.00		
ŀ	TERMS Date Incurred			ate Due	Interest Ra			
	M M / D D / Y Y Y	Y	M M / D D	/ Y	(If none, ent			
	08 21 2014		08 21		2018	0.00 % (apr) Yes No		
	List All Endorsers or Guarantors	(if any) t	o Loan Source					
	1. Full Name (Last, First, Middle I	nitial)			Name of Employer			
-	Mailing Address				Occupation			
					Amount			
f	City	ZIP Code Guaranteed		Guaranteed Outstanding:				
+	2. Full Name (Last, First, Middle Initial)				Name of Employer			
-	Mailing Address				Occupation Amount Guaranteed			
	Maining Addition							
-	0:4.	01-1-	71D OI-					
	City	State	ZIP Code		Outstanding: Name of Employer			
	3. Full Name (Last, First, Middle In	itial)						
f	Mailing Address				Occupation			
					Amount			
	City	State	ZIP Code		Guaranteed			
+	4. Full Name (Last, First, Middle In	itial)			Outstanding: Name of Employer			
-	Mailing Address							
	waining Address				Occupation			
-					Amount Guaranteed			
	City	State	ZIP Code		Outstanding:	9 9		
			·					
SU	JBTOTALS This Period This Page (optional)			······	150000.00		
тс	OTALS This Period (last page in this	line only	/)					
						7 7 7		
C	arry outstanding balance only to LI	NE 3, Sch	nedule D, for this	s line. If	no Schedule D, carry for	rward to appropriate line of Summary.		

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

PAGE 14 OF FOR LINE NUMBER: (check only one)

X 13a

			Detailed Garrinary	, i age		13b	
NAME OF COMMITTEE (In Full)			Tra	nsaction ID : SC/10.	5985		
Committee to Elect Vance McAllister							
LOAN SOURCE Full Name (Last, First, Mic	ldle Initial)		☐ Memo I	Item Election: 20	14		
McAllister, Vance, Michael, ,				Primary			
Mailing Address				General Other (sp	ecify) 🕶		
2460 Highway 594							
City State ZIP Cod			9				
Monroe	71203		X Persona	I Funds of the Ca	ndidate		
Original Amount of Loan	Cumulative Pay	yment To D	ate	Balance Outstandin	g at Close of This	Period	
15000.00			0.00		15000.0	0	
9 9			4	7	7		
TERMS Date Incurred	D	ate Due	Interest (If none,		Secured:		
M 10 / D 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	10 / 16 D	/ Y 2	2016 Y	0.00 % (ap	or) Yes	X No	
List All Endorsers or Guarantors (if any) to	o Loan Source						
1. Full Name (Last, First, Middle Initial)		1	Name of Employer				
Mailing Address	Mailing Address						
		,	Amount				
City State ZIP Code			Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Initial)	2. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address		(Occupation				
		,	Amount				
City	ZIP Code		Guaranteed Outstanding:	7 7			
3. Full Name (Last, First, Middle Initial)		1	Name of Employer				
Mailing Address		(Occupation				
			Amount				
City State	ZIP Code		Guaranteed Outstanding:				
4. Full Name (Last, First, Middle Initial)		1	Name of Employer				
Mailing Address	(Occupation					
		Amount			_		
City State	ZIP Code		Guaranteed Outstanding:	7			
	•						
SUBTOTALS This Period This Page (optional)							
TOTALS This Period (last page in this line only	·) ······		······		810000.00	0	
Carry outstanding balance only to LINE 3, Sch	nedule D. for this	s line. If no	Schedule D. carrv	forward to approp	riate line of Sum	marv.	

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) X 10

_	ommittee (in Full)	ce M	cAllister		
	A. Full Name (Last, First, Middle Initial) of Del	btor or Cre	editor	Nature of Debt (Purpose):	
	K&L Gates, LLP			legal services	
-	Mailing Address 925 Fourth Avenue, #2900				
Ī	City	State Zip Code			
ŀ	Seattle	WA	98104	Transaction ID : SD10.5548	
	Outstanding Balance Beginning This Period	anding Balance Beginning This Period			
	467.49				
	Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period	
	0.00		0.00	467.49	
Ī	B. Full Name (Last, First, Middle Initial) of Deb	tor or Cred	ditor	Nature of Debt (Purpose):	
	K&L Gates, LLP			legal services	
-	Mailing Address 925 Fourth Avenue, #2900				
	City Seattle				
	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	15061.34	
	0.00		7	13001.34	
	C. Full Name (Last, First, Middle Initial) of Del	editor	Nature of Debt (Purpose): legal services		
	Mailing Address 925 Fourth Avenue, #2900				
f	City	State	Zip Code	_	
ļ	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	
	0.00		0.00	11115.79	
1)	SUBTOTALS This Period This Page (optional)			26644.62	
2)	TOTALS This Period (last page this line numb	oer only) ····			
3)	TOTAL OUTSTANDING LOANS from Schedu	ile C (last ¡	page only)·····		
4)	ADD 2) and 3) and carry forward to appropria	ate 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 FOR LINE NUMBER: (check only one)

