

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS
14 APR 15 PM 12:13
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

CITIZENS FOR COCHRAN

ADDRESS (number and street) ▼

PO BOX 7183

Check if different than previously reported. (ACC)

TUPELO

MS

38802

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00091892

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

MS 00

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 MM/DD/YYYY in the State of

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

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

Election on MM/DD/YYYY in the State of

5. Covering Period

MM/DD/YYYY through MM/DD/YYYY

01 01 2014

through

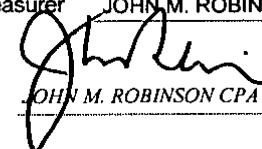
03 31 2014

03 31 2014

03 31 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 JOHN M. ROBINSON CPA

Signature of Treasurer 

Date 04/10/2014

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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FEC FORM 3 (Revised 02/2003)

14020103524

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
CITIZENS FOR COCHRAN

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2014 To: M M / D D / Y Y Y Y 03 / 31 / 2014

	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)) ..	1702275.00	2823022.06
(b) Total Contribution Refunds (from Line 20(d)) ..	0.00	2000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) ...	1702275.00	2821022.06
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	1291015.20	1878368.40
(b) Total Offsets to Operating Expenditures (from Line 14)...	0.00	9529.48
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) ...	1291015.20	1868838.92
8. Cash on Hand at Close of Reporting Period (from Line 27)...	1512508.18	
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

14020183525

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 561

Write or Type Committee Name

CITIZENS FOR COCHRAN

Report Covering the Period: From: MM / DD / YYYY 01 / 01 / 2014 To: MM / DD / YYYY 03 / 31 / 2014

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) ...	1182425.00	1449974.00
(ii) Unitemized	26010.00	31671.00
(iii) TOTAL of contributions from individuals .	1208435.00	1481645.00
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs) ...	493840.00	1341377.06
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	1702275.00	2823022.06
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..	0.00	59464.67
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	9529.48
15. OTHER RECEIPTS (Dividends, Interest, etc.)	802.71	6913.43
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...	1703077.71	2898929.64

14920193526

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	1291015.20	1878368.40
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	2000.00
(c) Other Political Committees (such as PACs) ...	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...	0.00	2000.00
21. OTHER DISBURSEMENTS ..	0.00	64800.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	1291015.20	1945168.40

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	1100445.67
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	1703077.71
25. SUBTOTAL (add Line 23 and Line 24)...	2803523.38
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	1291015.20
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	1512508.18

14929193527

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

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

FOR LINE NUMBER: PAGE 5 OF 561
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 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)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
GUFF ABBOTT

Mailing Address **235 ST. ANDREWS CIRCLE**

City **OXFORD** State **MS** Zip Code **38655**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 31 / 2014

Transaction ID : **SA11AI.19804**

Amount of Each Receipt this Period
250.00

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

Mailing Address **411 N. FIRST ST**

City **ROLLING FORK** State **MS** Zip Code **39159**

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

Name of Employer **CARTER FARMS** Occupation **FARMER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 10 / 2014

Transaction ID : **SA11AI.20793**

Amount of Each Receipt this Period
500.00

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

Mailing Address **445 NORTH FIRST ST**

City **ROLLING FORK** State **MS** Zip Code **39159**

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

Name of Employer **CARTER FARMS** Occupation **FARMER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 10 / 2014

Transaction ID : **SA11AI.20811**

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

1750.00

14929193529

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 561
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 11d	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
MARK ABRAHAM

Mailing Address **4105 MAGNOLIA RIDGE DR**

City LAKE CHARLES	State LA	Zip Code 70605
-----------------------------	--------------------	--------------------------

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

Name of Employer BIG EASY FOODS	Occupation MANAGING PARTNER
---	---------------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt **01 / 31 / 2014**
Transaction ID : **SA11AI.19978**

Amount of Each Receipt this Period **2600.00**

B. Full Name (Last, First, Middle Initial)
BOYCE E. ADAMS

Mailing Address **2005 SEMINOLE DRIVE**

City COLUMBUS	State MS	Zip Code 39705
-------------------------	--------------------	--------------------------

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

Name of Employer. BANKTEL	Occupation PRES/CEO
-------------------------------------	-------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **03 / 25 / 2014**
Transaction ID : **SA11AI.21814**

Amount of Each Receipt this Period **1000.00**

C. Full Name (Last, First, Middle Initial)
GARY M. ADAMS

Mailing Address **8808 RIVER RISE DR**

City CORDOVA	State TN	Zip Code 38016
------------------------	--------------------	--------------------------

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

Name of Employer NAT'L COTTON COUNCIL OF AMERIC	Occupation VP
---	-------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **03 / 10 / 2014**
Transaction ID : **SA11AI.20805**

Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional).....	3850.00
TOTAL This Period (last page this line number only).....	

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**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 561	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) PAUL ADAMS		Date of Receipt MM / DD / YYYY 03 / 10 / 2014	
Mailing Address P.O. BOX 207		Transaction ID : SA11AI.20786	
City YAZOO CITY	State MS	Zip Code 39194	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 1000.00	
Name of Employer ADAMS HOME CENTER, LLC	Occupation OWNER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) CLAY ADCOCK		Date of Receipt MM / DD / YYYY 03 / 10 / 2014	
Mailing Address P.O. BOX 159		Transaction ID : SA11AI.20804	
City HOLLY BLUFF	State MS	Zip Code 39088	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 2000.00	
Name of Employer BONNIE FARMS	Occupation FARMER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		

Full Name (Last, First, Middle Initial) SAMUEL D ADCOCK		Date of Receipt MM / DD / YYYY 03 / 28 / 2014	
Mailing Address 113 KINGSLEY ROAD		Transaction ID : SA11AI.22379	
City VIENNA	State VA	Zip Code 22180	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 1000.00	
Name of Employer AIRBUS HELICOPTERS	Occupation VP/GM		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

14920103530

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

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

FOR LINE NUMBER: PAGE 8 OF 561
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
SAMUEL L. AGNEW

Mailing Address **242 GRANVILLE CT**

City **BATON ROUGE** State **LA** Zip Code **70808**

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

Name of Employer **ENVIRONMENTAL TECH SALES, INC.** Occupation **SALES**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt **03 / 25 / 2014**
Transaction ID : **SA11AI.21807**

Amount of Each Receipt this Period **2600.00**

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

Mailing Address **1500 YALE ST**

City **CLEVELAND** State **MS** Zip Code **38732**

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

Name of Employer **SELF** Occupation **FARMER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **03 / 10 / 2014**
Transaction ID : **SA11AI.20810**

Amount of Each Receipt this Period **1000.00**

C. Full Name (Last, First, Middle Initial)
JOHNNIE SUE AITKEN

Mailing Address **5560 CAUSEYVILLE RD**

City **MERIDIAN** State **MS** Zip Code **39301**

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

Name of Employer **BOOKER CONSTRUCTION** Occupation **VP**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **02 / 03 / 2014**
Transaction ID : **SA11AI.20233**

Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional) **4100.00**

TOTAL This Period (last page this line number only)

14929183531

**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 561	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) GAIL ALBERT		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address P.O. BOX 1567		Transaction ID : SA11AI.19933
City HATTIESBURG	State MS	
Zip Code 39403		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer ALBERT & ASSOCIATES ARCHITECTS	Occupation ARCHITECT	Election Cycle-to-Date 250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

B. Full Name (Last, First, Middle Initial) JIMMY ALEXANDER		Date of Receipt MM / DD / YYYY 02 / 03 / 2014
Mailing Address P O BOX 1265		Transaction ID : SA11AI.20235
City MERIDIAN	State MS	
Zip Code 39302		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer A & B ELECTRIC CO INC	Occupation PRESIDENT	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

C. Full Name (Last, First, Middle Initial) ROBERT H ALEXANDER Jr.		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 18 HIGHLAND MEADOWS DR		Transaction ID : SA11AI.20042
City JACKSON	State MS	
Zip Code 39211		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer AMERICAN HEART ASSN	Occupation DEVELOPMENT	Election Cycle-to-Date 250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

14020103532

**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 561	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) WARNER ALFORD		Date of Receipt MM / DD / YYYY 01 / 28 / 2014
Mailing Address 106 CEDAR HILL DRIVE		Transaction ID : SA11AI.19545
City OXFORD	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer NONE	Occupation RETIRED	Election Cycle-to-Date 250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

B. Full Name (Last, First, Middle Initial) CHRISTI ALISE		Date of Receipt MM / DD / YYYY 03 / 18 / 2014
Mailing Address 1595 LUCIUS ST.		Transaction ID : SA11AI.21528
City BILOXI	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer GULF COAST PRODUCE DISTRIBUTOR	Occupation PRESIDENT	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

C. Full Name (Last, First, Middle Initial) MICHAEL ALISE		Date of Receipt MM / DD / YYYY 03 / 18 / 2014
Mailing Address 1595 LUCIUS ST.		Transaction ID : SA11AI.21526
City BILOXI	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer GULF COAST PRODUCE DISTRIBUTOR	Occupation VP	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	

14020103533

**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 11 OF 561
	<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)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) Mrs. DAVID B. ALLEN		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 100 ARBOR LANE		Transaction ID : SA11AI.20801
City INDIANOLA	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1600.00
Name of Employer SELF	Occupation CATFISH FARMER	Election Cycle-to-Date 2600.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

B. Full Name (Last, First, Middle Initial) DEBORAH W. ALLEN		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 16 DEVONSHIRE WAY		Transaction ID : SA11AI.19571
City FLORA	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer RETIRED	Occupation RETIRED	Election Cycle-to-Date 2600.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

C. Full Name (Last, First, Middle Initial) DREW ALLEN II		Date of Receipt MM / DD / YYYY 03 / 03 / 2014
Mailing Address 1402 HELLMERS LN		Transaction ID : SA11AI.20654
City OCEAN SPRINGS	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer ALLEN BEVERAGES INC	Occupation PRESIDENT/CEO	Election Cycle-to-Date 2600.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	6800.00
TOTAL This Period (last page this line number only).....	

14020103534

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

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

FOR LINE NUMBER: PAGE 12 OF 561
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
HARRY R. ALLEN

Mailing Address **1529 MAGNOLIA ST #15**

City **GULFPORT** State **MS** Zip Code **39507**

Date of Receipt: **03 / 28 / 2014**
Transaction ID: **SA11AI.22118**

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

Name of Employer: **ALLEN COBB HOOD & ATKINSON** Occupation: **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: **1000.00**

Amount of Each Receipt this Period: **1000.00**

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

Mailing Address **1100 GRAND BLVD**

City **GREENWOOD** State **MS** Zip Code **38930**

Date of Receipt: **03 / 10 / 2014**
Transaction ID: **SA11AI.20800**

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

Name of Employer: **STAPLCOTN** Occupation: **CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: **2000.00**

Amount of Each Receipt this Period: **1000.00**

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

Mailing Address **16 DEVONSHIRE WAY**

City **FLORA** State **MS** Zip Code **39071**

Date of Receipt: **01 / 31 / 2014**
Transaction ID: **SA11AI.19569**

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

Name of Employer: **CLAW FORESTRY** Occupation: **CFO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: **2600.00**

Amount of Each Receipt this Period: **2600.00**

SUBTOTAL of Receipts This Page (optional) **4600.00**

TOTAL This Period (last page this line number only)

14020103535

**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 13 OF 561	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) WILLIAM H. ALLEN		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address P.O. BOX 2302		Transaction ID : SA11AI.20802
City TUNICA	State MS	Zip Code 38676
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1400.00	
Name of Employer SELF	Occupation FARMER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) WILLIAM H. ALLEN		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address P.O. BOX 2302		Transaction ID : SA11AI.20803
City TUNICA	State MS	Zip Code 38676
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 600.00	
Name of Employer SELF	Occupation FARMER	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3200.00	

Full Name (Last, First, Middle Initial) WILLIAM H. ALLEN		Date of Receipt MM / DD / YYYY 03 / 31 / 2014
Mailing Address P.O. BOX 2302		Transaction ID : SA11AI.22071
City TUNICA	State MS	Zip Code 38676
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer SELF	Occupation FARMER	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4200.00	

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

14020193539

**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)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) SIDNEY P. ALLEN JR.		Date of Receipt MM / DD / YYYY 03 / 10 / 2014	
Mailing Address 193 ST. IVES DRIVE		Transaction ID : SA11AI.20798	
City MADISON	State MS	Zip Code 39110	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee.		Election Cycle-to-Date 500.00	
Name of Employer BUTLER SNOW	Occupation GOVT RELATIONS DIRECTOR		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) FLOYD S. ANDERSON Jr.		Date of Receipt MM / DD / YYYY 03 / 10 / 2014	
Mailing Address 550 THREE MILE LAKE RD		Transaction ID : SA11AI.20795	
City INVERNESS	State MS	Zip Code 38753	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee.		Election Cycle-to-Date 1000.00	
Name of Employer ANDERSON PLANTING CO.	Occupation PRESIDENT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) ROY ANDERSON III		Date of Receipt MM / DD / YYYY 01 / 31 / 2014	
Mailing Address P.O. BOX 520		Transaction ID : SA11AI.19880	
City GULFPORT	State MS	Zip Code 39502	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee.		Election Cycle-to-Date 2600.00	
Name of Employer ROY ANDERSON CORP	Occupation PRESIDENT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional).....	4100.00
TOTAL This Period (last page this line number only).....	

14020103537

**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 15 OF 561

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
RUSSELL SCOTT ANDERSON

Mailing Address **1704 23RD AVE**

City **MERIDIAN** State **MS** Zip Code **39301**

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

Name of Employer **ANDERSON CANCER CENTER** Occupation **PHYSICIAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y Y Y
02 / 03 / 2014

Transaction ID : **SA11AI.20239**

Amount of Each Receipt this Period
1000.00

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

Mailing Address **2401 BLUE VALLEY DRIVE**

City **SILVER SPRING** State **MD** Zip Code **20904**

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

Name of Employer **MONTGOMERY COLLEGE** Occupation **EDUCATOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y Y Y
01 / 23 / 2014

Transaction ID : **SA11AI.20085**

Amount of Each Receipt this Period
250.00

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

Mailing Address **3897 HIGHWAY 8**

City **RULEVILLE** State **MS** Zip Code **38771**

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

Name of Employer **ARANT ACRES** Occupation **FARMER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y Y Y
03 / 10 / 2014

Transaction ID : **SA11AI.20809**

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

14020193539

**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 16 OF 561
	<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) MILLER ARANT		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 712 BELL AVENUE		Transaction ID : SA11AI.20788
City GREENWOOD	State MS	Zip Code 38930
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer RAYMOND JAMES & ASSOCIATES	Occupation FINANCIAL ADVISOR	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) TURNER ARANT		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 414 BLAINE RD		Transaction ID : SA11AI.20790
City SUNFLOWER	State MS	Zip Code 38778
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer SELF-EMPLOYED	Occupation FARMING	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

Full Name (Last, First, Middle Initial) ROSEMARY G. AULTMAN		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address 107 CAROLINE CV		Transaction ID : SA11AI.22263
City CLINTON	State MS	Zip Code 39056
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer CITY OF CLANTON	Occupation MAYOR	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

14020103530

**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 17 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a
	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) CLAIRE H. AUSTIN		Date of Receipt MM / DD / YYYY 03 / 18 / 2014	
Mailing Address 2603 WILDWOOD DR		Transaction ID : SA11AI.21517	
City MONTGOMERY	State AL	Zip Code 36111	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee.		C	
Name of Employer THE AUSTIN GROUP	Occupation PRESIDENT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

B. Full Name (Last, First, Middle Initial) DAVID L. AYERS		Date of Receipt MM / DD / YYYY 03 / 31 / 2014	
Mailing Address 106 OAKHURST T RL		Transaction ID : SA11AI.22350	
City RIDGELAND	State MS	Zip Code 39157	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee.		C	
Name of Employer WATKINS EAGER	Occupation ATTORNEY		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

C. Full Name (Last, First, Middle Initial) ROY AZEVEDO		Date of Receipt MM / DD / YYYY 03 / 26 / 2014	
Mailing Address 13700 MARINA POINTE DR UNIT 814		Transaction ID : SA11AI.21866	
City MARINA DEL REY	State CA	Zip Code 90292	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee.		C	
Name of Employer RAYTHEON	Occupation VP		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

14020193540

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

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

FOR LINE NUMBER: PAGE 18 OF 561
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
SHERWOOD R. BAILEY Jr.

Mailing Address **813 EAST PASS ROAD**

City **GULFPORT** State **MS** Zip Code **39507**

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

Name of Employer **BAILEY LUMBER** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **01 / 31 / 2014**
Transaction ID : **SA11A1.19978**

Amount of Each Receipt this Period **1000.00**

B. Full Name (Last, First, Middle Initial)
FRANK BAIRD Jr.

Mailing Address **500 CYPRESS LANE**

City **GREENVILLE** State **MS** Zip Code **38701**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **03 / 10 / 2014**
Transaction ID : **SA11A1.20852**

Amount of Each Receipt this Period **1000.00**

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

Mailing Address **P.O. BOX 23**

City **INVERNESS** State **MS** Zip Code **38753**

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

Name of Employer **SELF** Occupation **FARMER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt **03 / 10 / 2014**
Transaction ID : **SA11A1.20832**

Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **3000.00**

TOTAL This Period (last page this line number only)..... **3000.00**

14029183541

**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)

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
DOLPH BAKER

Mailing Address **3939 STUART PLACE**

City **JACKSON** State **MS** Zip Code **39211**

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

Name of Employer **CAL-MAINE FOODS** Occupation **EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **01 / 31 / 2014**

Transaction ID : **SA11AI.20040**

Amount of Each Receipt this Period **1000.00**

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

Mailing Address **P.O. BOX 387**

City **LELAND** State **MS** Zip Code **38756**

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

Name of Employer **BOURBON PLANTATION** Occupation **FARMER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **03 / 10 / 2014**

Transaction ID : **SA11AI.20840**

Amount of Each Receipt this Period **1000.00**

C. Full Name (Last, First, Middle Initial)
GABE P. BALDWIN

Mailing Address **115 ROYAL LYTHAM**

City **JACKSON** State **MS** Zip Code **39211**

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

Name of Employer **BANKPLUS** Occupation **SVP OF MORTGAGE LENDING**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **01 / 31 / 2014**

Transaction ID : **SA11AI.19573**

Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **3000.00**

TOTAL This Period (last page this line number only)..... **3000.00**

14020193542

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

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

FOR LINE NUMBER: PAGE 20 OF 561
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
FRED A. BALLARD

Mailing Address 3392 OLD HWY 61 SOUTH

City LELAND State MS Zip Code 38756 *

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

Name of Employer SELF-EMPLOYED Occupation PLANTER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 10 / 2014

Transaction ID : SA11AI.20837

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
FREDRICK A. BALLARD II

Mailing Address 3392 OLD HWY 61 SOUTH

City LELAND State MS Zip Code 38756

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

Name of Employer SELF-EMPLOYED Occupation PLANTER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 10 / 2014

Transaction ID : SA11AI.20839

Amount of Each Receipt this Period
1000.00

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

Mailing Address 18240 ROBINWOOD DR

City SAUCIER State MS Zip Code 39574

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

Name of Employer SEEMANNC COMPOSITES Occupation MFG DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 31 / 2014

Transaction ID : SA11AI.19980

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

14020183543

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

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

FOR LINE NUMBER: PAGE 21 OF 561
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
DANNY BARFIELD

Mailing Address **1201 S FIFTH AVE**

City **CLEVELAND** State **MS** Zip Code **38732**

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

Name of Employer **BARFIELD LINDSEY SALLEY** Occupation **CPA**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **03 / 10 / 2014**
Transaction ID : **SA11AI.20830**

Amount of Each Receipt this Period **1000.00**

B. Full Name (Last, First, Middle Initial)
HAROLD J. BARKLEY Jr.

Mailing Address **P.O. BOX 55849**

City **JACKSON** State **MS** Zip Code **39296**

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 **03 / 25 / 2014**
Transaction ID : **SA11AI.22158**

Amount of Each Receipt this Period **500.00**

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

Mailing Address **917 OLD TAYLOR ROAD**

City **OXFORD** State **MS** Zip Code **38655**

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

Name of Employer **BARKSDALE READING INSTITUTE** Occupation **CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **01 / 28 / 2014**
Transaction ID : **SA11AI.19443**

Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **2500.00**

TOTAL This Period (last page this line number only)..... **2500.00**

14020103544

**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 22 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. LEWIS BARKSDALE		Date of Receipt MM / DD / YYYY 03 / 10 / 2014	
Mailing Address 866 VINEY RIDGE ROAD		Transaction ID : SA11AI.20827	
City CLARKSDALE	State MS	Zip Code 38614	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee.		C	
Name of Employer BARKSDALE HUNT, INC.	Occupation PRESIDENT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) B. CHARLES C. BARLOW Sr.		Date of Receipt MM / DD / YYYY 02 / 27 / 2014	
Mailing Address 1530 N. STATE ST.		Transaction ID : SA11AI.20432	
City JACKSON	State MS	Zip Code 39202	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer BARLOW EDDY JENKINS PA	Occupation ARCHITECT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) C. CHUCK BARLOW Jr.		Date of Receipt MM / DD / YYYY 01 / 31 / 2014	
Mailing Address 227 INGLESIDE DRIVE		Transaction ID : SA11AI.20039	
City MADISON	State MS	Zip Code 39110	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer BARLOW EDDY JENKINS	Occupation ARCHITECT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	2250.00

14020183545

**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 23 OF 561	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) DUDLEY M. BARNES		Date of Receipt MM / DD / YYYY 03 / 10 / 2014	
Mailing Address P.O. BOX 1234		Transaction ID : SA11AI.20825	
City CLARKSDALE	State MS	Zip Code 38614	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 500.00	
Name of Employer BARNES PETTEY FINANCIAL	Occupation FINANCIAL ADVISOR		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) CHARLES F. BARRETT		Date of Receipt MM / DD / YYYY 03 / 10 / 2014	
Mailing Address 211 PADDOCK LANE		Transaction ID : SA11AI.20847	
City NASHVILLE	State TN	Zip Code 37205	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 2500.00	
Name of Employer BARRETT LAW GROUP	Occupation ATTORNEY		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		

Full Name (Last, First, Middle Initial) DON BARRETT		Date of Receipt MM / DD / YYYY 03 / 10 / 2014	
Mailing Address BOX 987		Transaction ID : SA11AI.20822	
City LEXINGTON	State MS	Zip Code 39095	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 2500.00	
Name of Employer BARRETT LAW OFFICE, P.A.	Occupation LAWYER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		

SUBTOTAL of Receipts This Page (optional).....	5500.00
TOTAL This Period (last page this line number only).....	

