

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

CLAITOR FOR CONGRESS

ADDRESS (number and street) 7520 PERKINS RD
SUITE 170
BATON ROUGE LA 70808

Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER**

C C00554253

CITY

STATE

ZIP CODE

STATE DISTRICT

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

LA 06

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 08 / 22 / 2014 in the State of LA

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

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

Election on / / in the State of

5. Covering Period 07 / 01 / 2014 through 08 / 02 / 2014

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

Type or Print Name of Treasurer CHELSEA BONNECAZE

Signature of Treasurer CHELSEA BONNECAZE [Electronically Filed] Date

04 / 01 / 2015

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

Office Use Only									
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
CLAITOR FOR CONGRESS

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))....	16324.00	239368.11
(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)).....	16324.00	239368.11
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	65635.84	157962.53
(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)).....	65635.84	157962.53
8. Cash on Hand at Close of Reporting Period (from Line 27).....	81405.58	
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).....	0.00	

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

CLAITOR FOR CONGRESS

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).....	12850.00	198886.82
(ii) Unitemized.....	400.00	11421.64
(iii) TOTAL of contributions from individuals ▶	13250.00	210308.46
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	16101.14
(d) The Candidate.....	2074.00	12958.51
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	16324.00	239368.11
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. 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
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)..... ▶	16324.00	239368.11

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	65635.84	157962.53
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) ▶	65635.84	157962.53

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	130717.42
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	16324.00
25. SUBTOTAL (add Line 23 and Line 24).....	147041.42
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	65635.84
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	81405.58

**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 23
	<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)
CLAITOR FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mrs. Wanda M. Aizpurua

Mailing Address 18312 N. Mission Hill Avenue

City Baton Rouge State LA Zip Code 70810

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

Name of Employer REQUESTED Occupation REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 06 / 2014

Transaction ID : SA11AI.5662

Amount of Each Receipt this Period
 1000.00

1000.00

B. Full Name (Last, First, Middle Initial)
Mr. Terry Bromell

Mailing Address PO Box 1549

City Ruston State LA Zip Code 71273

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

Name of Employer Bromell Agency, Inc Occupation Insurance

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 01 / 2014

Transaction ID : SA11AI.5652

Amount of Each Receipt this Period
 250.00

250.00

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

Mailing Address 12154 Highway 23

City Belle Chasse State LA Zip Code 70037

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

Name of Employer Cossich Sumich Parsiola & Taylor, LLC Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 07 / 2014

Transaction ID : SA11AI.5663

Amount of Each Receipt this Period
 2000.00

2000.00

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

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

3250.00

**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 23
	<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	

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NAME OF COMMITTEE (In Full)
CLAITOR FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Gregory G. Danielson

Mailing Address 15671 Malvern Hill Avenue

City Baton Rouge State LA Zip Code 70817

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

Name of Employer Ochsner Medical Center Occupation Purchasing Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 01 / 2014

Transaction ID : SA11AI.5679

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Lance C. McCardle

Mailing Address 209 Hector Avenue

City Metairie State LA Zip Code 70005

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

Name of Employer REQUESTED Occupation REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 02 / 2014

Transaction ID : SA11AI.5656

Amount of Each Receipt this Period
250.00

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

Mailing Address 1 Rue Sorbonne

City Baton Rouge State LA Zip Code 70808

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

Name of Employer deGravelles, Palmintier, Holthaus & Fr Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.5664

Amount of Each Receipt this Period
2600.00

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

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

3100.00

**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 23
	<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	

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NAME OF COMMITTEE (In Full)
CLAITOR FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. James Roy

Mailing Address P.O.Box 3668

City State Zip Code
Lafayette LA 70502

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

Name of Employer Occupation
Domengeaux Wright Roy & Edwards LLC Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 26 / 2014

Transaction ID : SA11AI.5676

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Dr. James D. Sandefur

Mailing Address 219 Blue Bush Road

City State Zip Code
Oakdale LA 71463

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

Name of Employer Occupation
REQUESTED Optometrist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 14 / 2014