	9
X	10

17

16 OF

NAME OF COMMITTEE (In Full) Committee to Elect \	/ance Mo	cAllister						
	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		Transaction ID : SD10.6006					
7738.7	9							
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period					
0.0	0	0.00	7738.79					
B. Full Name (Last, First, Middle Initial)	of Debtor or Cred	litor	Nature of Debt (Purpose):					
Nungesser Consulting, LL	С		fundraising consulting-disputed debt					
Mailing Address 1554 Lobdell Avenue								
City Baton Rouge	State LA	Zip Code 70806						
Outstanding Balance Beginning This	Transaction ID : SD10.5639							
46313.5	-							
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period					
0.00			46313.58					
C. Full Name (Last, First, Middle Initial	2. Full Name (Last, First, Middle Initial) of Debtor or Creditor							
Nungesser Consulting, LL	.C		Nature of Debt (Purpose): fundraising consulting					
Mailing Address 1554 Lobdell Avenue								
City	State	Zip Code						
Baton Rouge	LA	70806						
Outstanding Balance Beginning This	Outstanding Balance Beginning This Period							
214.6)							
Amount Incurred This Period	Amount Incurred This Period Payment This Period							
0.00)	0.00	214.60					
1) SUBTOTALS This Period This Page (o	otional) ······		▶ 54266.97					
2) TOTALS This Period (last page this lin	e number only) ····		·					
3) TOTAL OUTSTANDING LOANS from 3	TOTAL OUTSTANDING LOANS from Schedule C (last page only)							
4) ADD 2) and 3) and carry forward to a	opropriate 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

	luding Loans			numbered line)	X 10		
NA	ME OF COMMITTEE (In Full)						
C	Committee to Elect Van	ce Mo	cAllister				
	A. Full Name (Last, First, Middle Initial) of De	btor or Cre	ditor	Nature of Debt	(Purpose):		
	Red Print Strategy			campaign con	sulting		
ŀ							
	Mailing Address 311 S. Fillmore Street						
Ī	City	State	Zip Code				
-	Arlington	VA	22204				
	Outstanding Balance Beginning This Period			Transaction I	Transaction ID : SD10.5375		
	65000.00						
	Amount Incurred This Period		Payment This Period	Outstanding	Balance at Close of This Period		
	0.00		0.0	00	65000.00		
	y y		7				
Ī	B. Full Name (Last, First, Middle Initial) of Deb	otor or Cred	ditor	Nature of Debt	(Purpose):		
	Robert Watkins & Company			accounting se	rvices		
ŀ	Mailing Address 610 S. Boulevard						
ļ		T _	1				
	City Tampa	State FL	Zip Code 33606				
ŀ							
	Outstanding Balance Beginning This Period			Transaction I	D : SD10.6343		
	5047.50						
	Amount Incurred This Period		Payment This Period	Outstanding	Balance at Close of This Period		
	0.00		0.0	00	5047.50		
ļ	O. F. II News (Least First Middle Leiter) of De		,				
	C. Full Name (Last, First, Middle Initial) of De	otor or Cre	editor	Nature of Debt	Nature of Debt (Purpose):		
	Mailing Address						
ŀ	City	State	Zip Code				
	,		'				
	Outstanding Balance Beginning This Period						
	Amount Incurred This Period		Payment This Period	Outstanding	Balance at Close of This Period		
	7 thouse mounted this renea		r dymont mile r chod	Catalanang	Bularios de Gloss de Triis i crisa		
			7 7		9		
1)	SUBTOTALS This Period This Page (optional))		···· - - ,	70047.50		
2)	TOTALS This Period (last page this line numb	ber only) ····		···· •	150959.09		
3)	TOTAL OUTSTANDING LOANS from Schedu	ıle C (last p	page only)	···· -	810000.00		
4)	ADD 2) and 3) and carry forward to appropri	ate line of	Summary Page (last page or	nly) ►	960959.09		