14029183546

**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 24 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) ELIZABETH BARRETT		Date of Receipt MM / DD / YYYY 03 / 10 / 2014	
Mailing Address 211 PADDOCK LANE		Transaction ID : SA11AI.20849	
City NASHVILLE	State TN	Zip Code 37205	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee.		C	
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		

Full Name (Last, First, Middle Initial) NANCY BARRETT		Date of Receipt MM / DD / YYYY 03 / 10 / 2014	
Mailing Address P.O. BOX 927		Transaction ID : SA11AI.20823	
City LEXINGTON	State MS	Zip Code 39095	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee.		C	
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		

Full Name (Last, First, Middle Initial) RICHARD BARRETT		Date of Receipt MM / DD / YYYY 03 / 10 / 2014	
Mailing Address 3881 MAJESTIC OAKS DR		Transaction ID : SA11AI.20843	
City OXFORD	State MS	Zip Code 38655	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee.		C	
Name of Employer SELF	Occupation ATTORNEY		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		

SUBTOTAL of Receipts This Page (optional).....	7500.00
TOTAL This Period (last page this line number only).....	

14020183547

**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)

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
STEPHANIE BARRETT

Mailing Address **3881 MAJESTIC OAKS DR**

City **OXFORD** State **MS** Zip Code **38655**

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

Name of Employer **OXFORD URGENT CARE** Occupation **NURSE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt **03 / 10 / 2014**
Transaction ID : **SA11AI.20845**

Amount of Each Receipt this Period **2500.00**

B. Full Name (Last, First, Middle Initial)
JOHN H. BARROW III

Mailing Address **2502 RIDGEWOOD DR**

City **LAUREL** State **MS** Zip Code **39440**

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

Name of Employer **FAMILY DENTAL CENTER** Occupation **DENTIST**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **03 / 28 / 2014**
Transaction ID : **SA11AI.22372**

Amount of Each Receipt this Period **250.00**

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

Mailing Address **5022 5TH PLACE**

City **MERIDIAN** State **MS** Zip Code **39305**

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

Name of Employer **BOURDEAUX & JONES** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **02 / 03 / 2014**
Transaction ID : **SA11AI.20241**

Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **3750.00**

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

14020193549

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 OF 561
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) HAMP BASS		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 281 WESTOVER DR.		Transaction ID : SA11AI.20829
City CLARKSDALE	State MS	
Zip Code 38614	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer SELF EMPLOYED	Occupation FARMER	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) WILLIAM H. BATTLE		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 5475 HWY 4		Transaction ID : SA11AI.20834
City TUNICA	State MS	
Zip Code 38676	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1500.00
Name of Employer BATTLE FISH NORTH	Occupation CATFISH FARMER	Election Cycle-to-Date 1500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) KRISTEN BAUMER		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 399 BROADWAY		Transaction ID : SA11AI.19984
City NEW ORLEANS	State LA	
Zip Code 70118	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00
Name of Employer PAUL PIAZZA & SON, INC.	Occupation PRESIDENT	Election Cycle-to-Date 2600.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	5100.00
TOTAL This Period (last page this line number only).....	

14020183549

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 OF 561
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
SHEPHERD A. BAUMER Jr.

Mailing Address **103 SEDGEFIELD DR.**

City **LAFAYETTE** State **LA** Zip Code **70503**

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

Name of Employer **PAUL PIAZZA & SON, INC.** Occupation **SR. FINANCE EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt **01 / 31 / 2014**

Transaction ID : **SA11AI.19982**

Amount of Each Receipt this Period **2600.00**

B. Full Name (Last, First, Middle Initial)
ERNEST C. BAYNARD

Mailing Address **6004 CAIRN TER.**

City **BETHESDA** State **MD** Zip Code **20817**

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

Name of Employer **MERIDIAN HILLS STRATEGIES** Occupation **PRINCIPAL**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **03 / 18 / 2014**

Transaction ID : **SA11AI.21489**

Amount of Each Receipt this Period **500.00**

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

Mailing Address **357 S. GAMWYN PARK DR**

City **GREENVILLE** State **MS** Zip Code **38701**

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

Name of Employer **COMPREHENSIVE PAIN SPECIALIST** Occupation **ANESTHESIOLOGIST**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **03 / 31 / 2014**

Transaction ID : **SA11AI.22352**

Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **4100.00**

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

14020183550

**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 28 OF 561	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) HUGH BECKHAM Jr.		Date of Receipt MM / DD / YYYY 03 / 10 / 2014	
Mailing Address 6556 ACREE WOODS DR		Transaction ID : SA11AI.20807	
City OLIVE BRANCH	State MS	Zip Code 38654	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer MONSANTO CO	Occupation RETAIL SALES MGR		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) C.L. PEPPER BECKMAN JR		Date of Receipt MM / DD / YYYY 03 / 25 / 2014	
Mailing Address 1229 WINDMILL DR		Transaction ID : SA11AI.22210	
City MERIDIAN	State MS	Zip Code 39305	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer DUNN ROADBUILDERS	Occupation PRES/COO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) BOBBY L. BEEBE		Date of Receipt MM / DD / YYYY 03 / 25 / 2014	
Mailing Address 300 COX CROSSING		Transaction ID : SA11AI.21798	
City MADISON	State MS	Zip Code 39110	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C			
Name of Employer PATHWAY MGT	Occupation PRINCIPAL		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		

SUBTOTAL of Receipts This Page (optional).....	4000.00
TOTAL This Period (last page this line number only).....	

14020183551

**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 29 OF 561
	<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. E.G. BEEBE		Date of Receipt MM / DD / YYYY 03 / 25 / 2014	
Mailing Address P.O. BOX 6015		Transaction ID : SA11AI.22174	
City RIDGELAND	State MS	Zip Code 39158	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee.			
Name of Employer MAGNOLIA MANAGEMENT CORP	Occupation OWNER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) B. HAROLD M. BEEBE		Date of Receipt MM / DD / YYYY 03 / 25 / 2014	
Mailing Address 227 COACHMANS RD		Transaction ID : SA11AI.22171	
City MADISON	State MS	Zip Code 39110	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee.			
Name of Employer DELCO	Occupation MANAGER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) C. HAROLD M. BEEBE		Date of Receipt MM / DD / YYYY 03 / 25 / 2014	
Mailing Address 227 COACHMANS RD		Transaction ID : SA11AI.22173	
City MADISON	State MS	Zip Code 39110	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee.			
Name of Employer DELCO	Occupation MANAGER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		

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

14020103552

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 OF 561
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) HAROLD K. BEEBE JR.		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address 229 CALUMET DR		Transaction ID : SA11AI.22159
City MADISON	State MS	Zip Code 39110
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer LEGACY HEALTH CARE SERVICE	Occupation PRESIDENT	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

B. Full Name (Last, First, Middle Initial) STEVE BELL		Date of Receipt MM / DD / YYYY 02 / 04 / 2014
Mailing Address 1253 DARTMOUTH COURT		Transaction ID : SA11AI.20299
City ALEXANDRIA	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer BIPARTISAN POLICY CENTER	Occupation SR. DIRECTOR	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

C. Full Name (Last, First, Middle Initial) CURTIS BERRY		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 8400 ARKABUTLA DAM RD		Transaction ID : SA11AI.20808
City ROBINSONVILLE	State MS	Zip Code 38676
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer SELF	Occupation FARMER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1200.00	

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

14020103553

**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 31 OF 561

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. CARL BIRSACK		Date of Receipt MM / DD / YYYY 03 / 18 / 2014	
Mailing Address 8197 COTTAGE ROSE CT		Transaction ID : SA11AI.21487	
City FAIRFAX STATION	State VA	Zip Code 22039	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee.		C	
Name of Employer BIRSACK GOV'T RELATIONS TEAM	Occupation DIRECTOR		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) B. BOB BILLINGSLEY		Date of Receipt MM / DD / YYYY 03 / 25 / 2014	
Mailing Address 20 TALLAHOMA WEST DR		Transaction ID : SA11AI.22227	
City LAUREL	State MS	Zip Code 39440	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer SANDERSON FARMS	Occupation ASSOCIATE		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) C. RAY B. BILLUPS		Date of Receipt MM / DD / YYYY 03 / 21 / 2014	
Mailing Address 2112 BELLE HAVEN RD		Transaction ID : SA11AI.21557	
City ALEXANDRIA	State VA	Zip Code 22307	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee.		C	
Name of Employer SELF	Occupation LOBBYIST		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

14020103554

**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 32 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
MICKEY L. BLACK

Mailing Address **704 OLIVIA**

City **GREENWOOD** State **MS** Zip Code **38930**

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

Name of Employer **USDA-FSA** Occupation **FARMER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
03 / 10 / 2014

Transaction ID : **SA11AI.20877**

Amount of Each Receipt this Period
1000.00

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

Mailing Address **223 DEER RUN TRAIL NE**

City **BROOKHAVEN** State **MS** Zip Code **39601**

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

Name of Employer **FEDERAL LAND BANK** Occupation **BANKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
03 / 10 / 2014

Transaction ID : **SA11AI.20857**

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
HAROLD B. BLAKELY

Mailing Address **5357 CLIFF GOOKIN BLVD**

City **TUPELO** State **MS** Zip Code **38801**

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

Name of Employer **SELF** Occupation **PHARMACIST**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
01 / 28 / 2014

Transaction ID : **SA11AI.19544**

Amount of Each Receipt this Period
250.00

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

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

1500.00

14929183555

**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 33 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) WILLIAM D. BLAKESLEE		Date of Receipt MM / DD / YYYY 03 / 25 / 2014	
Mailing Address 41 GREENBRIAR DR		Transaction ID : SA11A1.2328	
City GULFPORT	State MS	Zip Code 39507	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

B. Full Name (Last, First, Middle Initial) DEAN P. BLANCHARD		Date of Receipt MM / DD / YYYY 01 / 31 / 2014	
Mailing Address P.O. BOX 1		Transaction ID : SA11A1.19986	
City GRAND ISLE	State LA	Zip Code 70358	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C			
Name of Employer DEAN BLANCHARD SEAFOOD INC.	Occupation OWNER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

C. Full Name (Last, First, Middle Initial) GERALD BLESSEY		Date of Receipt MM / DD / YYYY 01 / 31 / 2014	
Mailing Address P.O. BOX 4648		Transaction ID : SA11A1.19881	
City BILOXI	State MS	Zip Code 39535	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer COLUMBUS COMMUNITIES, LLC	Occupation ATTORNEY/REAL ESTATE DEVELOPER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional)	3850.00
TOTAL This Period (last page this line number only)	3850.00

14029193556

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

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

FOR LINE NUMBER: PAGE 34 OF 561
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
J. NEAL BLUE

Mailing Address **9756 LA JOLLA FARMS RD**

City **LA JOLLA** State **CA** Zip Code **92037**

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

Name of Employer **GENERAL ATOMICS** Occupation **CHAIRMAN & CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt **03 / 12 / 2014**
Transaction ID : **SA11AI.20767**

Amount of Each Receipt this Period **2600.00**

B. Full Name (Last, First, Middle Initial)
J. NEAL BLUE

Mailing Address **9756 LA JOLLA FARMS RD**

City **LA JOLLA** State **CA** Zip Code **92037**

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

Name of Employer **GENERAL ATOMICS** Occupation **CHAIRMAN & CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt **03 / 12 / 2014**
Transaction ID : **SA11AI.20769**

Amount of Each Receipt this Period **2600.00**

C. Full Name (Last, First, Middle Initial)
LINDEN PRAUSE BLUE

Mailing Address **8473 PRESTWICK DR**

City **LA JOLLA** State **CA** Zip Code **92037**

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

Name of Employer **GENERAL ATOMICS** Occupation **VICE CHAIRMAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt **03 / 12 / 2014**
Transaction ID : **SA11AI.20763**

Amount of Each Receipt this Period **2600.00**

SUBTOTAL of Receipts This Page (optional) **7800.00**

TOTAL This Period (last page this line number only) **7800.00**

14920103557

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 OF 561
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
LINDEN PRAUSE BLUE

Mailing Address **8473 PRESTWICK DR**

City **LA JOLLA** State **CA** Zip Code **92037**

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

Name of Employer **GENERAL ATOMICS** Occupation **VICE CHAIRMAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 12 / 2014

Transaction ID : **SA11AI.20765**

Amount of Each Receipt this Period
2600.00

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

Mailing Address **308 ST. PAUL**

City **PEARL** State **MS** Zip Code **39208**

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 **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
01 / 14 / 2014

Transaction ID : **SA11AI.20056**

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
ALISON S. BOWMAN

Mailing Address **101 OAKHURST TRAIL**

City **RIDGELAND** State **MS** Zip Code **39157**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y
01 / 31 / 2014

Transaction ID : **SA11AI.19642**

Amount of Each Receipt this Period
2600.00

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

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

5450.00

14920103550

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 OF 561
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
MAX P. BOWMAN

Mailing Address **101 OAKHURST TRIAL**

City **RIDGELAND** State **MS** Zip Code **39157**

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

Name of Employer **TENAX, LLC** Occupation **CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5100.00**

Date of Receipt
 M M / D D / Y Y Y Y
01 / 31 / 2014

Transaction ID : **SA11AI.19641**

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
JOY K. BOYD

Mailing Address **1911 BARNWELL ST**

City **YAZOO CITY** State **MS** Zip Code **39194**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 28 / 2014

Transaction ID : **SA11AI.22368**

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
G.D. BOYKIN III

Mailing Address **3141 DEERFIELD RD**

City **YAZOO CITY** State **MS** Zip Code **39194**

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

Name of Employer **SELF** Occupation **FARMER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 10 / 2014

Transaction ID : **SA11AI.20875**

Amount of Each Receipt this Period
1000.00

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

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

4600.00

14020103559

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 OF 561
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) NICHOLAS F. BRADY		Date of Receipt MM / DD / YYYY 03 / 31 / 2014
Mailing Address P.O. BOX 1410		Transaction ID : SA11AI.22348
City EASTON	State MD	Zip Code 21601
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer FRANKLIN TEMPLETON INVESTMENTS	Occupation CHAIRMAN	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

B. Full Name (Last, First, Middle Initial) EMANUEL BRADY JR.		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address 4500 DON MILAGRO DR		Transaction ID : SA11AI.21767
City BALDWIN HILLS	State CA	Zip Code 90008
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer RAYTHEON	Occupation VP/CIO	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

C. Full Name (Last, First, Middle Initial) DAN BRANTON		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 2654 OLD HWY 61		Transaction ID : SA11AI.20820
City LELAND	State MS	Zip Code 38756
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer SELF	Occupation FARMER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

SUBTOTAL of Receipts This Page (optional).....	4100.00
TOTAL This Period (last page this line number only).....	

14020193560

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 38 OF 561
	(check only one)	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) KENNETH M BRASELL		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 175 HIGHWAY 35 S		Transaction ID : SA11AI.19805
City BATESVILLE	State MS	Zip Code 38606
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer SELF	Occupation FARMER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

B. Full Name (Last, First, Middle Initial) JOHN I. BRASHER		Date of Receipt MM / DD / YYYY 02 / 03 / 2014
Mailing Address 145 BRASHER RD		Transaction ID : SA11AI.20244
City BATESVILLE	State MS	Zip Code 38606
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer TREASURER LOANS	Occupation OWNER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

C. Full Name (Last, First, Middle Initial) JOHN BRASHIER		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 28 EUREKA PLANTATION ROAD		Transaction ID : SA11AI.20819
City INDIANOLA	State MS	Zip Code 38751
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1600.00	
Name of Employer EUREKA PLANTATION	Occupation FARMER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

SUBTOTAL of Receipts This Page (optional).....	2350.00
TOTAL This Period (last page this line number only).....	

14029183561

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 39 OF 561						
	(check only one)	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) RODGERS BRASHIER		Date of Receipt MM / DD / YYYY 03 / 10 / 2014	
Mailing Address 3 BRASHIER LANE		Transaction ID : SA11AI.20874	
City INDIANOLA	State MS	Zip Code 38751	Amount of Each Receipt this Period 1600.00
FEC ID number of contributing federal political committee. C		Name of Employer BRASHIER PLANTING COMPANY	
Occupation FARMER		Election Cycle-to-Date 2600.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) HOWARD BRENT		Date of Receipt MM / DD / YYYY 03 / 10 / 2014	
Mailing Address P.O. BOX 896		Transaction ID : SA11AI.20818	
City GREENVILLE	State MS	Zip Code 38702	Amount of Each Receipt this Period 1500.00
FEC ID number of contributing federal political committee. C		Name of Employer RETIRED	
Occupation RETIRED		Election Cycle-to-Date 2500.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) LEA BRENT		Date of Receipt MM / DD / YYYY 03 / 10 / 2014	
Mailing Address P.O. DRAWER 8		Transaction ID : SA11AI.20817	
City GREENVILLE	State MS	Zip Code 38702	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Name of Employer RETIRED	
Occupation ENGINEER		Election Cycle-to-Date 1000.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional).....	4100.00
TOTAL This Period (last page this line number only).....	

14020103562

**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 40 OF 561	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) DAVID BREVARD		Date of Receipt MM / DD / YYYY 02 / 03 / 2014	
Mailing Address 805 OAK GROVE RD		Transaction ID : SA11AI.20246	
City TUPELO	State MS	Zip Code 38804	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Name of Employer B & B CONCRETE CO INC	
Occupation PRESIDENT		Election Cycle-to-Date 1000.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

B. Full Name (Last, First, Middle Initial) SUE BRIDGES		Date of Receipt MM / DD / YYYY 03 / 10 / 2014	
Mailing Address 40 SMITH HOLIFIELD RD		Transaction ID : SA11AI.20855	
City LAUREL	State MS	Zip Code 39443	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Name of Employer INTERNATIONAL FIRE & SAFETY	
Occupation PRESIDENT		Election Cycle-to-Date 1000.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

C. Full Name (Last, First, Middle Initial) BARRY BRIDGFORTH		Date of Receipt MM / DD / YYYY 03 / 28 / 2014	
Mailing Address 3606 BRIDGFORTH RD.		Transaction ID : SA11AI.22135	
City OLIVE BRANCH	State MS	Zip Code 38654	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Name of Employer SELF	
Occupation REALTOR		Election Cycle-to-Date 1200.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

14020103563

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 41 OF 561
	(check only one)	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) M.S. BRISLIN III		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address 613 MATSON RD		Transaction ID : SA11AI.21771
City COLUMBUS	State MS	
Zip Code 39705		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer BRISLIN, INC.	Occupation MECHANICAL CONTRACTOR	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

B. Full Name (Last, First, Middle Initial) SANDRA BRITT		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 24201 CR 426		Transaction ID : SA11AI.20815
City MINTER CITY	State MS	
Zip Code 38944		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer SELF	Occupation FARMER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

C. Full Name (Last, First, Middle Initial) CRAIG BROWN		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 3392 STAPLES COVE		Transaction ID : SA11AI.20869
City BARTLETT	State TN	
Zip Code 38135		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer NAT'L COTTON COUNCIL OF AMERIC	Occupation VP PRODUCER AFFAIRS	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	

14020103564

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 42 OF 561
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (in Full)
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)
L. CRAIG BROWN

Mailing Address **P.O. BOX 59**

City **SCHLATER** State **MS** Zip Code **38952**

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

Name of Employer **BROWN FARMS** Occupation **FARMER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt **03 / 10 / 2014**

Transaction ID : **SA11AI.20871**

Amount of Each Receipt this Period **1000.00**

B.

Full Name (Last, First, Middle Initial)
LARRY BROWN

Mailing Address **111 MEADOWLARK LN**

City **INDIANOLA** State **MS** Zip Code **38751**

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

Name of Employer **CITY OF INDIANOLA** Occupation **ALDERMAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **03 / 10 / 2014**

Transaction ID : **SA11AI.20866**

Amount of Each Receipt this Period **1000.00**

C.