Transaction ID : SA11AI.5668

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Mr. Julian Scurci

Mailing Address 1395 Bellaire St

City State Zip Code
Denver CO 80220

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

Name of Employer Occupation
Corona Associates Capital Management, Investor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 01 / 2014

Transaction ID : SA11AI.5678

Amount of Each Receipt this Period
 1000.00

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

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

3000.00

**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 8 OF 23
	<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	

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NAME OF COMMITTEE (In Full)
CLAITOR FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. John R. Smith

Mailing Address 6 Live Oak Drive

City Leesville State LA Zip Code 71446

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

Name of Employer REQUESTED Occupation REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 18 / 2014

Transaction ID : SA11AI.5674

Amount of Each Receipt this Period
 2500.00

B. Full Name (Last, First, Middle Initial)
Mr. Cameron Waddell

Mailing Address 1316 N Cicero

City Baton Rouge State LA Zip Code 70816

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

Name of Employer Self Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 16 / 2014

Transaction ID : SA11AI.5670

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Ms. Barbara J. Wittkopf

Mailing Address 1312 Applewood Road

City Baton Rouge State LA Zip Code 70808

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

Name of Employer Self Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 03 / 2014

Transaction ID : SA11AI.5658

Amount of Each Receipt this Period
 500.00

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

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

3500.00

12850.00

**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 9 OF 23
	<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)
CLAITOR FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MCGLINCHEY STAFFORD POLITICAL ACTION COMMITTEE (MACPAC)

Mailing Address 643 MAGAZINE ST

City State Zip Code
NEW ORLEANS LA 70130

FEC ID number of contributing federal political committee. **C** C00168120

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 11 / 2014

Transaction ID : SA11C.5684

Amount of Each Receipt this Period
1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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 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).....

1000.00

1000.00

**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 10 OF 23
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CLAITOR FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DANIEL A CLAITOR

Mailing Address 7520 PERKINS RD
SUITE 70808

City State Zip Code
BATON ROUGE LA 70808

FEC ID number of contributing federal political committee. **C H4LA06112**

Name of Employer Occupation
SELF EMPLOYED ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
19515.13

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 31 2014

Transaction ID : SA11D.5784

Amount of Each Receipt this Period
2074.00

In-kind - Rent and Utilities for Campaign Office Space

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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 Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

2074.00

2074.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 23		
	<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)
CLAITOR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. American Express		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 7.95 Transaction ID : SB17.5689
City Ft Lauderdale	State FL	
Zip Code 33336	Purpose of Disbursement Credit Card Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. American Express		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 58.10 Transaction ID : SB17.5690
City Ft Lauderdale	State FL	
Zip Code 33336	Purpose of Disbursement Credit Card Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. American Express		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 7.95 Transaction ID : SB17.5691
City Ft Lauderdale	State FL	
Zip Code 33336	Purpose of Disbursement Credit Card Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	74.00
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 12 OF 23			
	<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)
CLAITOR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Authnet Gateway Billing		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address PO Box 8999		Amount of Each Disbursement this Period 72.00 Transaction ID : SB17.5696
City San Francisco	State LA	
Purpose of Disbursement Credit Card Fee		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. Axiom Strategies		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address 1251 NW Briarcliff Pkwy, Ste 85		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.5698
City Kansas City	State MO	
Purpose of Disbursement Consultant - General Campaign Consulting		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) c. Axiom Strategies		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 1251 NW Briarcliff Pkwy, Ste 85		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.5699
City Kansas City	State MO	
Purpose of Disbursement Consultant - General Campaign Consulting		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	10072.00
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 13 OF 23			
	<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)
CLAITOR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CHELSEA BONNECAZE		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014
Mailing Address 7520 PERKINS RD SUITE 170		Amount of Each Disbursement this Period 1146.05 Transaction ID : SB17.5711
City BATON ROUGE State LA Zip Code 70808	Purpose of Disbursement Payroll	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CHELSEA BONNECAZE		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 7520 PERKINS RD SUITE 170		Amount of Each Disbursement this Period 1146.05 Transaction ID : SB17.5712
City BATON ROUGE State LA Zip Code 70808	Purpose of Disbursement Payroll	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Candelwood Suites		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address 11396 US Hwy 98		Amount of Each Disbursement this Period 222.89 Transaction ID : SB17.5703
City Destin State FL Zip Code 32550	Purpose of Disbursement Lodging	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2514.99
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 14 OF 23			
	<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)
CLAITOR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Candidate Command, LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 1420 NW Vivion, Suite 113		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.5705
City Kansas City	State MO	
Zip Code 64118	Purpose of Disbursement Slate Cards	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Casual Catering		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 11013 Brillock Avenue		Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.5707
City Baton Rouge	State LA	
Zip Code 70818	Purpose of Disbursement Catering	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. DANIEL A CLAITOR		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address 7520 PERKINS RD SUITE 70808		Amount of Each Disbursement this Period 2074.00 Transaction ID : SB17.5785
City BATON ROUGE	State LA	
Zip Code 70808	Purpose of Disbursement In-kind - Rent and Utilities for Campaign Office Space	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: LA District: 06	

