

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

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

FOR LINE NUMBER: PAGE 8 OF 178
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

Full Name (Last, First, Middle Initial)
A. AMELIA MANOR INC

Mailing Address 903 CENTER ST

City State Zip Code
LAFAYETTE LA 70501-3901

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2015
Transaction ID : SA11.147

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. ST AGNES HEALTHCARE & REHAB

Mailing Address PO BOX 10

City State Zip Code
BREAUX BRIDGE LA 70517-0010

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2015
Transaction ID : SA11.145

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

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

Mailing Address P.O. BOX 60

City State Zip Code
LAMBERTVILLE NJ 08530-0060

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2015
Transaction ID : SA11.148

Amount of Each Receipt this Period
50000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 54000.00

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