Full Name (Last, First, Middle Initial)
LYNN BROWN

Mailing Address **386 HIGHWAY 7 SOUTH**

City **OXFORD** State **MS** Zip Code **38655**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **03 / 03 / 2014**

Transaction ID : **SA11AI.20855**

Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **3000.00**

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

14020183565

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

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

FOR LINE NUMBER: PAGE 43 OF 561
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
W. P. BROWN III

Mailing Address **BOX 9**

City **SCHLATER** State **MS** Zip Code **38952**

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

Name of Employer **THE BROWN FARMS** Occupation **FARMER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2014

Transaction ID : **SA11AI.20906**

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
BRUCE J. BRUMFIELD

Mailing Address **P.O. BOX 165**

City **INVERNESS** State **MS** Zip Code **38753**

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

Name of Employer **SELF** Occupation **FARMER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2014

Transaction ID : **SA11AI.20907**

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
BRUCE JONES BRUMFIELD JR

Mailing Address **214 HIDDEN OAKS DR**

City **RIDGELAND** State **MS** Zip Code **39157**

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

Name of Employer **SYNERGY ELECTRIC, INC.** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2014

Transaction ID : **SA11AI.20864**

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... **3000.00**

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

14020183559

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 44 OF 561
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. JAMES BRUTON		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address P.O. BOX 43		Transaction ID : SA11AI.20862
City HOLLANDALE	State MS	Zip Code 38748
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer BRUTON FARMS PARTNERSHIP	Occupation FARMER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) B. GEORGE W. BRYAN		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address 860 BEAU PRE. SOUTH		Transaction ID : SA11AI.21769
City MEMPHIS	State TN	Zip Code 38012
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer SARA LEE	Occupation CONSULTANT	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) C. JAMES D. BRYAN		Date of Receipt MM / DD / YYYY 02 / 28 / 2014
Mailing Address P.O. BOX 636		Transaction ID : SA11AI.20510
City WEST POINT	State MS	Zip Code 39773
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer PRAIRIE LIVESTOCK LLC	Occupation LIVESTOCK DEALER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

14020193567

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 45 OF 561
	(check only one)	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
JAMES D. BRYAN

Mailing Address P.O. BOX 636

City State Zip Code
WEST POINT MS 39773

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

Name of Employer Occupation
PRAIRIE LIVESTOCK LLC LIVESTOCK DEALER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2014

Transaction ID : SA11AI.22091

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MARCIA L. BRYAN

Mailing Address 860 BEAU PRE. SOUTH

City State Zip Code
MEMPHIS TN 38120

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

Name of Employer Occupation
N/A HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2014

Transaction ID : SA11AI.21770

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
ROBERT J. BRYANT

Mailing Address P.O. BOX 306

City State Zip Code
ANGUILLA MS 38721

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

Name of Employer Occupation
BRYANT GROUP OF MS, INC. CPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2014

Transaction ID : SA11AI.20908

Amount of Each Receipt this Period
500.00

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

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

2500.00

14020103569

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 46 OF 561
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A.D. BUFFINGTON		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address 1007 COUNTRY PLACE DR		Transaction ID : SA11AI.22161
City PEARL	State MS	Zip Code 39208
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer SELF	Occupation INVESTOR	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) BILL BUFFINGTON		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 12 ASHTON GARDEN		Transaction ID : SA11AI.20853
City JACKSON	State MS	Zip Code 39211
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer SELF	Occupation WIRELESS CONSULTANT	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) DAVID M. BURCKEL		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 67 DOVER TRACE		Transaction ID : SA11AI.19998
City HATTIESBURG	State MS	Zip Code 39401
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer SOUTHERN DEVELOPMENT RESOURCES	Occupation CEO	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

SUBTOTAL of Receipts This Page (optional).....	6200.00
TOTAL This Period (last page this line number only).....	

14020103569

**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 47 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) MIKE BURKS		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2014	
Mailing Address 421 3RD ST. S		Transaction ID : SA11AI.22183	
City COLUMBUS	State MS	Zip Code 39701	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee.		[C]	
Name of Employer BURKS MORDECAI BUILDERS	Occupation OWNER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) WALLACE D. BURNETT		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2014	
Mailing Address 6218 BERKELEY ROAD		Transaction ID : SA11AI.21483	
City ALEXANDRIA	State VA	Zip Code 22307	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee.		[C]	
Name of Employer DENNY MILLER ASSOCIATES	Occupation CEO & GENERAL COUNSEL		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) HILARY BURROUGHS		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2014	
Mailing Address 7 ASHTON COURT		Transaction ID : SA11AI.20773	
City LAUREL	State MS	Zip Code 39440	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee.		[C]	
Name of Employer SANDERSON FARMS	Occupation MANAGER OF MARKETING		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

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

14020103570

**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 48 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
RICHARD O. BURSON

Mailing Address **8 FAIRINGTON CT.**

City LAUREL	State MS	Zip Code 39440
-----------------------	--------------------	--------------------------

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2014

Transaction ID : **SA11AI.22234**

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

Amount of Each Receipt this Period
1000.00

Name of Employer GHOLSON BURSON	Occupation ATTORNEY
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00

B. Full Name (Last, First, Middle Initial)
JAMES WRAY BUSH

Mailing Address **P.O. BOX 8327**

City LAUREL	State MS	Zip Code 39441
-----------------------	--------------------	--------------------------

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2014

Transaction ID : **SA11AI.22216**

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

Amount of Each Receipt this Period
1000.00

Name of Employer BUSH CONSTRUCTION CO.	Occupation CONTRACTOR
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00

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

Mailing Address **49665 CR 559**

City SCHLATER	State MS	Zip Code 38952
-------------------------	--------------------	--------------------------

Date of Receipt
M M / D D / Y Y Y Y
03 / 10 / 2014

Transaction ID : **SA11AI.20833**

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

Amount of Each Receipt this Period
1000.00

Name of Employer NEW HOPE FARMS	Occupation FARMER
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00

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

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

3000.00

14020103571

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 49 OF 561						
	(check only one)	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
PATRICK H. BUTLER

Mailing Address **7413 ROYAL DOMINION DR**

City **BETHESDA** State **MD** Zip Code **20817**

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

Name of Employer **ASSN OF PUBLIC TV STATIONS** Occupation **ASSOCIATE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **02 / 13 / 2014**

Transaction ID : **SA11AI.20386**

Amount of Each Receipt this Period **1000.00**

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

Mailing Address **108 HARVARD STREET**

City **ALEXANDRIA** State **VA** Zip Code **22314**

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

Name of Employer **CAPITOL RESOURCES, LLC** Occupation **Government Relations**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt **01 / 27 / 2014**

Transaction ID : **SA11AI.19437**

Amount of Each Receipt this Period **1000.00**

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

Mailing Address **8 LAURAWOOD COURT**

City **LAUREL** State **MS** Zip Code **39443**

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

Name of Employer **SANDERSON FARMS** Occupation **PRES/COO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt **03 / 25 / 2014**

Transaction ID : **SA11AI.22281**

Amount of Each Receipt this Period **1600.00**

SUBTOTAL of Receipts This Page (optional)..... **3600.00**

TOTAL This Period (last page this line number only)..... **3600.00**

14920193572

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

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

FOR LINE NUMBER: PAGE 50 OF 561
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
LAMPKIN BUTTS

Mailing Address **8 LAURAWOOD COURT**

City **LAUREL** State **MS** Zip Code **39443**

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

Name of Employer **SANDERSON FARMS** Occupation **PRES/COO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **3600.00**

Date of Receipt **03 / 25 / 2014**
Transaction ID : **SA11AI.22282**

Amount of Each Receipt this Period **1000.00**

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

Mailing Address **4211 EASTOVER PLACE**

City **JACKSON** State **MS** Zip Code **39211**

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

Name of Employer **PRUETT COS** Occupation **OIL & GAS**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **01 / 31 / 2014**
Transaction ID : **SA11AI.20038**

Amount of Each Receipt this Period **1000.00**

C. Full Name (Last, First, Middle Initial)
TODD A. CALLAHAN

Mailing Address **3145 CALDEIRA DR.**

City **LIVERMORE** State **CA** Zip Code **94550**

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

Name of Employer **RAYTHEON SAS** Occupation **ASSOCIATE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **03 / 10 / 2014**
Transaction ID : **SA11AI.21181**

Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **2500.00**

TOTAL This Period (last page this line number only)..... **2500.00**

14020103573

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 51 OF 561
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) R.L. CALVERT III		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address P.O. BOX 702		Transaction ID : SA11AI.22178
City WEST POINT	State MS	
Zip Code 39773	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer CALVERT SPRADLING ENGINEERING	Occupation ENGINEER	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) R.L. CALVERT III		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address P.O. BOX 702		Transaction ID : SA11AI.22414
City WEST POINT	State MS	
Zip Code 39773	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00
Name of Employer CALVERT SPRADLING ENGINEERING	Occupation ENGINEER	Election Cycle-to-Date 1200.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) TAMMY CAMERON		Date of Receipt MM / DD / YYYY 02 / 06 / 2014
Mailing Address 5829 GOVERNORS HILL DR		Transaction ID : SA11AI.20341
City ALEXANDRIA	State VA	
Zip Code 22310	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer BOEING	Occupation SR DIRECTOR INT'L OPERATIONS	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	2200.00
TOTAL This Period (last page this line number only).....	

14020103574

**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)

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
JOSEPH C. CANIZARO

Mailing Address **909 POYDRAS STREET
SUITE 1700**

City **NEW ORLEANS** State **LA** Zip Code **70112**

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

Name of Employer **COLUMBUS PROPERTIES LP** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **01 / 21 / 2014**
Transaction ID : **SA11AI.20082**

Amount of Each Receipt this Period **500.00**

B. Full Name (Last, First, Middle Initial)
MICHAEL JOE CANNON

Mailing Address **204 E. JEFF DAVIS**

City **GREENWOOD** State **MS** Zip Code **38930**

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

Name of Employer **CANNON MOTOR COMPANY** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt **03 / 10 / 2014**
Transaction ID : **SA11AI.20904**

Amount of Each Receipt this Period **1000.00**

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

Mailing Address **P.O. BOX 1453**

City **TUNICA** State **MS** Zip Code **38676**

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

Name of Employer **CANON FARMS** Occupation **AGRICULTURE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **4000.00**

Date of Receipt **03 / 10 / 2014**
Transaction ID : **SA11AI.20939**

Amount of Each Receipt this Period **2000.00**

SUBTOTAL of Receipts This Page (optional) **3500.00**

TOTAL This Period (last page this line number only) **3500.00**

14020183575

**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 53 OF 561	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) TIMOTHY R. CANTRELL		Date of Receipt MM/DD/YYYY 01/31/2014
Mailing Address 105 NOVARA COVE		Transaction ID : SA11AI.19575
City MADISON	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer PHOSPHATE HOLDINGS, INC.	Occupation CFO	Election Cycle-to-Date 2600.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) TRICIA R. CANTRELL		Date of Receipt MM/DD/YYYY 01/31/2014
Mailing Address 105 NOVARA COVE		Transaction ID : SA11AI.19577
City MADISON	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer SCRAPBOOKS OFF THE SQUARE	Occupation RETAILER	Election Cycle-to-Date 2600.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) FRED E. CARL Jr.		Date of Receipt MM/DD/YYYY 03/17/2014
Mailing Address 701 PARSONS		Transaction ID : SA11AI.21461
City GREENWOOD	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer VIKING RANGE CORPORATION	Occupation PRESIDENT & CEO	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	6200.00
TOTAL This Period (last page this line number only).....	

14020183579

**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 54 OF 561	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) GILBERT E. CARMICHAEL		Date of Receipt MM / DD / YYYY 02 / 03 / 2014
Mailing Address 2009 39TH ST		Transaction ID : SA11AI.20247
City MERIDIAN	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SELF	Occupation CONSULTANT	Election Cycle-to-Date 250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

B. Full Name (Last, First, Middle Initial) SCOTT CARMICHAEL		Date of Receipt MM / DD / YYYY 02 / 03 / 2014
Mailing Address 280 GRAND CYPRESS DRIVE		Transaction ID : SA11AI.20268
City MERIDIAN	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer MISSOUTH PROPERTIES, LP	Occupation PRESIDENT	Election Cycle-to-Date 250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

C. Full Name (Last, First, Middle Initial) WILLIAM C. CARROLL		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 455 WOODLAND DR		Transaction ID : SA11AI.20935
City YAZOO CITY	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer LIVINGSTON INSURANCE INC.	Occupation INSURANCE AGENT	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

14020103577

**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 55 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A.

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

Mailing Address **551 NORTH STREET**

City **ROLLING FORK** State **MS** Zip Code **39159**

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

Name of Employer **CARTER BROTHERS FARMS** Occupation **FARMER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 10 / 2014
 Transaction ID : **SA11AI.20902**

Amount of Each Receipt this Period
1000.00

B.

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

Mailing Address **551 NORTH STREET**

City **ROLLING FORK** State **MS** Zip Code **39159**

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

Name of Employer **CARTER BROTHERS FARMS** Occupation **FARMER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 28 / 2014
 Transaction ID : **SA11AI.22113**

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
CLARK CARTER

Mailing Address **1378 MARATHON POINTE**

City **GLEN ALLAN** State **MS** Zip Code **38744**

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

Name of Employer **CARTER BROTHERS FARMS** Occupation **FARMER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 10 / 2014
 Transaction ID : **SA11AI.20898**

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... **2250.00**

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

14020103570

**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 56 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. GEOFFREY E. CARTER		Date of Receipt MM / DD / YYYY 01 / 28 / 2014
Mailing Address 154 Garden Park Drive		Transaction ID : SA11A1.19448
City Santillo	State MS	Zip Code 38866
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer Radiance Technologies, Inc.	Occupation President	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) B. JAMES R. CARTER		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address BOX 458		Transaction ID : SA11A1.20900
City ROLLING FORK	State MS	Zip Code 39159
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1500.00	
Name of Employer SELF	Occupation FARMER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) C. LAURANCE W. CARTER		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address BOX 458		Transaction ID : SA11A1.20896
City ROLLING FORK	State MS	Zip Code 39159
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer SELF	Occupation FARMER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	5100.00
TOTAL This Period (last page this line number only).....	

14020103579

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 57 OF 561
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 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)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) PAIGE CARTER		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 604 RUE MAUPESANT		Transaction ID : SA11AI.19886
City OCEAN SPRINGS	State MS	Zip Code 39564
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

B. Full Name (Last, First, Middle Initial) PAIGE CARTER		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 604 RUE MAUPESANT		Transaction ID : SA11AI.19888
City OCEAN SPRINGS	State MS	Zip Code 39564
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

C. Full Name (Last, First, Middle Initial) RICK CARTER		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address P.O. BOX 1600		Transaction ID : SA11AI.19730
City GULFPORT	State MS	Zip Code 39502
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2400.00	
Name of Employer ISLAND VIEW CASINO RESORT	Occupation PRESIDENT	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2400.00	

SUBTOTAL of Receipts This Page (optional).....	7600.00
TOTAL This Period (last page this line number only).....	

14926192500

**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 58 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
THADDEUS C. CARTER

Mailing Address **P.O. BOX 26**

City **LONG BEACH** State **MS** Zip Code **39560**

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

Name of Employer **SELF** Occupation **PHYSICIAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 25 / 2014

Transaction ID : **SA11AI.22333**

Amount of Each Receipt this Period
1000.00

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

Mailing Address **604 RUE MAUPESANT**

City **OCEAN SPRINGS** State **MS** Zip Code **39564**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2014

Transaction ID : **SA11AI.19883**

Amount of Each Receipt this Period
2600.00

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

Mailing Address **604 RUE MAUPESANT**

City **OCEAN SPRINGS** State **MS** Zip Code **39564**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2014

Transaction ID : **SA11AI.19885**

Amount of Each Receipt this Period
2600.00

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

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

6200.00

14920103501

**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 59 OF 561	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) Dr. MICHAEL H. CARTER JR.		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2014	
Mailing Address P.O. BOX 9969		Transaction ID : SA11AI.22365	
City GREENWOOD	State MS	Zip Code 38930	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer MISSISSIPPI ENT	Occupation PHYSICIAN		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	

B. Full Name (Last, First, Middle Initial) DANIEL A. CASH		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2014	
Mailing Address P.O. BOX 663		Transaction ID : SA11AI.22126	
City TUPELO	State MS	Zip Code 38802	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer CASH DISTRIBUTING	Occupation OWNER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	

C. Full Name (Last, First, Middle Initial) RONALD W. CASSADA		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2014	
Mailing Address P.O. BOX 866		Transaction ID : SA11AI.20896	
City LELAND	State MS	Zip Code 38756	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer GARDNER ENGINEERING, P.A.	Occupation ENGINEER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	

14929183592

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 60 OF 561
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) JAMES P. CASSIDY		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 700 PEYTON CIRCLE		Transaction ID : SA11AI.20933
City MARKS	State MS	Zip Code 38646
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer SELF EMPLOYED (RETIRED)	Occupation PRIVATE INVESTOR	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) MARK CASTLEBERRY		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address 412 MAIN STREET		Transaction ID : SA11AI.22152
City COLUMBUS	State MS	Zip Code 39701
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer CASTLE PROPERTIES, LLC	Occupation ASSOCIATE	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) MICHAEL WILLIAM CHANCELLOR		Date of Receipt MM / DD / YYYY 03 / 12 / 2014
Mailing Address 1228 WEST 5TH STREET		Transaction ID : SA11AI.20784
City LAUREL	State MS	Zip Code 39440
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer CHANCELLOR MOTOR GROUP	Occupation PRESIDENT	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

14929183593

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 61 OF 561
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) SANDRA CHANCELLOR		Date of Receipt MM / DD / YYYY 03 / 31 / 2014
Mailing Address 1773 GEORGE RD		Transaction ID : SA11AI.22036
City TERRY	State MS	
Zip Code 39170	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer CHANCELLOR FUNERAL HOME	Occupation OWNER	Election Cycle-to-Date 250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

B. Full Name (Last, First, Middle Initial) KYLE CHANDLER III		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address P.O. BOX 172		Transaction ID : SA11AI.22145
City WEST POINT	State MS	
Zip Code 39773	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer GALLOWAY CHANDLER MCKINNEY	Occupation INSURANCE AGENT	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

C. Full Name (Last, First, Middle Initial) MIKE CHANEY		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 115 HENRY ROAD		Transaction ID : SA11AI.19663
City VICKSBURG	State MS	
Zip Code 39183	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer STATE OF MS	Occupation INSURANCE COMMISSIONER	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	

14020103584

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

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

FOR LINE NUMBER: PAGE 62 OF 561
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
SIDNEY CHARBONNET

Mailing Address **18 GOLF VIEW DR**

City **PASS CHRISTIAN** State **MS** Zip Code **39571**

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

Name of Employer **SEEMANN COMPOSITES** Occupation **EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
MM / DD / YYYY
01 / 31 / 2014

Transaction ID : **SA11AI.19988**

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
KIMBERLY K. CHAUVIN

Mailing Address **5248 BAYOUSIDE DR**

City **CHAUVIN** State **LA** Zip Code **70344**

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

Name of Employer **MARIAH JADE SHRIMP CO.** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
MM / DD / YYYY
01 / 31 / 2014

Transaction ID : **SA11AI.19990**

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
JAMES K. CHILD Jr.

Mailing Address **P.O. BOX 651**

City **JACKSON** State **MS** Zip Code **39205**

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

Name of Employer **WISE, CARTER, CHILD & CARAWAY** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
MM / DD / YYYY
01 / 31 / 2014

Transaction ID : **SA11AI.20044**

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... **4000.00**

TOTAL This Period (last page this line number only)..... **4000.00**

14920103505

**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 63 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) JOHN P. CHISM		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address P.O. BOX 708		Transaction ID : SA11AI.20890
City INDIANOLA	State MS	
Zip Code 38751	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1600.00
Name of Employer IRRIGATION EQUIPMENT INC	Occupation OWNER	Transaction ID : SA11AI.20890
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1600.00	

B. Full Name (Last, First, Middle Initial) BARNET CHIZ		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address P.O. BOX 466		Transaction ID : SA11AI.20931
City SHAW	State MS	
Zip Code 38773	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer DIXIE TOBACCO AND CANDY CO.	Occupation EXECUTIVE	Transaction ID : SA11AI.20931
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

C. Full Name (Last, First, Middle Initial) ALBERT C. CLARK		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address P.O. BOX 966		Transaction ID : SA11AI.21829
City STARKVILLE	State MS	
Zip Code 39760	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00
Name of Employer C.C. CLARK, INC.	Occupation PRES.	Transaction ID : SA11AI.21829
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

SUBTOTAL of Receipts This Page (optional).....	5200.00
TOTAL This Period (last page this line number only).....	

14020103506

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 64 OF 561		
	(check only one)	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) ERNIE CLARK		Date of Receipt MM / DD / YYYY 03 / 26 / 2014
Mailing Address 1012 S. CHURCH ST		Transaction ID : SA11A1.21956
City BROOKHAVEN	State MS	Zip Code 39601
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer ERNIE L. CLARK REAL ESTATE	Occupation REALTOR	VoteSane PAC
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) JON FRANK CLARK		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address 720 STATION ST.		Transaction ID : SA11A1.22265
City WAYNESBORO	State MS	Zip Code 39367
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer CLARK OIL CO	Occupation OWNER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) LAWRENCE R. CLARK		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address 3 HUCKABEE LANE		Transaction ID : SA11A1.22192
City LAUREL	State MS	Zip Code 39443
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer CLARK ENGINEERING	Occupation ENGINEER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

14920103597

**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 65 OF 561	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
REAGAN CLARK

Mailing Address P.O. BOX 136

City LAKE VILLAGE	State AR	Zip Code 71653
-----------------------------	--------------------	--------------------------

Date of Receipt
MM / DD / YYYY
03 / 03 / 2014

Transaction ID : **SA11AI.20659**

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

Amount of Each Receipt this Period
500.00

Name of Employer REAGAN CLARK INS	Occupation CROP INSURANCE AGENT
---	---

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

B. Full Name (Last, First, Middle Initial)
DAVID E. CLARKE

Mailing Address P.O. BOX 932

City GREENVILLE	State MS	Zip Code 38702
---------------------------	--------------------	--------------------------

Date of Receipt
MM / DD / YYYY
03 / 10 / 2014

Transaction ID : **SA11AI.20888**

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

Amount of Each Receipt this Period
1000.00

Name of Employer CLARKE, BRADLEY, BAKER & CO.	Occupation CPA
---	--------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Mailing Address 103 E GRESHAM

City INDIANOLA	State MS	Zip Code 38751
--------------------------	--------------------	--------------------------

Date of Receipt
MM / DD / YYYY
03 / 10 / 2014

Transaction ID : **SA11AI.20930**

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

Amount of Each Receipt this Period
1000.00

Name of Employer PLANTERS BANK	Occupation PRESIDENT
--	--------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

SUBTOTAL of Receipts This Page (optional)..... **2500.00**

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

14020103500

**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 66 OF 561

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
TIMOTHY A. CLEMENTS

Mailing Address **1810 JACQUELINE DR**

City **GREENVILLE** State **MS** Zip Code **38703**

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

Name of Employer **GT&T FARMS** Occupation **FARMER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2014

Transaction ID : **SA11AI.20928**

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
ROBERT C. CLINGAN

Mailing Address **2011 CHERRY STREET**

City **VICKSBURG** State **MS** Zip Code **39180**

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

Name of Employer **DERMATOLOGY & SKIN CANCER CLIN** Occupation **PHYSICIAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
MM / DD / YYYY
03 / 03 / 2014

Transaction ID : **SA11AI.20660**

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
DAVID T. COCHRAN Sr.