SUBTOTAL of Disbursements This Page (optional).....	4874.00
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 15 OF 23		
	<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)
CLAITOR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Joe Coniglio		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address PO Box 453		Amount of Each Disbursement this Period 6250.00 Transaction ID : SB17.5745
City Denham Springs	State LA	
Zip Code 70727	Purpose of Disbursement Signs	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Crowne Plaza Hotels		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 4728 Constitution Ave		Amount of Each Disbursement this Period 1981.84 Transaction ID : SB17.5725
City Baton Rouge	State LA	
Zip Code 70808	Purpose of Disbursement Fundraising Rental	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Cybersource CYBS		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address PO Box 8999		Amount of Each Disbursement this Period 58.28 Transaction ID : SB17.5726
City San Francisco	State CA	
Zip Code 94128	Purpose of Disbursement Credit Card Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	8290.12
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 16 OF 23			
	<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)
CLAITOR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Facebook		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 1601 Willow Rd		Amount of Each Disbursement this Period 290.57 Transaction ID : SB17.5730
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Advertising - Internet	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Facebook		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address 1601 Willow Rd		Amount of Each Disbursement this Period 503.37 Transaction ID : SB17.5731
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Advertising - Internet	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Facebook		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 1601 Willow Rd		Amount of Each Disbursement this Period 751.63 Transaction ID : SB17.5732
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Advertising - Internet	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1545.57
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 17 OF 23	
	<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)
CLAITOR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Facebook		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2014
Mailing Address 1601 Willow Rd		Amount of Each Disbursement this Period 752.64 Transaction ID : SB17.5733
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Advertising - Internet	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Facebook		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 1601 Willow Rd		Amount of Each Disbursement this Period 689.57 Transaction ID : SB17.5734
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Advertising - Internet	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. FEDEX		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address 7777 Bluebonnet Blvd #200		Amount of Each Disbursement this Period 9.74 Transaction ID : SB17.5735
City Baton Rouge	State LA	
Zip Code 70810	Purpose of Disbursement Printing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1451.95
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 18 OF 23			
	<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)
CLAITOR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. FEDEX		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 7777 Bluebonnet Blvd #200		Amount of Each Disbursement this Period 6.50
City Baton Rouge	State LA	
Zip Code 70810	Purpose of Disbursement Printing	Transaction ID : SB17.5736
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Fletcher Consultants		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2014
Mailing Address 6811 Jefferson Hwy.		Amount of Each Disbursement this Period 5383.49
City Baton Rouge	State LA	
Zip Code 70806	Purpose of Disbursement Consultant - Media Consulting	Transaction ID : SB17.5738
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Andrew Gaultier		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014
Mailing Address Requested		Amount of Each Disbursement this Period 350.00
City Requested	State LA	
Zip Code 70809	Purpose of Disbursement Fundraiser- Entertainment	Transaction ID : SB17.5693
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5739.99
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 19 OF 23			
	<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)
CLAITOR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Hayride Media LLC			Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2014
Mailing Address 9007 Highland Rd., #15			Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.5743
City Baton Rouge	State LA	Zip Code 70810	