Mailing Address **5077 HIGHWAY 1 SOUTH**

City **HOLLANDALE** State **MS** Zip Code **38748**

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

Name of Employer **SELF-EMPLOYED** Occupation **FARMER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2014

Transaction ID : **SA11AI.20927**

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... **3000.00**

TOTAL This Period (last page this line number only)..... **3000.00**

14020183509

**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 67 OF 561
	<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)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
DAVID T. COCHRAN, JR.

Mailing Address P.O. BOX 137

City AVON State MS Zip Code 38723

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

Name of Employer PLANTERS FYLING Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **03 / 10 / 2014**

Transaction ID : SA11AI.20925

Amount of Each Receipt this Period **1000.00**

B. Full Name (Last, First, Middle Initial)
MARVIN J. COCHRAN

Mailing Address POST OFFICE BOX 115

City AVON State MS Zip Code 38723

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

Name of Employer SELF-EMPLOYED Occupation RICE FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt **03 / 10 / 2014**

Transaction ID : SA11AI.20885

Amount of Each Receipt this Period **1000.00**

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

Mailing Address 79 WANSLEY ROAD

City LAUREL State MS Zip Code 39440

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

Name of Employer BANK OF JONES COUNTY Occupation BANKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **03 / 25 / 2014**

Transaction ID : SA11AI.22198

Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **2250.00**

TOTAL This Period (last page this line number only)..... **2250.00**

14020103590

**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 68 OF 561	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
DAVID MICHAEL COCKRELL

Mailing Address **739 N. 7TH AVE**

City LAUREL	State MS	Zip Code 39440
-----------------------	--------------------	--------------------------

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

Name of Employer SANDERSON FARMS	Occupation TREASURER/CFO
--	------------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			25			2014			

Transaction ID : **SA11AI.22238**

Amount of Each Receipt this Period
1000.00

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

Mailing Address **P.O. BOX 15**

City HOLLY BLUFF	State MS	Zip Code 39088
----------------------------	--------------------	--------------------------

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

Name of Employer SHARLEY PLANTING COMPANY	Occupation MANAGER
---	------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			10			2014			

Transaction ID : **SA11AI.20886**

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
W. JACKSON COLEMAN

Mailing Address **P.O. BOX 309**

City ROSEDALE	State MS	Zip Code 38769
-------------------------	--------------------	--------------------------

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

Name of Employer ARANT FOX	Occupation COUNSEL
--------------------------------------	------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			17			2014			

Transaction ID : **SA11AI.21469**

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....
3000.00

TOTAL This Period (last page this line number only).....
3000.00

14020103591

**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 69 OF 561	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) FRANK COLLAZO		Date of Receipt MM / DD / YYYY 03 / 31 / 2014
Mailing Address 6728 ODYSSEY DR		Transaction ID : SA11AI.22021
City HUNTSVILLE	State AL	Zip Code 35806
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer COLSA	Occupation CHAIRMAN/CEO	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) FRANK COLLAZO		Date of Receipt MM / DD / YYYY 03 / 31 / 2014
Mailing Address 6728 ODYSSEY DR		Transaction ID : SA11AI.22023
City HUNTSVILLE	State AL	Zip Code 35806
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2400.00	
Name of Employer COLSA	Occupation CHAIRMAN/CEO	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) NICOLE BIVENS COLLINSON		Date of Receipt MM / DD / YYYY 03 / 17 / 2014
Mailing Address 229 N. GALVESTON ST		Transaction ID : SA11AI.21462
City ARLINGTON	State VA	Zip Code 22203
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 225.00	
Name of Employer SANDLER TRANS & ROSENBERG	Occupation PRES INT'L TRADE	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 225.00	

SUBTOTAL of Receipts This Page (optional).....	5225.00
TOTAL This Period (last page this line number only).....	

14029183592

**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 70 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) WILBUR COLUM		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2014	
Mailing Address P.O. BOX 866		Transaction ID : SA11AI.21607	
City COLUMBUS	State MS	Zip Code 39703	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee.			
Name of Employer SELF	Occupation ATTORNEY		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) DAVID COMPTON		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2014	
Mailing Address P.O. BOX 686		Transaction ID : SA11AI.20662	
City PASCAGOULA	State MS	Zip Code 39568	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee.			
Name of Employer COMPTON ENGINEERING	Occupation ENGINEER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) EVA B. CONNELL		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2014	
Mailing Address 107 RIDGE RD.		Transaction ID : SA11AI.20883	
City CLARKSDALE	State MS	Zip Code 38614	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee.			
Name of Employer EVA CONNELL INTERIORS	Occupation OWNER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	3850.00
TOTAL This Period (last page this line number only).....	3850.00

1492918359

**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 71 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) MARION V. COOLEY		Date of Receipt MM / DD / YYYY 03 / 18 / 2014
Mailing Address P.O. BOX 178		Transaction ID : SA11AI.21542
City BROOKHAVEN	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer RETIRED	Occupation RETIRED	Election Cycle-to-Date 250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) PHILIP A. COONEY		Date of Receipt MM / DD / YYYY 03 / 17 / 2014
Mailing Address 1325 REGENCY CT		Transaction ID : SA11AI.21465
City SOUTHLAKE	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer EXXONMOBIL CORP	Occupation PUBLIC AFFAIRS	Election Cycle-to-Date 250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) JAMES COOPER		Date of Receipt MM / DD / YYYY 03 / 18 / 2014
Mailing Address 534 NITA DR		Transaction ID : SA11AI.21533
City FULTON	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer TUPELO ANESTHESIA GROUP	Occupation PHYSICIAN	Election Cycle-to-Date 500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

14020193594

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 72 OF 561		
	(check only one)	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) ROBERT F. COOPER III		Date of Receipt M M / D D / Y Y Y Y 01 / 28 / 2014	
Mailing Address 12 COUNTY RD 3070		Transaction ID : SA11A1.19540	
City OXFORD	State MS	Zip Code 38655	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee.		C	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

B. Full Name (Last, First, Middle Initial) SCOTT COOPWOOD		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2014	
Mailing Address P.O. BOX 117		Transaction ID : SA11A1.20882	
City CLEVELAND	State MS	Zip Code 38732	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer COOPWOOD COMMUNICATIONS, LLC	Occupation ADVERTISING		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

C. Full Name (Last, First, Middle Initial) KEVIN L. CORBAN		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2014	
Mailing Address 61 CARTER DRIVE		Transaction ID : SA11A1.20880	
City ROLLING FORK	State MS	Zip Code 39159	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee.		C	
Name of Employer CORBAN AGRICULTURAL CONSULTING	Occupation CEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	1500.00

14020103595

**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 73 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) JOHN CORLEW		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 2124 EASTOVER DR		Transaction ID : SA11AI.20035
City JACKSON	State MS	Zip Code 39211
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer WATKINS & EAGAR	Occupation ATTORNEY	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) JOHN D. CORRENTI		Date of Receipt MM / DD / YYYY 03 / 28 / 2014
Mailing Address 808 E. MAIN ST		Transaction ID : SA11AI.22370
City BLYTHEVILLE	State AR	Zip Code 72315
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer STEEL DEVELOPMENT	Occupation CEO	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) BILL F. COSSAR		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address P.O. BOX 433		Transaction ID : SA11AI.20914
City CHARLESTON	State MS	Zip Code 38921
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer PEBBLE CREEK RANCH	Occupation OWNER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

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

14929192569

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 74 OF 561						
	(check only one)	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) GEORGE COSSAR, JR.		Date of Receipt MM / DD / YYYY 03 / 10 / 2014	
Mailing Address 503 N. COSSAR ST		Transaction ID : SA11AI.20921	
City CHARLESTON	State MS	Zip Code 38921	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 500.00	
Name of Employer SELF	Occupation ATTORNEY	Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) THEO P. COSTAS Jr.		Date of Receipt MM / DD / YYYY 01 / 31 / 2014	
Mailing Address P.O. BOX 1349		Transaction ID : SA11AI.20034	
City JACKSON	State MS	Zip Code 39205	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 1000.00	
Name of Employer SOUTHERN BEVERAGE CO	Occupation PRESIDENT & GENERAL MANAGER	Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) DIANE COTHERN		Date of Receipt MM / DD / YYYY 01 / 31 / 2014	
Mailing Address 139 REYNOIR ST		Transaction ID : SA11AI.19959	
City BILOXI	State MS	Zip Code 39530	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 250.00	
Name of Employer N/A	Occupation HOMEMAKER	Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

14020193597

**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 75 OF 561	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) JASON COTTON			Date of Receipt MM / DD / YYYY 03 / 10 / 2014	
Mailing Address P.O. BOX 931			Transaction ID : SA11AI.20912	
City CLEVELAND	State MS	Zip Code 38732	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer HELENA CHEMICAL CO.		Occupation BRANCH MGR		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) RIMMER COVINGTON			Date of Receipt MM / DD / YYYY 02 / 03 / 2014	
Mailing Address 1100 W. BEACH BLVD. STE 406			Transaction ID : SA11AI.20249	
City PASS CHRISTIAN	State MS	Zip Code 39571	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer C-LOG MARINE, LLC		Occupation OWNER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) C. YORK CRAIG Jr.			Date of Receipt MM / DD / YYYY 01 / 31 / 2014	
Mailing Address 2040 HERITAGE HILL DRIVE			Transaction ID : SA11AI.19580	
City JACKSON	State MS	Zip Code 39211	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer CRAIG LAW GROUP		Occupation ATTORNEY		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....			3000.00	
TOTAL This Period (last page this line number only).....				

14020103500

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

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

FOR LINE NUMBER: PAGE 76 OF 561
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
MARK H. CRAIG

Mailing Address 1616 PECAN GROVE

City TUPELO State MS Zip Code 38801

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

Name of Employer ACCENT PLASTIC SURGERY Occupation PLASTIC SURGEON

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt 01 / 28 / 2014
Transaction ID : SA11AI.19542

Amount of Each Receipt this Period 500.00

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

Mailing Address P.O. BOX 428

City FULTON State MS Zip Code 38843

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

Name of Employer F.L. CRANE & SONS Occupation VP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 2600.00

Date of Receipt 03 / 25 / 2014
Transaction ID : SA11AI.21820

Amount of Each Receipt this Period 2600.00

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

Mailing Address P.O. BOX 428

City FULTON State MS Zip Code 38843

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

Name of Employer F.L. CRANE & SONS Occupation PRES

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt 01 / 28 / 2014
Transaction ID : SA11AI.19449

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... 4100.00

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

14929183599

**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 77 OF 561
	<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) WILLIAM S. CRAWFORD		Date of Receipt MM / DD / YYYY 02 / 03 / 2014
Mailing Address 1124 WINDMILL DR		Transaction ID : SA11AI.20251
City MERIDIAN	State MS	Zip Code 39305
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer THE MONTGOMERY INSTITUTE	Occupation ADMINISTRATOR	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) BETSY CREEKMORE		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 2137 HERITAGE HILL DRIVE		Transaction ID : SA11AI.20045
City JACKSON	State MS	Zip Code 39211
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00	
Name of Employer NONE	Occupation HOMEMAKER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) BETSY CREEKMORE		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 2137 HERITAGE HILL DRIVE		Transaction ID : SA11AI.20046
City JACKSON	State MS	Zip Code 39211
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2300.00	
Name of Employer NONE	Occupation HOMEMAKER	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4900.00	

SUBTOTAL of Receipts This Page (optional).....	2750.00
TOTAL This Period (last page this line number only).....	

14020103600

**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 78 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
WADE H. CREEKMORE Jr.

Mailing Address 1018 HIGHLAND COLONY PKWY
STE. 500

City: RIDGELAND State: MS Zip Code: 39157

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

Name of Employer: TELAPEX INC Occupation: COMMUNICATIONS COMPANY OFFICER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 2600.00

Date of Receipt: 01 / 31 / 2014
Transaction ID: SA11AI.19862

Amount of Each Receipt this Period: 200.00

B. Full Name (Last, First, Middle Initial)
WADE H. CREEKMORE Jr.

Mailing Address 1018 HIGHLAND COLONY PKWY
STE. 500

City: RIDGELAND State: MS Zip Code: 39157

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

Name of Employer: TELAPEX INC Occupation: COMMUNICATIONS COMPANY OFFICER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 4900.00

Date of Receipt: 01 / 31 / 2014
Transaction ID: SA11AI.19864

Amount of Each Receipt this Period: 2300.00

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

Mailing Address 201 EAST PARKWAY

City: INDIANOLA State: MS Zip Code: 38751

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

Name of Employer: CROSTHWAIT, TERNEY & NOBLE PLLC Occupation: LAWYER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 700.00

Date of Receipt: 03 / 10 / 2014
Transaction ID: SA11AI.20923

Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional)..... 3000.00

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

14929193691

**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 79 OF 561
	<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) JOHN W. CROWELL		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address P.O. BOX 1111		Transaction ID : SA11AI.21821
City COLUMBUS	State MS	
Zip Code 39703		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer SELF	Occupation ATTORNEY	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) ROBERT PEPPER CRUTCHER JR.		Date of Receipt MM / DD / YYYY 02 / 13 / 2014
Mailing Address 401 E. CAPITOL ST., STE 200		Transaction ID : SA11AI.20379
City JACKSON	State MS	
Zip Code 39201-2608		Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C		
Name of Employer BALCH & BINGHAM	Occupation ATTORNEY AT LAW	Election Cycle-to-Date 2600.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) STEVEN T. CUMMINGS		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address 304 RIVIERA DRIVE		Transaction ID : SA11AI.22156
City MCKINNEY	State TX	
Zip Code 75070		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer RAYTHEON	Occupation VP TECHNOLOGY DEVELOPMENT	Election Cycle-to-Date 500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	4100.00
TOTAL This Period (last page this line number only).....	

14020183602

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 80 OF 561
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
B.W. CURRY Jr.

Mailing Address P.O. BOX 312

City: **HATTIESBURG** State: **MS** Zip Code: **39402**

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

Name of Employer: **ROUNDUP LTD** Occupation: **FINANCE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: **250.00**

Date of Receipt: **01 / 31 / 2014**

Transaction ID : **SA11AI.19931**

Amount of Each Receipt this Period: **250.00**

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

Mailing Address P.O. BOX 958

City: **LELAND** State: **MS** Zip Code: **38756**

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

Name of Employer: **CURTIS FARMS** Occupation: **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: **250.00**

Date of Receipt: **03 / 10 / 2014**

Transaction ID : **SA11AI.20919**

Amount of Each Receipt this Period: **250.00**

C. Full Name (Last, First, Middle Initial)
STEPHEN JOHN CUTLER

Mailing Address **805 CORLEY LANE**

City: **OXFORD** State: **MS** Zip Code: **38655**

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

Name of Employer: **UNIV OF MISS** Occupation: **PHARMAAL DEPT CHAIRMAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: **500.00**

Date of Receipt: **01 / 28 / 2014**

Transaction ID : **SA11AI.19538**

Amount of Each Receipt this Period: **500.00**

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

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

1000.00

14020193603

**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 81 OF 561	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) LESLIE W. DANE		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address 11638 BLUFF LANE		Transaction ID : SA11AI.21778
City GULFPORT	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer HOMEMAKER	Occupation HOMEMAKER	Election Cycle-to-Date 2600.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) JOHN DANE III		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address 11638 BLUFF LANE		Transaction ID : SA11AI.21778
City GULFPORT	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer GULF COAST SHIPYARD GROUP	Occupation BOAT BUILDER	Election Cycle-to-Date 2600.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) NOEL DANIELS		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 121 EASTHAVEN DR		Transaction ID : SA11AI.19861
City BRANDON	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer ROUNDTREE	Occupation CAR DEALER	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	6200.00
TOTAL This Period (last page this line number only).....	

14020193604

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 82 OF 561	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) FRED DARLINGTON		Date of Receipt MM / DD / YYYY 03 / 24 / 2014
Mailing Address 4 HILLSIDE RD		Transaction ID : SA11AI.21841
City CUMBERLAND	State RI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer RAYTHEON	Occupation OPERATIONS VP	Election Cycle-to-Date 500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) RICHARD T. DASPIT SR.		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address 17705 S. HARRELLS FERRY RD		Transaction ID : SA11AI.22169
City BATON ROUGE	State LA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer FOUNDATION HEALTH SERVICE	Occupation PRESIDENT/CEO	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) CATHERINE M. DATTEL		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address 32 MEADOW LAKE CIR		Transaction ID : SA11AI.22242
City HATTIESBURG	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer NONE	Occupation HOMEMAKER	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

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

14920193605

**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 83 OF 561	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) MARTY DAVIDSON		Date of Receipt MM / DD / YYYY 02 / 03 / 2014
Mailing Address P.O. BOX 3804		Transaction ID : SA11AI.20254
City MERIDIAN	State MS	
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer SOUTHERN PIPE AND SUPPLY CO	Occupation OWNER	Election Cycle-to-Date 2600.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) MARTY DAVIDSON		Date of Receipt MM / DD / YYYY 02 / 03 / 2014
Mailing Address P.O. BOX 3804		Transaction ID : SA11AI.20255
City MERIDIAN	State MS	
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2400.00	
Name of Employer SOUTHERN PIPE AND SUPPLY CO	Occupation OWNER	Election Cycle-to-Date 5000.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) SLUGGO DAVIS		Date of Receipt MM / DD / YYYY 03 / 31 / 2014
Mailing Address 2406 HOLLY SPRINGS RD		Transaction ID : SA11AI.22028
City HERNANDO	State MS	
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer DESOTO COUNTY	Occupation CHANCERY CLERK	Election Cycle-to-Date 500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	5500.00
TOTAL This Period (last page this line number only).....	

14020193600

**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 84 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a
	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) SMITH W. DAVIS		Date of Receipt MM / DD / YYYY 03 / 17 / 2014
Mailing Address 1333 NEW HAMPSHIRE SUITE 400		Transaction ID : SA11AI.21476
City WASHINGTON	State DC	Zip Code 20036
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer AKIN, GUMP, STRAUSS	Occupation ATTORNEY AT LAW	Election Cycle-to-Date 1500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) WINDLE DAVIS		Date of Receipt MM / DD / YYYY 02 / 15 / 2014
Mailing Address 600 S. ADAMS ST.		Transaction ID : SA11AI.20194
City FULTON	State MS	Zip Code 38843
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 800.00	
Name of Employer SELF EMPLOYED	Occupation CAR DEALER	Election Cycle-to-Date 800.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) WINDLE DAVIS		Date of Receipt MM / DD / YYYY 03 / 15 / 2014
Mailing Address 600 S. ADAMS ST.		Transaction ID : SA11AI.20631
City FULTON	State MS	Zip Code 38843
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 800.00	
Name of Employer SELF EMPLOYED	Occupation CAR DEALER	Election Cycle-to-Date 1600.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	2600.00
TOTAL This Period (last page this line number only).....	

14920183607

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 85 OF 561
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) CHARLES L. DAVIS JR.		Date of Receipt MM / DD / YYYY 03 / 31 / 2014
Mailing Address 9110 HIGHWAY 370 S.		Transaction ID : SA11AI.22032
City RIPLEY	State MS	Zip Code 38663
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer LINDSEY DAVIS & ASSOCIATES	Occupation CPA	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) COURTNEY R. DEAN		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 195 REUNION BLVD.		Transaction ID : SA11AI.19583
City MADISON	State MS	Zip Code 39110
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer HOMEMAKER	Occupation HOMEMAKER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) JASON S. DEAN		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 195 REUNION BLVD.		Transaction ID : SA11AI.19581
City MADISON	State MS	Zip Code 39110
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer TENAX AEROSPACE	Occupation VP	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

SUBTOTAL of Receipts This Page (optional).....	5450.00
TOTAL This Period (last page this line number only).....	

14020103600

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 86 OF 561
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
JOHN M. DEAN Jr.

Mailing Address **P.O. DRAWER 272**

City **LELAND** State **MS** Zip Code **38756**

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

Name of Employer **SELF** Occupation **REALTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **03 / 10 / 2014**

Transaction ID : **SA11AI.20944**

Amount of Each Receipt this Period **1000.00**

B. Full Name (Last, First, Middle Initial)
ROBERT B. DEEN Jr.

Mailing Address **8865 TIMBERLAKE CIRCLE**

City **MERIDIAN** State **MS** Zip Code **39305**

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 **350.00**

Date of Receipt **02 / 03 / 2014**

Transaction ID : **SA11AI.20256**

Amount of Each Receipt this Period **350.00**

C. Full Name (Last, First, Middle Initial)
PAUL D. DEES

Mailing Address **2110 TRIBBETT ROAD**

City **LELAND** State **MS** Zip Code **38756**

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

Name of Employer **DILLARD & CO.** Occupation **FARMER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **03 / 10 / 2014**

Transaction ID : **SA11AI.20943**

Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **2350.00**

TOTAL This Period (last page this line number only)..... **2350.00**

14020103609

**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 87 OF 561
	<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) ROYCE DELANEY		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address 13 NORTHTOWN DRIVE STE 220		Transaction ID : SA11AI.22167
City JACKSON	State MS	
Zip Code 39211	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Occupation PRESIDENT	Amount of Each Receipt this Period 500.00
Name of Employer DELCO	Election Cycle-to-Date 500.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) WILLIAM D. DENNIS		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address P.O. BOX 6181		Transaction ID : SA11AI.19889
City GULFPORT	State MS	
Zip Code 39506	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Occupation ASSOCIATE	Amount of Each Receipt this Period 1000.00
Name of Employer SPECIALTY CONTRACTORS	Election Cycle-to-Date 1000.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) SHARON DENNY		Date of Receipt MM / DD / YYYY 03 / 18 / 2014
Mailing Address 301 2ND STREET		Transaction ID : SA11AI.21491
City MANHATTAN BEACH	State CA	
Zip Code 90266	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Occupation DIRECTOR, STRATEGY	Amount of Each Receipt this Period 500.00
Name of Employer RAYTHEON SAS	Election Cycle-to-Date 500.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

14020183610

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 88 OF 561
	(check only one)	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) JAN DE REGT		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 1169 AVON-DARLOVE RD		Transaction ID : SA11AI.20941
City HOLLANDALE	State MS	Zip Code 38748
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer MS SOYBEAN PROMOTION BOARD	Occupation CHAIRMAN	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) W. C. DEVINEY Jr.		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address P.O. BOX 6717		Transaction ID : SA11AI.19858
City JACKSON	State MS	Zip Code 39282
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer DEVINEY CONSTRUCTION	Occupation CEO	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) W. C. DEVINEY Jr.		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address P.O. BOX 6717		Transaction ID : SA11AI.19859
City JACKSON	State MS	Zip Code 39282
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer DEVINEY CONSTRUCTION	Occupation CEO	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

SUBTOTAL of Receipts This Page (optional).....	5700.00
TOTAL This Period (last page this line number only).....	

14020103611

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

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

FOR LINE NUMBER: PAGE 89 OF 561
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
THOMAS DEWS

Mailing Address **1515 S. 40 AVE**

City **HATTIESBURG** State **MS** Zip Code **39402**

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

Name of Employer **IDEAL LEASING CO.** Occupation **PARTNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
01 / 31 / 2014

Transaction ID : **SA11AI.19968**

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
KENNETH D. DILL

Mailing Address **P.O. BOX 761**

City **WEST POINT** State **MS** Zip Code **39773**

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

Name of Employer **CITY OF WEST POINT** Occupation **MAYOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1750.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 25 / 2014

Transaction ID : **SA11AI.21826**

Amount of Each Receipt this Period
1500.00

C. Full Name (Last, First, Middle Initial)
JOHN T. DILLARD

Mailing Address **2110 TRIBBETT ROAD**

City **LELAND** State **MS** Zip Code **38756**

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

Name of Employer **SELF** Occupation **FARMER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 10 / 2014

Transaction ID : **SA11AI.20962**

Amount of Each Receipt this Period
1000.00

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

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

2750.00

14020183612

**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 90 OF 561
	<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) Hon. ROBERT J. DOLE		Date of Receipt M M / D D / Y Y Y Y V V 01 / 27 / 2014
Mailing Address 700 NEW HAMPSHIRE AVE, NW		Transaction ID : SA11AI.19429
City WASHINGTON	State DC	
Zip Code 20037		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	Transaction ID : SA11AI.19429
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) Hon. ROBERT J. DOLE		Date of Receipt M M / D D / Y Y Y Y V V 03 / 17 / 2014
Mailing Address 700 NEW HAMPSHIRE AVE, NW		Transaction ID : SA11AI.21477
City WASHINGTON	State DC	
Zip Code 20037		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	Transaction ID : SA11AI.21477
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) DENNIS DOLLAR		Date of Receipt M M / D D / Y Y Y Y V V 02 / 14 / 2014
Mailing Address 5088 GREYSTONE WAY		Transaction ID : SA11AI.20611
City BIRMINGHAM	State AL	
Zip Code 35242		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer DOLLAR ASSOCIATES, LLC	Occupation PRINCIPAL PARTNER	Transaction ID : SA11AI.20611
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional)	2250.00
TOTAL This Period (last page this line number only)	

14020183613

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 91 OF 561
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) PETE DOMENICI		Date of Receipt MM / DD / YYYY 02 / 03 / 2014
Mailing Address 120 3RD ST. NE		Transaction ID : SA11AI.20258
City WASHINGTON	State DC	Zip Code 20002
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer RETIRED	Occupation SENATOR	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) WILLIAM K. DOSSETT		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address P.O. BOX 1494		Transaction ID : SA11AI.20965
City CLEVELAND	State MS	Zip Code 38732
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer SELF	Occupation ATTORNEY	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) ELIZABETH DRAKE		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 414 MISSISSIPPI AVE.		Transaction ID : SA11AI.19971
City SILVER SPRINGS	State MD	Zip Code 20910
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer STEWART AND STEWART	Occupation PARTNER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

14029183614

**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 92 OF 561

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
BARRY DREYFUS Jr.

Mailing Address 15181 Autumn Ct.

City Gulfport State MS Zip Code 39503

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

Name of Employer United States Marine, Inc. Occupation Pres & CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 2600.00

Date of Receipt MM/DD/YYYY
03/25/2014

Transaction ID : SA11AI.21788

Amount of Each Receipt this Period 2600.00

B. Full Name (Last, First, Middle Initial)
BARRY DREYFUS Jr.

Mailing Address 15181 Autumn Ct.

City Gulfport State MS Zip Code 39503

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

Name of Employer United States Marine, Inc. Occupation Pres & CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 5200.00

Date of Receipt MM/DD/YYYY
03/25/2014

Transaction ID : SA11AI.21789

Amount of Each Receipt this Period 2600.00

C. Full Name (Last, First, Middle Initial)
DEBORAH A. DREYFUS

Mailing Address 24365 OAK ISLAND DR

City PASS CHRISTIAN State MS Zip Code 39571

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 2600.00

Date of Receipt MM/DD/YYYY
03/25/2014

Transaction ID : SA11AI.21784

Amount of Each Receipt this Period 2600.00

SUBTOTAL of Receipts This Page (optional)..... 7800.00

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

14929183615

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 93 OF 561
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) DEBORAH A. DREYFUS		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address 24365 OAK ISLAND DR		Transaction ID : SA11AI.21786
City PASS CHRISTIAN	State MS	
Zip Code 39571		Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C		
Name of Employer HOMEMAKER	Occupation HOMEMAKER	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

B. Full Name (Last, First, Middle Initial) JAMES E. DUFF		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 183 W. CANEBRAKE BLVD.		Transaction ID : SA11AI.19929
City HATTIESBURG	State MS	
Zip Code 39402		Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C		
Name of Employer SOUTHERN TIRE MART	Occupation OWNER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

C. Full Name (Last, First, Middle Initial) THOMAS DUFF		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 529 INDUSTRIAL PARK RD		Transaction ID : SA11AI.19750
City COLUMBIA	State MS	
Zip Code 39429		Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C		
Name of Employer SOUTHERN TIRE MART	Occupation OWNER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

SUBTOTAL of Receipts This Page (optional).....	7600.00
TOTAL This Period (last page this line number only).....	

14020103610

**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 94 OF 561	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) STEPHEN O. DUKE		Date of Receipt MM / DD / YYYY 03 / 18 / 2014
Mailing Address P.O. BOX 3964		Transaction ID : SA11AI.21519
City UNIVERSITY	State MS	
Zip Code 38677		Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C		
Name of Employer USDA	Occupation RESEARCH LEADER	300.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

B. Full Name (Last, First, Middle Initial) TERRY L. DULANEY		Date of Receipt MM / DD / YYYY 03 / 18 / 2014
Mailing Address 6933 SUNFLOWER SCHOOL RD		Transaction ID : SA11AI.21550
City CLARKSDALE	State MS	
Zip Code 38614		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer DULANEY BROTHERS FARMS	Occupation OWNER	1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

C. Full Name (Last, First, Middle Initial) TOMMY E. DULANEY		Date of Receipt MM / DD / YYYY 02 / 03 / 2014
Mailing Address 1109 COUNTRY CLUB PLACE		Transaction ID : SA11AI.20261
City MERIDIAN	State MS	
Zip Code 39305		Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C		
Name of Employer STRUCTURAL STEEL SERVICES, INC	Occupation PRESIDENT & CEO	2000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

SUBTOTAL of Receipts This Page (optional).....	3300.00
TOTAL This Period (last page this line number only).....	

14020183617

**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 95 OF 561	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) PAUL DUNAVANT		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 1117 SUNNYSIDE RD		Transaction ID : SA11AI.20963
City LAKE VILLAGE	State AR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer SLEF	Occupation FARMER	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

B. Full Name (Last, First, Middle Initial) ROBERT H. DUNLAP		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address P.O. BOX 720		Transaction ID : SA11AI.19924
City BATESVILLE	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer DUNLAP & KYLE CO. INC	Occupation CHAIRMAN & CEO	Election Cycle-to-Date 2600.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

C. Full Name (Last, First, Middle Initial) ROBERT H. DUNLAP		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address P.O. BOX 720		Transaction ID : SA11AI.19925
City BATESVILLE	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer DUNLAP & KYLE CO. INC	Occupation CHAIRMAN & CEO	Election Cycle-to-Date 4600.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	3600.00
TOTAL This Period (last page this line number only).....	

14020103610

**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 96 OF 561	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) CLINT DUNN		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 9347 CR 142		Transaction ID : SA11AI.20910
City ITTA BENA	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer SELF	Occupation FARMER	Election Cycle-to-Date 2500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) MASON D. DUNN		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 233 GAYLE DR		Transaction ID : SA11AI.20916
City CLARKSDALE	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer DUNN FARMS	Occupation FARMER	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) MILTON D. DUNN JR.		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 320 W LEE DR		Transaction ID : SA11AI.20918
City CLARKSDALE	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer DUNN, MARLEY & HARRIS INSURANCE SER	Occupation INSURANCE SALES	Election Cycle-to-Date 2000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	4500.00
TOTAL This Period (last page this line number only).....	

14926183610

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 97 OF 561
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) BRAD DYE		Date of Receipt 03 / 25 / 2014
Mailing Address 210 DEVANDER RUN		Transaction ID : SA11AI.22316
City RIDGELAND	State MS	Zip Code 39157
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer SELF	Occupation ATTORNEY	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) JAMES W. DYER		Date of Receipt 02 / 27 / 2014
Mailing Address 3833 WHITMAN RD		Transaction ID : SA11AI.20433
City ANNANDALE	State VA	Zip Code 22003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer PODESTA GROUP	Occupation PRINCIPAL	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) JAMES W. DYER		Date of Receipt 03 / 31 / 2014
Mailing Address 3833 WHITMAN RD		Transaction ID : SA11AI.21946
City ANNANDALE	State VA	Zip Code 22003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer PODESTA GROUP	Occupation PRINCIPAL	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

SUBTOTAL of Receipts This Page (optional).....	3500.00
TOTAL This Period (last page this line number only).....	

14020103629

**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 98 OF 561
	<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)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) J. DWIGHT DYESS		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address 618 E. MAIN ST		Transaction ID : SA11A1.21824
City WEST POINT	State MS	
Zip Code 39773		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 1000.00
Name of Employer BANCORPSOUTH	Occupation PRES/WEST POINT	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

B. Full Name (Last, First, Middle Initial) EDWARD E. DYSON		Date of Receipt MM / DD / YYYY 03 / 17 / 2014
Mailing Address 1908 BELLE HAVEN ROAD		Transaction ID : SA11A1.21468
City ALEXANDRIA	State VA	
Zip Code 22307		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 500.00
Name of Employer BAKER & MCKENZIE	Occupation LAWYER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

C. Full Name (Last, First, Middle Initial) WOODS EASTLAND		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 1304 BAYOU DRIVE		Transaction ID : SA11A1.20959
City INDIANOLA	State MS	
Zip Code 38751		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 2000.00
Name of Employer STAPLCOTN	Occupation PRESIDENT	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

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

14929183621

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

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

FOR LINE NUMBER: PAGE 99 OF 581
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
PENNY L. EASTMAN

Mailing Address **6616 ROSECROFT PLACE**

City **FALLS CHURCH** State **VA** Zip Code **22043**

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

Name of Employer **EID PASSPORT, INC.** Occupation **VP GOVERNMENT AFFAIRS**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **02 / 28 / 2014**
Transaction ID : **SA11AI.20525**

Amount of Each Receipt this Period **250.00**

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

Mailing Address **101 N. STATE STREET**

City **JACKSON** State **MS** Zip Code **39201**

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 **250.00**

Date of Receipt **02 / 26 / 2014**
Transaction ID : **SA11AI.20617**

Amount of Each Receipt this Period **250.00**

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

Mailing Address **6626 KELSEY POINT CIRCLE**

City **ALEXANDRIA** State **VA** Zip Code **22315**

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

Name of Employer **PODESTA GROUP** Occupation **PRINCIPAL**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **03 / 20 / 2014**
Transaction ID : **SA11AI.21605**

Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional) **1000.00**

TOTAL This Period (last page this line number only)

1 4 9 2 9 1 8 3 6 2 2

**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 100 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) REBECCA EDGAR		Date of Receipt 03 / 25 / 2014	
Mailing Address 6626 KELSEY POINT CIRCLE		Transaction ID : SA11AI.21843	
City ALEXANDRIA	State VA	Zip Code 22315	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer PODESTA GROUP	Occupation PRINCIPAL		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

B. Full Name (Last, First, Middle Initial) CLYDE EDWARDS Jr.		Date of Receipt 03 / 28 / 2014	
Mailing Address P.O. BOX 115		Transaction ID : SA11AI.22124	
City CANTON	State MS	Zip Code 39046	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C			
Name of Employer ADCAMP, INC	Occupation CONSTRUCTION, FARMING & INVESTMENT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

C. Full Name (Last, First, Middle Initial) CLYDE EDWARDS Jr.		Date of Receipt 03 / 28 / 2014	
Mailing Address P.O. BOX 115		Transaction ID : SA11AI.22125	
City CANTON	State MS	Zip Code 39046	Amount of Each Receipt this Period 400.00
FEC ID number of contributing federal political committee. C			
Name of Employer ADCAMP, INC	Occupation CONSTRUCTION, FARMING & INVESTMENT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00		

SUBTOTAL of Receipts This Page (optional).....	3500.00
TOTAL This Period (last page this line number only).....	3500.00

14020103623

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

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

FOR LINE NUMBER: PAGE 101 OF 561
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 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)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
LARRY W. EDWARDS

Mailing Address **4011 CRANE BLVD.**

City **JACKSON** State **MS** Zip Code **39216**

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

Name of Employer **SMITH EDWARDS COMPANY** Occupation **REALTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
01 / 13 / 2014

Transaction ID : **SA11AI.19758**

Amount of Each Receipt this Period
500.00

Received from **Votesane PAC**

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

Mailing Address **3805 MAJESTIC OAKS DR.**

City **OXFORD** State **MS** Zip Code **38655**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
01 / 31 / 2014

Transaction ID : **SA11AI.19923**

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
ROBERT B. ELEY

Mailing Address **1115 MAPLE STREET**

City **CLEVELAND** State **MS** Zip Code **38732**

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

Name of Employer **ELEY ENGINEERING, P.A.** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 10 / 2014

Transaction ID : **SA11AI.20949**

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....
1600.00

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

14020193624

**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 102 OF 561
	<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)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) FRANCES B. ELLIOTT		Date of Receipt MM / DD / YYYY 01 / 28 / 2014
Mailing Address 919 OLD TAYLOR ROAD		Transaction ID : SA11AI.19535
City OXFORD	State MS	
Zip Code 38655		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer ELLIOTT LUMBER CO.	Occupation ASSOCIATE	Election Cycle-to-Date 250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

B. Full Name (Last, First, Middle Initial) LYLA ELLIOTT		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address P.O. BOX 2387		Transaction ID : SA11AI.19588
City MADISON	State MS	
Zip Code 39130		Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C		
Name of Employer N/A	Occupation HOMEMAKER	Election Cycle-to-Date 2600.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

C. Full Name (Last, First, Middle Initial) LYLA ELLIOTT		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address P.O. BOX 2387		Transaction ID : SA11AI.19590
City MADISON	State MS	
Zip Code 39130		Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C		
Name of Employer N/A	Occupation HOMEMAKER	Election Cycle-to-Date 5200.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	5450.00
TOTAL This Period (last page this line number only).....	

14920193625

**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 103 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) W MAC ELLIOTT		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address P.O. BOX 2387		Transaction ID : SA11AI.19585
City MADISON	State MS	Zip Code 39130
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer NATIONAL AVIATION	Occupation PRESIDENT	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) W MAC ELLIOTT		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address P.O. BOX 2387		Transaction ID : SA11AI.19587
City MADISON	State MS	Zip Code 39130
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer NATIONAL AVIATION	Occupation PRESIDENT	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) ELLEN W. ELLIS		Date of Receipt MM / DD / YYYY 03 / 31 / 2014
Mailing Address 356 STATION ROAD		Transaction ID : SA11AI.22683
City AMHERST	State MD	Zip Code 01002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer SELF	Occupation EDITOR	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

SUBTOTAL of Receipts This Page (optional).....	7200.00
TOTAL This Period (last page this line number only).....	

14029183629

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 104 OF 561			
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) TOM ELMORE		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address P.O. BOX 36		Transaction ID : SA11AI.21830
City ABERDEEN	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer EUTAW CONSTRUCTION CO., INC	Occupation PRESIDENT	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

B. Full Name (Last, First, Middle Initial) ROMNEY H. ENTREKIN		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address P.O. BOX 1289		Transaction ID : SA11AI.22269
City LAUREL	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer GHOLSON BURSON	Occupation ATTORNEY	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

C. Full Name (Last, First, Middle Initial) J.W. EUBANKS, JR.		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address P.O. BOX 7		Transaction ID : SA11AI.20960
City TUNICA	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer DER PROPERTIES	Occupation PRESIDENT	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

14020183627

**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 105 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
KURT M. EVANS

Mailing Address **4061 TURTLE BAYOU DR**

City **KENNER** State **LA** Zip Code **70065**

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

Name of Employer **DIGITAL ENGINEERING** Occupation **CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **03 / 25 / 2014**

Transaction ID : **SA11AI.21796**

Amount of Each Receipt this Period **500.00**

B. Full Name (Last, First, Middle Initial)
DAVIS FAIR III

Mailing Address **P.O. BOX 1102**

City **OXFORD** State **MS** Zip Code **38655**

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

Name of Employer **SELF** Occupation **TIMBER INVESTMENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **01 / 28 / 2014**

Transaction ID : **SA11AI.19533**

Amount of Each Receipt this Period **500.00**

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

Mailing Address **1003 AUGUSTA DR**

City **OXFORD** State **MS** Zip Code **38655**

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

Name of Employer **STATE OF MS** Occupation **COURT REPORTER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **01 / 28 / 2014**

Transaction ID : **SA11AI.19531**

Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **1250.00**

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

14020103629

**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 106 OF 561	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) GREGORY FAIREY		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address P.O. BOX 1842		Transaction ID : SA11AI.19969
City GULFPORT	State MS	
Zip Code 39502	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer NICHOLSON & COMPANY, PLLC	Occupation MANAGING PARTNER	1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) CY FANECA		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 1526 BERT AVE		Transaction ID : SA11AI.19890
City GULFPORT	State MS	
Zip Code 39501	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer DUKES, DUKES, KEATING & FANECA PA	Occupation ATTORNEY	500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) LESTER G. FANT, III		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 5031 LOWELL STREET NW		Transaction ID : SA11AI.20950
City WASHINGTON	State DC	
Zip Code 20016	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer COLUMBIA PARTNERS, LLC	Occupation MANAGEMENT	1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

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

14020103629

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

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

FOR LINE NUMBER: PAGE 107 OF 561
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
ROB FARR

Mailing Address **1211 ST. ANN**

City **JACKSON** State **MS** Zip Code **39202**

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

Name of Employer **CDFL** Occupation **ARCHITECT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **01 / 31 / 2014**
Transaction ID : **SA11AI.19856**

Amount of Each Receipt this Period **1000.00**

B. Full Name (Last, First, Middle Initial)
JAN G. FARRINGTON

Mailing Address **122 WOODMONT WAY**

City **RIDGELAND** State **MS** Zip Code **39157**

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

Name of Employer **MEDICAL SUPPORT & DEV ORG INC** Occupation **EXECUTIVE DIRECTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt **01 / 31 / 2014**
Transaction ID : **SA11AI.20051**

Amount of Each Receipt this Period **1000.00**

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

Mailing Address **P.O. BOX 82285**

City **BATON ROUGE** State **LA** Zip Code **70884**

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

Name of Employer **PERFORMANCE CONTRACTORS, INC.** Occupation **CONTRACTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt **01 / 31 / 2014**
Transaction ID : **SA11AI.19891**