Purpose of Disbursement Advertising - Internet		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) B. Louisiana District UPC			Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014
Mailing Address PO Box 248			Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.5751
City Tioga	State LA	Zip Code 71477	
Purpose of Disbursement Charitable Contribution		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) c. Office Depot			Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address 7074 Siegen Lane			Amount of Each Disbursement this Period 86.04 Transaction ID : SB17.5757
City Baton Rouge	State LA	Zip Code 70809	
Purpose of Disbursement Office Supplies		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1586.04
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 20 OF 23		
	<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)
CLAITOR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. The Home Depot		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 10300 Coursey Boulevard		Amount of Each Disbursement this Period 102.09 Transaction ID : SB17.5775
City Baton Rouge	State LA	
Zip Code 70816	Purpose of Disbursement Signs	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Walden Homeowners Association, Inc.		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2014
Mailing Address 1201 Thoreau Dr		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.5779
City Baton Rouge	State LA	
Zip Code 70808	Purpose of Disbursement Facility/ Room Rental	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Cody Wells		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 15949 Highland Road		Amount of Each Disbursement this Period 1253.37 Transaction ID : SB17.5715
City Baton Rouge	State LA	
Zip Code 70810	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1855.46
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 21 OF 23		
	<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)
CLAITOR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Cody Wells		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 15949 Highland Road		Amount of Each Disbursement this Period 166.32
City Baton Rouge	State LA	
Zip Code 70810	Purpose of Disbursement Mileage	Transaction ID : SB17.5716
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Cody Wells		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 15949 Highland Road		Amount of Each Disbursement this Period 75.85
City Baton Rouge	State LA	
Zip Code 70810	Purpose of Disbursement Food/Beverage Reimbursement	Transaction ID : SB17.5717
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Cody Wells		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 15949 Highland Road		Amount of Each Disbursement this Period 149.52
City Baton Rouge	State LA	
Zip Code 70810	Purpose of Disbursement Mileage	Transaction ID : SB17.5718
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	391.69
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 22 OF 23		
	<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)
CLAITOR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Cody Wells		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014
Mailing Address 15949 Highland Road		Amount of Each Disbursement this Period 1253.37
City Baton Rouge	State LA	
Purpose of Disbursement Payroll	Category/ Type	
Candidate Name	Transaction ID : SB17.5719	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Cody Wells		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address 15949 Highland Road		Amount of Each Disbursement this Period 48.16
City Baton Rouge	State LA	
Purpose of Disbursement Mileage	Category/ Type	
Candidate Name	Transaction ID : SB17.5720	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Cody Wells		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014
Mailing Address 15949 Highland Road		Amount of Each Disbursement this Period 202.72
City Baton Rouge	State LA	
Purpose of Disbursement Mileage	Category/ Type	
Candidate Name	Transaction ID : SB17.5721	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1504.25
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 23 OF 23	
	<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)
CLAITOR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Wilson Perkins Allen Opinion Research			Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014	
Mailing Address 1319 Classen Drive			Amount of Each Disbursement this Period 23800.00	
City Oklahoma City	State OK	Zip Code 73103	Transaction ID : SB17.5783	
Purpose of Disbursement Polling		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
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		Category/ Type		
Candidate Name				
Office Sought:	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		Category/ Type		
Candidate Name				
Office Sought:	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).....	23800.00
TOTAL This Period (last page this line number only).....	63700.06