Amount of Each Receipt this Period **2600.00**

SUBTOTAL of Receipts This Page (optional)..... **4600.00**

TOTAL This Period (last page this line number only)..... **4600.00**

14029183630

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

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

FOR LINE NUMBER: PAGE 108 OF 561
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
ART FAVRE

Mailing Address **P.O. BOX 82285**

City **BATON ROUGE** State **LA** Zip Code **70884**

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

Name of Employer **PERFORMANCE CONTRACTORS, INC.** Occupation **CONTRACTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt **01 / 31 / 2014**
Transaction ID : **SA11AI.19893**

Amount of Each Receipt this Period **2600.00**

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

Mailing Address **19 LAWRENCE PL**

City **GULFPORT** State **MS** Zip Code **39507**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **01 / 31 / 2014**
Transaction ID : **SA11AI.19973**

Amount of Each Receipt this Period **1000.00**

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

Mailing Address **106 FLEUR DE LIS DR**

City **VICKSBURG** State **MS** Zip Code **39180**

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

Name of Employer **SELF** Occupation **FACTORY EQUIPMENT SALES**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **03 / 03 / 2014**
Transaction ID : **SA11AI.20666**

Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **3850.00**

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

14920193631

**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 109 OF 561	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) C.T. FINNEGAN		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 1200 VELMA STREET		Transaction ID : SA11AI.20019
City HATTIESBURG	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer FINLO CONSTRUCTION CO.	Occupation PRESIDENT	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) GARY FIORANELLI		Date of Receipt MM / DD / YYYY 03 / 28 / 2014
Mailing Address P.O. BOX 1596		Transaction ID : SA11AI.22136
City CLEVELAND	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer FIORANELLI BROTHERS JOINT VENT	Occupation OFFICER	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) HALEY R. FISACKERLY		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 4157 CRANE BLVD.		Transaction ID : SA11AI.19597
City JACKSON	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer ENTERGY MISSISSIPPI	Occupation PRES/CEO	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

14020183632

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

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

FOR LINE NUMBER: PAGE 110 OF 561
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
DAVID P. FISHER

Mailing Address 1300 BAYOU DR

City INDIANOLA State MS Zip Code 38751

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

Name of Employer DAVID FISHER LAND COMPANY Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt 03 / 10 / 2014
 Transaction ID : SA11AI.20954

Amount of Each Receipt this Period 1000.00

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

Mailing Address 200 CHAMBERS ST

City CORINTH State MS Zip Code 38834

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 250.00

Date of Receipt 03 / 25 / 2014
 Transaction ID : SA11AI.22261

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
W.O. FITCH

Mailing Address P.O. BOX 610

City HOLLY SPRINGS State MS Zip Code 38635

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

Name of Employer FITCH FARMS Occupation FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt 01 / 31 / 2014
 Transaction ID : SA11AI.19920

Amount of Each Receipt this Period 500.00

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

1750.00

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

14929183633

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 111 OF 561	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 11e
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) KIT FITZGERALD		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2014	
Mailing Address 7051 N. SUNSET MAPLE WAY		Transaction ID : SA11AI.21967	
City MERIDIAN	State ID	Zip Code 83646	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		VoteSane PAC	
Name of Employer RED BARN REAL ESTATE LLC	Occupation REALTOR	Election Cycle-to-Date 500.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) JOHN M. FITZPATRICK		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 1003 S. 34TH AVE		Transaction ID : SA11AI.22089	
City HATTIESBURG	State MS	Zip Code 39402	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer HATTIESBURG CLINIC	Occupation PHYSICIAN	Election Cycle-to-Date 1000.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) JACK G. FLAUTT, III		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2014	
Mailing Address P.O. BOX 130		Transaction ID : SA11AI.20957	
City SUMNER	State MS	Zip Code 38957	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer TWO JACKS OF SWAN LAKE, INC.	Occupation FARMER	Election Cycle-to-Date 2000.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

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

14020103634

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

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

FOR LINE NUMBER: PAGE 112 OF 561
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
MICHAEL FLAUTT

Mailing Address **P.O. BOX 237**

City **WEBB** State **MS** Zip Code **38966**

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

Name of Employer **TALLAHATCHIE HUNTS** Occupation **GUIDE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **03 / 18 / 2014**
Transaction ID : SA11AI.21548

Amount of Each Receipt this Period **500.00**

B. Full Name (Last, First, Middle Initial)
TYLER H FLETCHER

Mailing Address **30 CRANE PARK**

City **HATTIESBURG** State **MS** Zip Code **39402**

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

Name of Employer **UNIV OF SOUTHERN MISS** Occupation **PROFESSOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt **01 / 31 / 2014**
Transaction ID : SA11AI.19935

Amount of Each Receipt this Period **300.00**

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

Mailing Address **P.O. BOX 159**

City **DUBLIN** State **MS** Zip Code **38739**

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

Name of Employer **MATTSON FARMS** Occupation **PARTNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **03 / 10 / 2014**
Transaction ID : SA11AI.21001

Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **1800.00**

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

14928183635

**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 113 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a
	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) R. B. FLOWERS, JR.		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 732 FRIARS POINT ROAD		Transaction ID : SA11AI.20985
City CLARKSDALE	State MS	
Zip Code 38614		Amount of Each Receipt this Period 1600.00
FEC ID number of contributing federal political committee. C		
Name of Employer SELF	Occupation FARMER	Election Cycle-to-Date 2600.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

B. Full Name (Last, First, Middle Initial) R. B. FLOWERS, JR.		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 732 FRIARS POINT ROAD		Transaction ID : SA11AI.20986
City CLARKSDALE	State MS	
Zip Code 38614		Amount of Each Receipt this Period 2400.00
FEC ID number of contributing federal political committee. C		
Name of Employer SELF	Occupation FARMER	Election Cycle-to-Date 5000.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

C. Full Name (Last, First, Middle Initial) TAYLOR FLOWERS, JR.		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 85 EGGLESTON PLACE		Transaction ID : SA11AI.20993
City CLARKSDALE	State MS	
Zip Code 38614		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer K&T PLANTING	Occupation OWNER	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	5000.00
TOTAL This Period (last page this line number only).....	

14029183636

**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 114 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) MATTSON FLOWERS		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 116 RIDGECREST LN		Transaction ID : SA11AI.20989
City CLARKSDALE	State MS	Zip Code 38614
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1600.00	
Name of Employer OMEGA PLANTATIONS	Occupation FARMER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) MATTSON FLOWERS		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 116 RIDGECREST LN		Transaction ID : SA11AI.20990
City CLARKSDALE	State MS	Zip Code 38614
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2400.00	
Name of Employer OMEGA PLANTATIONS	Occupation FARMER	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) SCOTT FLOWERS		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 827 FRIARS POINT RD		Transaction ID : SA11AI.20991
City CLARKSDALE	State MS	Zip Code 38614
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer MATTSON FARMS	Occupation FARMER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	4250.00
TOTAL This Period (last page this line number only).....	

14029193637

**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 115 OF 561

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)
JEFFREY W. FLOYD

Mailing Address **8610 RIVER RD**

City **ABBEVILLE** State **LA** Zip Code **70510**

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

Name of Employer **GULF CROWN SEAFOOD** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
01 / 31 / 2014

Transaction ID : **SA11AI.19690**

Amount of Each Receipt this Period
2600.00

B.

Full Name (Last, First, Middle Initial)
JEFFREY W. FLOYD

Mailing Address **8610 RIVER RD**

City **ABBEVILLE** State **LA** Zip Code **70510**

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

Name of Employer **GULF CROWN SEAFOOD** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
01 / 31 / 2014

Transaction ID : **SA11AI.19692**

Amount of Each Receipt this Period
2400.00

C.

Full Name (Last, First, Middle Initial)
ROGER M. FLYNT Jr.

Mailing Address **1006 HAYES AVE.**

City **OXFORD** State **MS** Zip Code **38655**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
01 / 28 / 2014

Transaction ID : **SA11AI.19526**

Amount of Each Receipt this Period
1000.00

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

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

6000.00

14028183639

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

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

FOR LINE NUMBER: PAGE 116 OF 561
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
ROGER M. FLYNT III

Mailing Address **101 MEADOWBROOK N.**

City **JACKSON** State **MS** Zip Code **39211**

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

Name of Employer **AT&T** Occupation **MISSISSIPPI PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1600.00**

Date of Receipt **01 / 31 / 2014**
Transaction ID : **SA11AI.19854**

Amount of Each Receipt this Period **600.00**

B. Full Name (Last, First, Middle Initial)
ROGER M. FLYNT III

Mailing Address **101 MEADOWBROOK N.**

City **JACKSON** State **MS** Zip Code **39211**

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

Name of Employer **AT&T** Occupation **MISSISSIPPI PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt **01 / 31 / 2014**
Transaction ID : **SA11AI.19855**

Amount of Each Receipt this Period **1400.00**

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

Mailing Address **600 HOGAN ST
STE 1C**

City **STARKVILLE** State **MS** Zip Code **39759**

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

Name of Employer **SELF** Occupation **INSURANCE SALES**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **03 / 25 / 2014**
Transaction ID : **SA11AI.21808**

Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **3000.00**

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

14020183639

**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 117 OF 561

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
DENNIS FORD

Mailing Address **908 LINCOLN AVE**

City **OXFORD** State **MS** Zip Code **38655**

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

Name of Employer **RETIRED** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **01 / 28 / 2014**

Transaction ID : **SA11AI.19481**

Amount of Each Receipt this Period
250.00

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

Mailing Address **P.O. BOX 22587**

City **JACKSON** State **MS** Zip Code **39225**

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

Name of Employer **BALCH & BINGHAM** Occupation **PARTNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt **02 / 13 / 2014**

Transaction ID : **SA11AI.20388**

Amount of Each Receipt this Period
2600.00

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

Mailing Address **141 SWEETBRIAR LANE**

City **COLUMBUS** State **MS** Zip Code **39705**

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

Name of Employer **SELF** Occupation **PHYSICIAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **03 / 31 / 2014**

Transaction ID : **SA11AI.22026**

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... **3100.00**

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

14020183640

**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 118 OF 561
	<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) DAN FORDICE		Date of Receipt MM / DD / YYYY 03 / 03 / 2014	
Mailing Address 2500 DANA RD		Transaction ID : SA11AI.20668	
City VICKSBURG	State MS	Zip Code 39180	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C	Name of Employer FORDICE CONSTRUCTION CO.	Occupation VP/MATFIELD DIVISION MGR	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) LARRY FORTENBERRY		Date of Receipt MM / DD / YYYY 03 / 25 / 2014	
Mailing Address P.O. BOX 16566		Transaction ID : SA11AI.22246	
City JACKSON	State MS	Zip Code 39236	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C	Name of Employer SELF	Occupation CPA	Election Cycle-to-Date 250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) GRANT M. FOX		Date of Receipt MM / DD / YYYY 01 / 31 / 2014	
Mailing Address P.O. BOX 310		Transaction ID : SA11AI.19851	
City BRANDON	State MS	Zip Code 39043	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C	Name of Employer FOX LAW GROUP, P.A.	Occupation ATTORNEY	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	

14020193641

**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 119 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) JOHN H. FOX III		Date of Receipt MM / DD / YYYY 03 / 18 / 2014
Mailing Address 1525 CLINTON-RAYMOND RD		Transaction ID : SA11AI.21540
City CLINTON	State MS	Zip Code 39056
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer SELF	Occupation ATTORNEY	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) PAUL M. FRANKE Jr.		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address P.O. DRAWER 460		Transaction ID : SA11AI.19894
City GULFPORT	State MS	Zip Code 39502
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer SELF	Occupation ATTORNEY	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) HUGH C. FRANKLIN		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address 13 NORTHTOWN DR STE 220		Transaction ID : SA11AI.21792
City JACKSON	State MS	Zip Code 39211
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer FRANKLIN NURSING CENTER	Occupation PRESIDENT	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

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

14928183642

**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 120 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) DAVID FRATESI		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 23 ORCHARD LANE		Transaction ID : SA11AI.20947
City INDIANOLA	State MS	Zip Code 38751
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer HARD CASH PLANTING CO	Occupation FARMER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) GARY FRATESI		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 4 MORNINGSIDE DR		Transaction ID : SA11AI.20958
City INDIANOLA	State MS	Zip Code 38751
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer HARD CASH PLANTING CO.	Occupation FARMER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) MARK FRATESI		Date of Receipt MM / DD / YYYY 03 / 28 / 2014
Mailing Address 1402 HIGHWAY 82 EAST		Transaction ID : SA11AI.22130
City LELAND	State MS	Zip Code 38756
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer FRATESI PLANTING COMPANY	Occupation OWNER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

14020103643

**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 121 OF 561	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) WILLIS FRAZER		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 16 PARKER LANDING		Transaction ID : SA11AI.20995
City DUNDEE	State MS	Zip Code 38826
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer COVENANT BANK	Occupation CHAIRMAN/CEO	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) W.L. FREEMAN Jr.		Date of Receipt MM / DD / YYYY 02 / 03 / 2014
Mailing Address 114 SHADY GROVE AVE.		Transaction ID : SA11AI.20198
City NEWTON	State MS	Zip Code 39345
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer MS NATIONAL GUARD	Occupation OFFICER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) LEROY FREY		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address P.O. BOX 356		Transaction ID : SA11AI.20997
City HOLLANDALE	State MS	Zip Code 38748
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer SELF	Occupation FARMER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

14020103644

**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 122 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
WILLIAM K. FRYMOYER

Mailing Address **3714 N 23RD ST**

City ARLINGTON	State VA	Zip Code 22207
--------------------------	--------------------	--------------------------

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

Name of Employer STEWART AND STEWART	Occupation SR. ADVISOR
--	----------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
01 / 31 / 2014

Transaction ID : **SA11AI.19895**

Amount of Each Receipt this Period
1000.00

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

Mailing Address **3390 HWY 19 W**

City RIPLEY	State TN	Zip Code 38063
-----------------------	--------------------	--------------------------

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

Name of Employer SELF	Occupation FARMER
---------------------------------	-----------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 10 / 2014

Transaction ID : **SA11AI.20940**

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
CARL RAY FURR

Mailing Address **5317 REDDOCK DR**

City JACKSON	State MS	Zip Code 39211
------------------------	--------------------	--------------------------

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

Name of Employer ENGINEERING ASSOC	Occupation CONSULTING ENGINEER
--	--

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
01 / 31 / 2014

Transaction ID : **SA11AI.20050**

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

14029183645

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

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

FOR LINE NUMBER: PAGE 123 OF 561
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
HOWELL N. GAGE

Mailing Address **211 PEBBLE BEACH DR**

City **VICKSBURG** State **MS** Zip Code **39183**

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

Name of Employer **RIVER HILLS BANK** Occupation **CHAIRMAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : **SA11AI.20670**

Amount of Each Receipt this Period
1000.00

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

Mailing Address **7 BAYOU OAKS LN**

City **GULFPORT** State **MS** Zip Code **39503**

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

Name of Employer **OWEN GALLOWAY & MYERS** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
01 / 31 / 2014

Transaction ID : **SA11AI.19693**

Amount of Each Receipt this Period
250.00

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

Mailing Address **P.O. DRAWER 4248**

City **GULFPORT** State **MS** Zip Code **39502**

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

Name of Employer **BUTLER SNOW** 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
03 / 25 / 2014

Transaction ID : **SA11AI.23317**

Amount of Each Receipt this Period
500.00

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

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

1750.00

14020183649

**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 124 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) JAMES C. GALLOWAY JR.		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address 1700 BRAMBLEWOOD DRIVE		Transaction ID : SA11AI.22188
City COLUMBUS	State MS	Zip Code 39705
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer GALLOWAY CHANDLER INSURANCE	Occupation PRES.	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) STEWART GAMMILL III		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 3702 HARDY STREET		Transaction ID : SA11AI.19996
City HATTIESBURG	State MS	Zip Code 39402
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer SELF	Occupation BUSINESS MGR	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) DONALD GANT		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 2538 CROSTY ROAD		Transaction ID : SA11AI.20982
City MERIGOLD	State MS	Zip Code 38759
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1100.00
Name of Employer GANT FARMS	Occupation FARMER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1100.00	

SUBTOTAL of Receipts This Page (optional).....	2600.00
TOTAL This Period (last page this line number only).....	

14929193647

**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 125 OF 561

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)
HARLEY GARRETT Jr.

Mailing Address **713 DAVIS POINTE**

City **OXFORD** State **MS** Zip Code **38655**

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

Name of Employer **DOWN SOUTH LLC** Occupation **DEFENSE ELECTRONICS MFG SERVICES**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
MM / DD / YYYY
01 / 31 / 2014

Transaction ID : **SA11AI.19922**

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
MARK W. GARRIGA

Mailing Address **121 GOLDEN POND DR**

City **MADISON** State **MS** Zip Code **39110**

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

Name of Employer **BUTLER SNOW** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
800.00

Date of Receipt
MM / DD / YYYY
03 / 03 / 2014

Transaction ID : **SA11AI.20672**

Amount of Each Receipt this Period
800.00

C.

Full Name (Last, First, Middle Initial)
ANN GARY

Mailing Address **859 ON THE GREEN**

City **BILOXI** State **MS** Zip Code **39532**

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

Name of Employer **GULF PRIDE ENTERPRISES** Occupation **CORPORATE OFFICER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
MM / DD / YYYY
01 / 31 / 2014

Transaction ID : **SA11AI.19695**

Amount of Each Receipt this Period
2600.00

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

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

3650.00

14020103648

**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 126 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) HAROLD R. GARY		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 1306 S. CHURCH ST		Transaction ID : SA11A1.21034
City BROOKHAVEN	State MS	Zip Code 39601
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer SELF	Occupation FARMER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

B. Full Name (Last, First, Middle Initial) TOM GARY JR.		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 1005 RIVER BIRCH COVE		Transaction ID : SA11A1.21004
City GREENWOOD	State MS	Zip Code 38930
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer TOMMY GARY FARMS	Occupation FARMER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

C. Full Name (Last, First, Middle Initial) FRANK GENZER Jr.		Date of Receipt M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 145 SAINT JUDE STREET		Transaction ID : SA11A1.19897
City BILOXI	State MS	Zip Code 39530
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer SELF	Occupation ARCHITECT	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

SUBTOTAL of Receipts This Page (optional).....	3850.00
TOTAL This Period (last page this line number only).....	

14929183649

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 127 OF 561
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) RICHARD C. GIANNINI		Date of Receipt 01 / 31 / 2014
Mailing Address 155 CROSS CREEK PARKWAY		Transaction ID : SA11AI.19995
City HATTIESBURG	State MS	Zip Code 39402
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) WILLIAM H. GIDDEN		Date of Receipt 03 / 10 / 2014
Mailing Address 2815 AUSTIN RD		Transaction ID : SA11AI.21032
City TUNICA	State MS	Zip Code 38676
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer PRIDE OF THE POND CATFISH	Occupation OWNER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) JERRY M. GILBREATH		Date of Receipt 03 / 25 / 2014
Mailing Address P.O. BOX 1772		Transaction ID : SA11AI.22196
City LAUREL	State MS	Zip Code 39441
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

SUBTOTAL of Receipts This Page (optional).....	3850.00
TOTAL This Period (last page this line number only).....	

14020103650

**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 128 OF 561
	<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) REX GILLIS		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address P.O. BOX 5051		Transaction ID : SA11AI.21810
City COLUMBUS	State MS	Zip Code 39704
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer THE DUTCH GROUP	Occupation PRINCIPAL	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) BRADLEY GILMAN		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address 405 TALAHY RD., S.E.		Transaction ID : SA11AI.21787
City VIENNA	State VA	Zip Code 22180
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1500.00	
Name of Employer Robertson, Monagle & Eastaugh	Occupation VP	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

Full Name (Last, First, Middle Initial) CHRISTINA GINSBERG		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 4522 FOXHALL CRESCENTS NW		Transaction ID : SA11AI.20976
City WASHINGTON	State DC	Zip Code 20007
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	3500.00
TOTAL This Period (last page this line number only).....	

14020103651

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 129 OF 561
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
H. WINGFIELD GLOVER Jr.

Mailing Address **410 WINDOVER CIRCLE**

City MERIDIAN	State MS	Zip Code 39305
-------------------------	--------------------	--------------------------

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

Name of Employer GLOVER YOUNG WALTON & SIMMONS	Occupation ATTORNEY
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Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 03 / 2014

Transaction ID : **SA11AI.20200**

Amount of Each Receipt this Period
250.00

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

Mailing Address **48 FRY RD.**

City HATTIESBURG	State MS	Zip Code 39401
----------------------------	--------------------	--------------------------

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

Name of Employer NOETIC TECHNOLOGIES	Occupation CEO
--	--------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 31 / 2014

Transaction ID : **SA11AI.19749**

Amount of Each Receipt this Period
250.00

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

Mailing Address **101 KIRKWOOD CT.**

City JACKSON	State MS	Zip Code 39211
------------------------	--------------------	--------------------------

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

Name of Employer N/A	Occupation HOMEMAKER
--------------------------------	--------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 31 / 2014

Transaction ID : **SA11AI.19847**

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

14028183652

**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 130 OF 561
	<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)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) DOLLY GOINGS			Date of Receipt MM / DD / YYYY 01 / 31 / 2014		
Mailing Address 101 KIRKWOOD CT.			Transaction ID : SA11AI.19848		
City	State	Zip Code			
JACKSON	MS	39211			
FEC ID number of contributing federal political committee.		<input type="checkbox"/> C			
Name of Employer N/A		Occupation HOMEMAKER			
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date Amount: 5000.00			
			Amount of Each Receipt this Period 2400.00		

B. Full Name (Last, First, Middle Initial) WESLEY GOINGS			Date of Receipt MM / DD / YYYY 01 / 31 / 2014		
Mailing Address 101 KIRKWOOD COURT			Transaction ID : SA11AI.19849		
City	State	Zip Code			
JACKSON	MS	39211			
FEC ID number of contributing federal political committee.		<input type="checkbox"/> C			
Name of Employer TELEPEX, INC.		Occupation TELECOM MANAGEMENT			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date Amount: 1750.00			
			Amount of Each Receipt this Period 1750.00		

C. Full Name (Last, First, Middle Initial) AUSTIN GOLDING			Date of Receipt MM / DD / YYYY 03 / 03 / 2014		
Mailing Address 101 LEE STREET			Transaction ID : SA11AI.20677		
City	State	Zip Code			
VICKSBURG	MS	39180			
FEC ID number of contributing federal political committee.		<input type="checkbox"/> C			
Name of Employer GOLDING BARGE		Occupation EXECUTIVE			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date Amount: 1000.00			
			Amount of Each Receipt this Period 1000.00		

SUBTOTAL of Receipts This Page (optional).....	5150.00
TOTAL This Period (last page this line number only).....	

14020103653

**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 131 OF 561
	<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) JOHN REID GOLDING		Date of Receipt MM / DD / YYYY 03 / 03 / 2014
Mailing Address 101 LEE STREET		Transaction ID : SA11AI.20679
City VICKSBURG	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer GOLDING BARGE	Occupation EXECUTIVE	Amount of Each Receipt this Period 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) MELODY GOLDING		Date of Receipt MM / DD / YYYY 03 / 03 / 2014
Mailing Address 101 LEE STREET		Transaction ID : SA11AI.20676
City VICKSBURG	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer NONE	Occupation HOMEMAKER	Amount of Each Receipt this Period 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) STEVE GOLDING		Date of Receipt MM / DD / YYYY 03 / 03 / 2014
Mailing Address 101 LEE STREET		Transaction ID : SA11AI.20675
City VICKSBURG	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer GOLDING BARGE LINE	Occupation PRES	Amount of Each Receipt this Period 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

14020103654

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 132 OF 561
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) ARNY GOLLOTT		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address P.O. BOX 1191		Transaction ID : SA11AI.20102
City BILOXI	State MS	Zip Code 39533
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer C.F. GOLLOTT & SON SEAFOOD	Occupation OWNER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250.00	

Full Name (Last, First, Middle Initial) BEN GOLLOTT		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address P.O. BOX 1191		Transaction ID : SA11AI.20107
City BILOXI	State MS	Zip Code 39533
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer C.F. GOLLOTT & SON SEAFOOD	Occupation OWNER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250.00	

Full Name (Last, First, Middle Initial) BRIAN GOLLOTT		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address P.O. BOX 1191		Transaction ID : SA11AI.20100
City BILOXI	State MS	Zip Code 39533
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer C.F. GOLLOTT & SON SEAFOOD	Occupation OWNER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250.00	

SUBTOTAL of Receipts This Page (optional).....	3750.00
TOTAL This Period (last page this line number only).....	

1402918365

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 133 OF 561
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) DALE GOLLOTT		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address P.O. BOX 1191		Transaction ID : SA11AI.20105
City BILOXI	State MS	Zip Code 39533
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1250.00	
Name of Employer C.F. GOLLOTT & SON SEAFOOD	Occupation OWNER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250.00	

B. Full Name (Last, First, Middle Initial) E.R. GOLLOTT		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address P.O. BOX 1458		Transaction ID : SA11AI.19697
City BILOXI	State MS	Zip Code 39533
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2000.00	
Name of Employer GOLDEN GULF COAST PKG	Occupation OWNER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

C. Full Name (Last, First, Middle Initial) BILL W. GORE		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address 106 SOMERSET DR		Transaction ID : SA11AI.22244
City NATCHEZ	State MS	Zip Code 39120
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer SELF	Occupation PHYSICIAN	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	3750.00
TOTAL This Period (last page this line number only).....	

14020103656

**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 134 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
PRESTON H. GOUGH Jr.

Mailing Address **400 CHAPEL HILL RD**

City **FLORA** State **MS** Zip Code **39071**

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
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			03			2014			

Transaction ID : **SA11AI.20681**

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
JOHN G. GOURLAY

Mailing Address **2347 SOUTHWOOD RD**

City **JACKSON** State **MS** Zip Code **39211**

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

Name of Employer **GENENTECH** Occupation **SR. FRANCHISE PROGRAM MGR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			10			2014			

Transaction ID : **SA11AI.21030**

Amount of Each Receipt this Period
1000.00

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

Mailing Address **1228 STOKES RD**

City **CANTON** State **MS** Zip Code **39046**

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

Name of Employer **GRAFTON SQUARE PROPERTIES** Occupation **PRINCIPAL**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
01			31			2014			

Transaction ID : **SA11AI.19599**

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

14020183657

**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 135 OF 561	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) HARDY P. GRAHAM		Date of Receipt MM / DD / YYYY 02 / 03 / 2014
Mailing Address 900 46TH STREET		Transaction ID : SA11AI.20203
City MERIDIAN	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer MERIDIAN COCA COLA	Occupation EXECUTIVE	Election Cycle-to-Date 250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) TERRY W. GREEN		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address P.O. BOX 2788		Transaction ID : SA11AI.19732
City SUGARLAND	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2400.00
Name of Employer ISLAND VIEW CASINO RESORT	Occupation PRESIDENT/CEO	Election Cycle-to-Date 2400.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) J.T. GREENLEE		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 359 CRITTENDEN		Transaction ID : SA11AI.21028
City GREENVILLE	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer GREENLEE FARMS	Occupation FARMER	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	3650.00
TOTAL This Period (last page this line number only).....	

14020103650

**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 136 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
JIM GREENLEE

Mailing Address **210 ST. ANDREWS CIRCLE**

City OXFORD	State MS	Zip Code 38655
-----------------------	--------------------	--------------------------

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

Name of Employer HOLCOMB DUNBAR	Occupation ATTORNEY
---	-------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1250.00
--

Date of Receipt
MM / DD / YYYY
01 / 28 / 2014

Transaction ID : **SA11AI.19524**

Amount of Each Receipt this Period
1000.00

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

Mailing Address **P.O. BOX 4**

City CHARLESTON	State MS	Zip Code 38921
---------------------------	--------------------	--------------------------

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

Name of Employer GREENWOOD ENGINEERING	Occupation ENGINEER
--	-------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2014

Transaction ID : **SA11AI.20968**

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
TOMMY GREGORY JR.

Mailing Address **709 ROBERT E LEE DR**

City GREENWOOD	State MS	Zip Code 38930
--------------------------	--------------------	--------------------------

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

Name of Employer GREGORY & ASSOCIATES	Occupation CITY PLANNER/GRANT WRITER
---	--

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00
--

Date of Receipt
MM / DD / YYYY
03 / 10 / 2014

Transaction ID : **SA11AI.20970**

Amount of Each Receipt this Period
1000.00

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

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

2500.00

14020103050

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 137 OF 561	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) MRS. W.W. GRESHAM, III		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 101 E. AUGUSTA		Transaction ID : SA11AI.20972
City INDIANOLA	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer HOMEMAKER	Occupation HOMEMAKER	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

B. Full Name (Last, First, Middle Initial) LOUISE H. GRESHAM		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 105 E. GRESHAM ST		Transaction ID : SA11AI.20974
City INDIANOLA	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1600.00
Name of Employer HOMEMAKER	Occupation HOMEMAKER	Election Cycle-to-Date 1600.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

C. Full Name (Last, First, Middle Initial) THOMAS G. GRESHAM		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address P.O. BOX 690		Transaction ID : SA11AI.20981
City INDIANOLA	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer DOUBLE QUICK INC	Occupation RETAILER	Election Cycle-to-Date 2553.33
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	3600.00
TOTAL This Period (last page this line number only).....	

14020183660

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 138 OF 561
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 11d
		<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) WALTON GRESHAM III		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address P.O. BOX 690		Transaction ID : SA11AI.20999
City INDIANOLA	State MS	Zip Code 38751
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1600.00	
Name of Employer GRESHAM PETROLEUM CO.	Occupation OIL JOBBER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1600.00	

Full Name (Last, First, Middle Initial) BILL GRIFFITH		Date of Receipt MM / DD / YYYY 03 / 28 / 2014
Mailing Address 1330 HIGHWAY 446		Transaction ID : SA11AI.22142
City BOYLE	State MS	Zip Code 38730
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer GRIFFITH FARMS PARTNERSHIP	Occupation FARMER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) TERRY GRISSOM		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address P.O. BOX 66		Transaction ID : SA11AI.20978
City MINTER CITY	State MS	Zip Code 38944
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer GRISSOM FARM	Occupation FARMER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	3600.00
TOTAL This Period (last page this line number only).....	

14020103661

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

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

FOR LINE NUMBER: PAGE 139 OF 561
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
KATHERINE GRONBERG

Mailing Address **6920 BRADDOCK RD., STE. B170**

City **ALEXANDRIA** State **VA** Zip Code **22304**

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

Name of Employer **GRONBERG CONSULTING** Occupation **CONSULTANT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt **MM / DD / YYYY**
02 / 06 / 2014

Transaction ID : **SA11AI.20344**

Amount of Each Receipt this Period
500.00

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

Mailing Address **1480 HIGHWAY 98**

City **COLUMBIA** State **MS** Zip Code **39429**

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

Name of Employer **MACK GRUBBS MOTORS** Occupation **AUTO DEALER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **MM / DD / YYYY**
01 / 31 / 2014

Transaction ID : **SA11AI.19747**

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
ELLEN Y. GUNN

Mailing Address **420 JEFFERSON ST**

City **ELLISVILLE** State **MS** Zip Code **39437**

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

Name of Employer **SELF** Occupation **PIANO TEACHER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **MM / DD / YYYY**
03 / 25 / 2014

Transaction ID : **SA11AI.22204**

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... **1250.00**

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

14020103662

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 140 OF 561		
	(check only one)	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) ROIANNE GUTIERREZ		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 9460 OAK POINTE DRIVE		Transaction ID : SA11AI.19898
City GULFPORT	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer NEWMAN LUMBER CO	Occupation CORP TREASURER	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) RILEY HAGAN Jr.		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 214 WINGED FOOT CIRCLE		Transaction ID : SA11AI.19603
City JACKSON	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer MBR, INC.	Occupation PRESIDENT	Election Cycle-to-Date 2000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) TIP R. HAILEY		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address P.O. BOX 67		Transaction ID : SA11AI.22335
City CANTON	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer HAILEY ANIMAL HOSPITAL	Occupation VETERINARIAN	Election Cycle-to-Date 500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	3500.00
TOTAL This Period (last page this line number only).....	

14020183663

**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 141 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) JENNIFER HALL		Date of Receipt MM / DD / YYYY 01 / 28 / 2014
Mailing Address 219 NORTHWIND DR		Transaction ID : SA11AI.19486
City BRANDON	State MS	Zip Code 39047
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer MS MANUFACTURED HOUSING	Occupation EXEC DIRECTOR	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) SAM H. HALL		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 9 CANTERBURY RD		Transaction ID : SA11AI.19745
City HATTIESBURG	State MS	Zip Code 39402
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) DON HALLE		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 225 COWAN ROAD		Transaction ID : SA11AI.19699
City GULFPORT	State MS	Zip Code 39507
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer GULF PROPERTIES	Occupation REAL ESTATE	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

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

14020183664

**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 142 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
H.P. HAMMETT JR.

Mailing Address **P.O. BOX 209**

City **LEXINGTON** State **MS** Zip Code **39095**

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

Name of Employer **HAMMETT GRAVEL CO.** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 10 / 2014

Transaction ID : **SA11AI.21068**

Amount of Each Receipt this Period
500.00

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

Mailing Address **1021 HIGHWAY 433 S**

City **BENTONIA** State **MS** Zip Code **39040**

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

Name of Employer **W.S. RED HANCOCK, INC.** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 10 / 2014

Transaction ID : **SA11AI.21066**

Amount of Each Receipt this Period
2600.00

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

Mailing Address **1021 HIGHWAY 433 S**

City **BENTONIA** State **MS** Zip Code **39040**

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

Name of Employer **W.S. RED HANCOCK, INC.** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **4000.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 10 / 2014

Transaction ID : **SA11AI.21067**

Amount of Each Receipt this Period
1400.00

SUBTOTAL of Receipts This Page (optional)..... **4500.00**

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

1492919395

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 143 OF 561
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) JIMMY L. HANEY		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 204 JACK CURRY RD		Transaction ID : SA11AI.21011
City RULEVILLE	State MS	
Zip Code 38771		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer HANEY FARMING	Occupation FARMER	Election Cycle-to-Date 500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) ALBERT B. HANKINS Jr.		Date of Receipt MM / DD / YYYY 03 / 03 / 2014
Mailing Address BOX 573		Transaction ID : SA11AI.20687
City ELLIOTT	State MS	
Zip Code 38926		Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C		
Name of Employer HANKINS LUMBER CO INC	Occupation CEO & PRESIDENT	Election Cycle-to-Date 2600.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) HAROLD HANKINS		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address 106 FOREST GATE ROAD		Transaction ID : SA11AI.22338
City RIPLEY	State MS	
Zip Code 38663		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer HANKINS, INC.	Occupation PRESIDENT	Election Cycle-to-Date 500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	3600.00
TOTAL This Period (last page this line number only).....	

14020183666

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

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

FOR LINE NUMBER: PAGE 144 OF 561
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 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)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
JEWEL HANKINS

Mailing Address **496 W. NAT G TROUTT RD**

City **GRENADE** State **MS** Zip Code **38901**

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

Name of Employer **HAMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt **03 / 03 / 2014**
Transaction ID : **SA11AI.20688**

Amount of Each Receipt this Period **2600.00**

B. Full Name (Last, First, Middle Initial)
R. T. HARDEMAN

Mailing Address **903 ROBERT E LEE DR**

City **GREENWOOD** State **MS** Zip Code **38930**

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

Name of Employer **SELF** Occupation **FARMER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **03 / 18 / 2014**
Transaction ID : **SA11AI.21501**

Amount of Each Receipt this Period **250.00**

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

Mailing Address **9041 SCENIC RIVER DR.**

City **BILOXI** State **MS** Zip Code **39532**

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

Name of Employer **STUDENT** Occupation **STUDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **01 / 28 / 2014**
Transaction ID : **SA11AI.19484**

Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **3350.00**

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

14020183667

**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 145 OF 561

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

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)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) DEWITT HARDIN		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2014	
Mailing Address 705 KINGS COURT		Transaction ID : SA11AI.21601	
City ALEXANDRIA	State VA	Zip Code 22302	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer PODESTA GROUP	Occupation PRINCIPAL		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

B. Full Name (Last, First, Middle Initial) RAY HARDY		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2014	
Mailing Address P.O. BOX 96		Transaction ID : SA11AI.20813	
City TIPPO	State MS	Zip Code 38962	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer RAY HARDY AND SONS	Occupation FARMER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

C. Full Name (Last, First, Middle Initial) GARY J. HARKINS		Date of Receipt M M / D D / Y Y Y Y 01 / 31 / 2014	
Mailing Address 4 RIVER BEND PLACE STE. 110		Transaction ID : SA11AI.19845	
City FLOWOOD	State MS	Zip Code 39232	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer SELF	Occupation REAL ESTATE		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	2300.00
TOTAL This Period (last page this line number only).....	

14020103669

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 146 OF 561	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) CECIL W. HARPER		Date of Receipt MM / DD / YYYY 01 / 31 / 2014	
Mailing Address 169 WAYS WAY		Transaction ID : SA11AI.19843	
City MADISON	State MS	Zip Code 39110	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C	Name of Employer HARPER RAINS KNIGHT & CO	Occupation MANAGING DIRECTOR	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) JACK M. HARRIS		Date of Receipt MM / DD / YYYY 03 / 10 / 2014	
Mailing Address P.O. BOX 194		Transaction ID : SA11AI.21027	
City INVERNESS	State MS	Zip Code 38753	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C	Name of Employer DUNN, MARLEY & HARRIS INSURANCE AGEI	Occupation CROP INSURANCE SALES TO FARMERS	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) WILLIAM HART		Date of Receipt MM / DD / YYYY 03 / 27 / 2014	
Mailing Address 13600 MARINA POINTE DRIVE UNIT 701		Transaction ID : SA11AI.21881	
City MARINA DEL RAY	State CA	Zip Code 90292	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C	Name of Employer RAYTHEON	Occupation EXECUTIVE	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

14020183669

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

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

FOR LINE NUMBER: PAGE 147 OF 561
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
LUCIAN A. HARVEY Jr.

Mailing Address **P.O. BOX 4648**

City **JACKSON** State **MS** Zip Code **39296**

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

Name of Employer **HARVEY CONSTRUCTION** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 31 / 2014

Transaction ID : **SA11AI.19604**

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
JOHN F. HASSELL

Mailing Address **21 TALLAHOMA WEST**

City **LAUREL** State **MS** Zip Code **39440**

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

Name of Employer **SCRMC** Occupation **PHYSICIAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2014

Transaction ID : **SA11AI.22208**

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
BRADLEY F. HATHAWAY, SR.

Mailing Address **P.O. BOX 1856**

City **GREENVILLE** State **MS** Zip Code **38702**

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

Name of Employer **CAMPBELL DELONG LLP** 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
03 / 10 / 2014

Transaction ID : **SA11AI.21009**

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... **1750.00**

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

14020183670

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

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

FOR LINE NUMBER: PAGE 148 OF 561
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 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)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
ROBERT HAUBERG Jr.

Mailing Address **3946 OLD CANTON ROAD**

City **JACKSON** State **MS** Zip Code **39216**

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

Name of Employer **BAKER DONELSON BEARMAN** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt **02 / 06 / 2014**

Transaction ID : **SA11AI.20325**

Amount of Each Receipt this Period **1000.00**

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

Mailing Address **2689 LAKESHIRE DR.**

City **TUPELO** State **MS** Zip Code **38804**

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

Name of Employer **HAWKEYE INDUSTRIES, INC.** Occupation **PRESIDENT/CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **01 / 28 / 2014**

Transaction ID : **SA11AI.19522**

Amount of Each Receipt this Period **1000.00**

C. Full Name (Last, First, Middle Initial)
ROBIN D. HAWKS

Mailing Address **104 EAST CAPITOL ST NE**

City **WASHINGTON** State **DC** Zip Code **20003**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt **03 / 17 / 2014**

Transaction ID : **SA11AI.21475**

Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **3000.00**

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

14020183671

**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 149 OF 561
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) EDWARD T HAYES		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 4621 N. TURNBULL DR		Transaction ID : SA11AI.19671
City METARIE	State LA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer BAYOU TAX CREDITS	Occupation OFFICER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) STEPHEN D. HAYES		Date of Receipt MM / DD / YYYY 03 / 17 / 2014
Mailing Address 2116 BELLE HAVEN RD		Transaction ID : SA11AI.21467
City ALEXANDRIA	State VA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
Name of Employer GANNON INTERNATIONAL	Occupation COMMUNICATIONS	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 225.00	

Full Name (Last, First, Middle Initial) THOMAS HAYES		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 5060 OLD 49		Transaction ID : SA11AI.21008
City CLARKSDALE	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer ELLEDALE FARMS	Occupation MANAGING AGENT	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

SUBTOTAL of Receipts This Page (optional).....	3225.00
TOTAL This Period (last page this line number only).....	

14020183672

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 150 OF 561						
	(check only one)	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
BARRY HAYNES

Mailing Address **300 CHERRY STREET**

City **MARKS** State **MS** Zip Code **38646**

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

Name of Employer **TACKETT AGENCY** Occupation **REALTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **03 28 2014**

Transaction ID : **SA11AI.22132**

Amount of Each Receipt this Period **500.00**

B. Full Name (Last, First, Middle Initial)
DONALD H. HAYNES

Mailing Address **201 N. THIRD STREET**

City **MARKS** State **MS** Zip Code **38646**

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

Name of Employer **DON'S PHARMACY** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **03 10 2014**

Transaction ID : **SA11AI.21047**

Amount of Each Receipt this Period **500.00**

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

Mailing Address **4342 N. HONEYSUCKLE LN.**

City **JACKSON** State **MS** Zip Code **39211**

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

Name of Employer **JACKSON HEART CLINIC** Occupation **PHYSICIAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **01 31 2014**

Transaction ID : **SA11AI.19607**

Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional) **2000.00**

TOTAL This Period (last page this line number only)

14028183673

**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 151 OF 561
	<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) B. KEITH HEARD		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address 601 13th Street NW Suite 450 N.		Transaction ID : SA11AI.21812
City WASHINGTON	State DC	
Zip Code 20005		Amount of Each Receipt this Period 600.00
FEC ID number of contributing federal political committee. C		
Name of Employer TCH Group LLC	Occupation Associate	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) B. KEITH HEARD		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address 601 13th Street NW Suite 450 N.		Transaction ID : SA11AI.21813
City WASHINGTON	State DC	
Zip Code 20005		Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C		
Name of Employer TCH Group LLC	Occupation Associate	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4600.00	

Full Name (Last, First, Middle Initial) CHRIS HEATON		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 212 WESTOVER DR		Transaction ID : SA11AI.21060
City CLARKSDALE	State MS	
Zip Code 38614		Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C		
Name of Employer HOMEMAKER	Occupation HOMEMAKER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

SUBTOTAL of Receipts This Page (optional).....	5100.00
TOTAL This Period (last page this line number only).....	

14020183674

**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 152 OF 561
	<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) WEB HEIDELBERG		Date of Receipt 01 / 31 / 2014
Mailing Address 905 ADELIN ST		Transaction ID : SA11AI.20020
City HATTIESBURG	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer HEIDELBERG LAW FIRM	Occupation ATTORNEY	250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) A.G. HELTON		Date of Receipt 03 / 10 / 2014
Mailing Address 25 WILDWOOD TERRACE EXT		Transaction ID : SA11AI.21057
City YAZOO CITY	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer ACTION PROPERTIES	Occupation CEO/BROKER	1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) KENNETH HELTON		Date of Receipt 03 / 10 / 2014
Mailing Address 601 N. JERRY CLOWER BLVD		Transaction ID : SA11AI.21055
City YAZOO CITY	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer PREMIER FOODS, INC.	Occupation PRESIDENT	1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	

14020183675

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 153 OF 561				
	<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)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) LOUIS HENGEN		Date of Receipt MM / DD / YYYY 01 / 21 / 2014
Mailing Address 1507 CHURCH ST NW		Transaction ID : SA11AI.19406
City WASHINGTON	State DC	
Zip Code 20005		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer BALCH & BINGHAM, LLP	Occupation GOV'T RELATIONS	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

B. Full Name (Last, First, Middle Initial) ANNE HERGET		Date of Receipt MM / DD / YYYY 03 / 14 / 2014
Mailing Address 2203 BELLE HAVEN RD		Transaction ID : SA11AI.21595
City ALEXANDRIA	State VA	
Zip Code 22307		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer HERGET FAMILY CHARITABLE FOUND	Occupation OPERATOR	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

C. Full Name (Last, First, Middle Initial) JAMES H. HERRING		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address P.O. BOX 344		Transaction ID : SA11AI.19841
City CANTON	State MS	
Zip Code 39046		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer HERRING, LONG & CREWS PC	Occupation ATTORNEY	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250.00	

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

14020193679

**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 154 OF 561
	<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)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
CHELSEY HICKMAN

Mailing Address 9926 COFFER WOODS RD

City BURKE	State VA	Zip Code 22015
----------------------	--------------------	--------------------------

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

Name of Employer THE GROSSMAN GROUP, INC.	Occupation LOBBYIST
---	-------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **02 / 27 / 2014**

Transaction ID : **SA11AI.20621**

Amount of Each Receipt this Period **250.00**

B. Full Name (Last, First, Middle Initial)
MARK A. HICKMAN

Mailing Address 2906 NORMANDY PLACE

City TUSCALOOSA	State AL	Zip Code 35406
---------------------------	--------------------	--------------------------

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

Name of Employer PECO FOODS, INC.	Occupation CEO
---	--------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt **03 / 25 / 2014**

Transaction ID : **SA11AI.21804**

Amount of Each Receipt this Period **2600.00**

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

Mailing Address 1850 47TH PL NW

City WASHINGTON	State DC	Zip Code 20007
---------------------------	--------------------	--------------------------

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

Name of Employer AGRIBANK	Occupation VP GOVT AFFAIRS
-------------------------------------	--------------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **03 / 31 / 2014**

Transaction ID : **SA11AI.22079**

Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **3350.00**

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

14020103677

**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 155 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. G. DOUGLAS HIGGINBOTHAM			Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2014	
Mailing Address 27 FOX HOLLOW LANE			Transaction ID : SA11AI.22230	
City LAUREL	State MS	Zip Code 39443	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer SOUTH CENTRAL REGIONAL MED CTR		Occupation CEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) B. WEST HIGGINBOTHAM			Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2014	
Mailing Address P.O. BOX 883			Transaction ID : SA11AI.21052	
City MARIANNA	State AR	Zip Code 72360	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer SELF		Occupation FARMER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) C. GEORGE HIGHTOWER			Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2014	
Mailing Address P.O. BOX 2174			Transaction ID : SA11AI.20690	
City GRENADA	State MS	Zip Code 38902	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer HIGHTOWER OIL CO.		Occupation PRESIDENT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		

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

14029193678

**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 156 OF 561
	<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)
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)
ROBERT HILDEBRAND

Mailing Address **15738 BERA DRIVE**

City **ODESSA** State **FL** Zip Code **33556**

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

Name of Employer **RAYTHEON** Occupation **GENERAL MANAGER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **03 25 2014**

Transaction ID : **SA11AI.21847**

Amount of Each Receipt this Period **500.00**

B.

Full Name (Last, First, Middle Initial)
J.R. HINSON

Mailing Address **839 FAIRWAY TRAIL**

City **HERNANDO** State **MS** Zip Code **38632**

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

Name of Employer **FIDELITY NAT'L LOANS** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **03 25 2014**

Transaction ID : **SA11AI.22454**

Amount of Each Receipt this Period **50.00**

C.

Full Name (Last, First, Middle Initial)
WILLIAM HOAGLAND

Mailing Address **10012 ROUGH RUN CT**

City **FAIRFAX** State **VA** Zip Code **22039**

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

Name of Employer **BIPARTISAN POLICY CENTER** Occupation **ASSOCIATE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **02 06 2014**

Transaction ID : **SA11AI.20326**

Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **1050.00**

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

14020103679

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 157 OF 561	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) CASWELL O. HOBBS III		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2014	
Mailing Address 2005 BELLE HAVEN ROAD		Transaction ID : SA11AI.21592	
City ALEXANDRIA	State VA	Zip Code 22307-1114	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee.		C	
Name of Employer STRATEGIC GOVT SERVICES	Occupation CONSULTANT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

B. Full Name (Last, First, Middle Initial) ED HOLLAND		Date of Receipt M M / D D / Y Y Y Y 01 / 31 / 2014	
Mailing Address 2992 WEST BEACH BLVD		Transaction ID : SA11AI.19673	
City GULFPORT	State MS	Zip Code 39502	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer MISSISSIPPI POWER CO	Occupation PRES/CEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

C. Full Name (Last, First, Middle Initial) ED HOLLINGSWORTH		Date of Receipt M M / D D / Y Y Y Y 02 / 28 / 2014	
Mailing Address 3003 MILLER HEIGHTS ROAD		Transaction ID : SA11AI.20532	
City OAKTON	State VA	Zip Code 22124	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee.		C	
Name of Employer COMPASS CONSULTING GROUP	Occupation CONSULTANT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

14020103600

**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 158 OF 561	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
JAMES T. HOLLINGSWORTH

Mailing Address **P.O. BOX 248**

City **HOLLANDALE** State **MS** Zip Code **38748**

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

Name of Employer **SELF** Occupation **FARMER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
03 / **10** / **2014**

Transaction ID : **SA11AI.21062**

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
THOMAS C. HOLLINGSWORTH

Mailing Address **P.O. BOX 248**

City **HOLLANDALE** State **MS** Zip Code **38748**

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

Name of Employer **THOMAS HOLLINGSWORTH & CO, INC** Occupation **TREASURER/SECRETARY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
03 / **10** / **2014**

Transaction ID : **SA11AI.21064**

Amount of Each Receipt this Period
1000.00

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

Mailing Address **600 CRESCENT BLVD.
SUITE B**

City **RIDGELAND** State **MS** Zip Code **39157**

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

Name of Employer **TENAX AEROSPACE** Occupation **DIR. OF STRATEGIC PLANNING**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
01 / **31** / **2014**

Transaction ID : **SA11AI.19609**

Amount of Each Receipt this Period
2600.00

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

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

4600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 159 OF 561
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) J.L. HOLLOWAY		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 600 CRESCENT BLVD. SUITE B		Transaction ID : SA11AI.19838
City RIDGELAND	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer CHAIRMAN	Occupation TENAX AEROSPACE	Election Cycle-to-Date 2600.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) J.L. HOLLOWAY		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 600 CRESCENT BLVD. SUITE B		Transaction ID : SA11AI.19839
City RIDGELAND	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer CHAIRMAN	Occupation TENAX AEROSPACE	Election Cycle-to-Date 5200.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) TRACI HOLLOWAY		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 600 CRESCENT BLVD. SUITE b		Transaction ID : SA11AI.19611
City RIDGELAND	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer UNIVERSITY MEDICAL CENTER	Occupation NURSE	Election Cycle-to-Date 2600.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	7800.00
TOTAL This Period (last page this line number only).....	

14020103692

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

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

FOR LINE NUMBER: PAGE 160 OF 561
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
JOSH HOLLY

Mailing Address **825 S. MONROE ST**

City **ARLINGTON** State **VA** Zip Code **22204**

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

Name of Employer **PODESTA GROUP** Occupation **GOV'T/PUBLIC RELATIONS**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 28 / 2014

Transaction ID : **SA11AI.21883**

Amount of Each Receipt this Period
1000.00

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

Mailing Address **202 S FOURTH AVENUE**

City **CLEVELAND** State **MS** Zip Code **37832**

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

Name of Employer **DELTA STATE UNIVERSITY** Occupation **SCHOLARSHIP COUNSELOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 10 / 2014

Transaction ID : **SA11AI.21023**

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
KENNETH B. HOOD

Mailing Address **154 PERTHSHIRE RD**

City **GUNNISON** State **MS** Zip Code **38746**

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

Name of Employer **SELF** Occupation **FARMER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 10 / 2014

Transaction ID : **SA11AI.21026**

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....
3000.00

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

14020103693

**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)

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) E.M. HOOD JR.		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2014	
Mailing Address 5651 FLOWER LAKE RD		Transaction ID : SA11AI.21072	
City DUNDEE	State MS	Zip Code 38626	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee.		[C]	
Name of Employer SELF	Occupation FARMER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

B. Full Name (Last, First, Middle Initial) RUTH HOPKINS		Date of Receipt M M / D D / Y Y Y Y 01 / 31 / 2014	
Mailing Address 19208 CHAMPION CIRCLE		Transaction ID : SA11AI.19728	
City GULFPORT	State MS	Zip Code 39503	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee.		[C]	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

C. Full Name (Last, First, Middle Initial) W. BRIGGS HOPSON, III		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2014	
Mailing Address 306 MADISON RIDGE		Transaction ID : SA11AI.21021	
City VICKSBURG	State MS	Zip Code 39180	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee.		[C]	
Name of Employer TELLER HASSELL & HOPSON, LLP	Occupation ATTORNEY		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

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

14020103684

**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 162 OF 561

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) W.B. HOPSON, JR.		Date of Receipt MM / DD / YYYY 03 / 03 / 2014
Mailing Address 2100 HIGHWAY 61 N		Transaction ID : SA11AI.20695
City VICKSBURG	State MS	
Zip Code 39183		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer VICKSBURG CLINIC	Occupation PHYSICIAN	1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) WILLIAM F. HORNE JR.		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address 32 SILVER LEAF COURT		Transaction ID : SA11AI.22195
City LAUREL	State MS	
Zip Code 39440		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer WM. F. HORNE & CO, PLLC	Occupation CPA	1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) C. DELBERT HOSEMANN Jr.		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address P.O. BOX 23066		Transaction ID : SA11AI.22631
City JACKSON	State MS	
Zip Code 39225		Amount of Each Receipt this Period 2600.00 In-kind - Campaign Materials
FEC ID number of contributing federal political committee. C		
Name of Employer STATE OF MISSISSIPPI	Occupation SECRETARY OF STATE	5000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	4600.00
TOTAL This Period (last page this line number only).....	

14020103695

**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 163 OF 561

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) C. DELBERT HOSEMANN Jr.		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address P.O. BOX 23066		Transaction ID : SA11AI.22632
City JACKSON	State MS	
Zip Code 39225		Amount of Each Receipt this Period 2400.00 In-kind - Campaign Materials
FEC ID number of contributing federal political committee. C		
Name of Employer STATE OF MISSISSIPPI	Occupation SECRETARY OF STATE	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2400.00	

B. Full Name (Last, First, Middle Initial) DAVID W. HOUSTON III		Date of Receipt MM / DD / YYYY 03 / 03 / 2014
Mailing Address P.O. BOX 72		Transaction ID : SA11AI.20697
City ABERDEEN	State MS	
Zip Code 39730		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer MITCHELL MCNUTT & SAMS	Occupation ATTORNEY	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

C. Full Name (Last, First, Middle Initial) BILLY W. HOWARD		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address 1 PLANTATION DRIVE		Transaction ID : SA11AI.22200
City LAUREL	State MS	
Zip Code 39440		Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C		
Name of Employer HOWARD INDUSTRIES	Occupation CEO	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

SUBTOTAL of Receipts This Page (optional).....	6000.00
TOTAL This Period (last page this line number only).....	

14929183699

**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 164 OF 561
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
LINDA HOWARD

Mailing Address **1 PLANTATION DRIVE**

City **LAUREL** State **MS** Zip Code **39440**

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

Name of Employer **HOWARD INDUSTRIES** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt **03 / 25 / 2014**
Transaction ID : **SA11AI.22202**

Amount of Each Receipt this Period **2600.00**

B. Full Name (Last, First, Middle Initial)
ARCHER L. HOWELL, III

Mailing Address **406 CR 352**

City **GREENWOOD** State **MS** Zip Code **38930**

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

Name of Employer **HELENA CHEMICAL CO.** Occupation **MANAGER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **03 / 10 / 2014**
Transaction ID : **SA11AI.21015**

Amount of Each Receipt this Period **1000.00**

C. Full Name (Last, First, Middle Initial)
JOHN SHARP HOWIE

Mailing Address **23 WOODLAWN DR**

City **YAZOO CITY** State **MS** Zip Code **39194**

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

Name of Employer **SELF** Occupation **COTTON PRODUCER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **03 / 10 / 2014**
Transaction ID : **SA11AI.21070**

Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **4600.00**

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

14029183697

**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 165 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) VINCENT HRENAK		Date of Receipt 03 / 28 / 2014
Mailing Address 5802 N. WOODCREEK CIR		Transaction ID : SA11AI.21887
City MCKINNEY	State TX	Zip Code 75071
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer RAYTHEON	Occupation DEFENSE	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

B. Full Name (Last, First, Middle Initial) JOEL HUDNALL		Date of Receipt 03 / 31 / 2014
Mailing Address 201 IVY BROOK CT		Transaction ID : SA11AI.22343
City MADISON	State MS	Zip Code 39110
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer NEEL-SCHAFFER	Occupation SR VP/COO	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

C. Full Name (Last, First, Middle Initial) DAVID HUGGINS		Date of Receipt 03 / 10 / 2014
Mailing Address 108 MCGUIRE COVE		Transaction ID : SA11AI.21018
City CLARKSDALE	State MS	Zip Code 38614
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer FISER INSURANCE AGENCY, INC.	Occupation OWNER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

14029103699

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 166 OF 561		
	(check only one)	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) L.R. HUMPHREYS		Date of Receipt MM / DD / YYYY 02 / 03 / 2014	
Mailing Address 2124 14TH ST		Transaction ID : SA11AI.20211	
City MERIDIAN	State MS	Zip Code 39301	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 250.00	
Name of Employer ANDERSON REGIONAL MED CENTER	Occupation HOSPITAL ADMINISTRATOR		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) ROBERT HUNTER		Date of Receipt MM / DD / YYYY 03 / 10 / 2014	
Mailing Address P.O. BOX 1108		Transaction ID : SA11AI.21017	
City GREENWOOD	State MS	Zip Code 38935	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 1000.00	
Name of Employer 4-WAY ELECTRIC CO.	Occupation CEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) JAMES HVIZD		Date of Receipt MM / DD / YYYY 03 / 25 / 2014	
Mailing Address 2936 VIA ALVARADO		Transaction ID : SA11AI.21845	
City PALOS VERDES ESTATE	State CA	Zip Code 90274	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 500.00	
Name of Employer RAYTHEON	Occupation VO OF INT'L STRATEGY AND BUS DEVELOP		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

14029103609

**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 167 OF 561
	<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)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
DINA A. HYDE

Mailing Address **4467 MYRTLE AVE**

City **LONG BEACH** State **CA** Zip Code **90807**

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

Name of Employer **RAYTHEON SAS** Occupation **ASSOCIATE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **03 / 18 / 2014**

Transaction ID : **SA11AI.21493**

Amount of Each Receipt this Period **250.00**

B. Full Name (Last, First, Middle Initial)
ROBERT G. HYNSON

Mailing Address **P.O.BOX 3020**

City **LAUREL** State **MS** Zip Code **39442**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **03 / 25 / 2014**

Transaction ID : **SA11AI.22223**

Amount of Each Receipt this Period **500.00**

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

Mailing Address **2631 LAKE CIR**

City **JACKSON** State **MS** Zip Code **39211**

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

Name of Employer **N/A** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **01 / 31 / 2014**

Transaction ID : **SA11AI.19595**

Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **1750.00**

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

14020183699

**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 168 OF 561
	<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)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) JEREMY JACK		Date of Receipt 03 / 18 / 2014
Mailing Address P.O. BOX 534		Transaction ID : SA11AI.21497
City BELZONI	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer SELF	Occupation FARMER	Election Cycle-to-Date 2000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

B. Full Name (Last, First, Middle Initial) PEYTON N. JACKSON		Date of Receipt 03 / 17 / 2014
Mailing Address 6041 EDGEWOD TERRACE		Transaction ID : SA11AI.21473
City ALEXANDRIA	State VA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
Name of Employer SELF	Occupation INVESTOR	Election Cycle-to-Date 225.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

C. Full Name (Last, First, Middle Initial) TOM JAGODINSKI		Date of Receipt 03 / 10 / 2014
Mailing Address P.O. BOX 111		Transaction ID : SA11AI.21089
City SCOTT	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer DELTA & PINE LAND CO.	Occupation CEO	Election Cycle-to-Date 2000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	2225.00
TOTAL This Period (last page this line number only).....	

14920193691

**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 169 OF 581
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 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)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) GWEN C. JAMES		Date of Receipt M / D / Y 01 / 31 / 2014
Mailing Address 1109 S. 34TH AVE.		Transaction ID : SA11AI.19742
City HATTIESBURG	State MS	Zip Code 39402
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer SELF	Occupation REALTOR	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

B. Full Name (Last, First, Middle Initial) WILLIAM R. JAMES		Date of Receipt M / D / Y 01 / 31 / 2014
Mailing Address 217 W CAPITOL ST STE 201		Transaction ID : SA11AI.19836
City JACKSON	State MS	Zip Code 39201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer PRUET COS	Occupation PRESIDENT	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

C. Full Name (Last, First, Middle Initial) J. PAUL JANOUSH		Date of Receipt M / D / Y 03 / 10 / 2014
Mailing Address P.O. BOX 397		Transaction ID : SA11AI.21100
City ROSEDALE	State MS	Zip Code 38769
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1600.00
Name of Employer JANTRAN INC	Occupation CFO	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

SUBTOTAL of Receipts This Page (optional).....	2900.00
TOTAL This Period (last page this line number only).....	

14020183692

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 170 OF 561	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
J. PAUL JANOUSH

Mailing Address P.O. BOX 397

City: **ROSEDALE** State: **MS** Zip Code: **38769**

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

Name of Employer: **JANTRAN INC** Occupation: **CFO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: **3000.00**

Date of Receipt: **03 / 10 / 2014**

Transaction ID : **SA11AI.21101**

Amount of Each Receipt this Period: **400.00**

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

Mailing Address P.O. BOX 397

City: **ROSEDALE** State: **MS** Zip Code: **38769**

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

Name of Employer: **JANTRAN** Occupation: **ENGINEER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: **1000.00**

Date of Receipt: **03 / 10 / 2014**

Transaction ID : **SA11AI.21102**

Amount of Each Receipt this Period: **1000.00**

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

Mailing Address P.O. BOX 1448

City: **CLEVELAND** State: **MS** Zip Code: **38732**

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

Name of Employer: **WESTERFIELD & JANOUSH** Occupation: **ATTORNEY AT LAW**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: **1000.00**

Date of Receipt: **03 / 10 / 2014**

Transaction ID : **SA11AI.21099**

Amount of Each Receipt this Period: **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **2400.00**

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

14020193603

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

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

FOR LINE NUMBER: PAGE 171 OF 561
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
ALEX JARVIS

Mailing Address **1306 CLAYBORNE HOUSE CT**

City **MCLEAN** State **VA** Zip Code **22101**

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

Name of Employer **PIERCE ISAKOWITZ & BLALOCK** Occupation **PARTNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **01 / 21 / 2014**
Transaction ID : SA11AI.20078

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
D. LEE JENKINS

Mailing Address **1540 KNOLLWOOD DR**

City **BATON ROUGE** State **LA** Zip Code **70808**

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

Name of Employer **PERFORMANCE CONTRACTORS, INC.** Occupation **ASSOCIATE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt **01 / 31 / 2014**
Transaction ID : SA11AI.19723

Amount of Each Receipt this Period
2600.00

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

Mailing Address **P.O. BOX 12004**

City **JACKSON** State **MS** Zip Code **39236**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt **02 / 13 / 2014**
Transaction ID : SA11AI.20373

Amount of Each Receipt this Period
2600.00

SUBTOTAL of Receipts This Page (optional)..... **5450.00**

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

14020103694

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 172 OF 561			
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) BECKY JOHNSON		Date of Receipt MM / DD / YYYY 02 / 13 / 2014	
Mailing Address P.O. BOX 12004		Transaction ID : SA11AI.20375	
City JACKSON	State MS	Zip Code 39236	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C			
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

Full Name (Last, First, Middle Initial) JOHN O'NEIL JOHNSON III		Date of Receipt MM / DD / YYYY 02 / 03 / 2014	
Mailing Address P.O. BOX 5466		Transaction ID : SA11AI.20213	
City MERIDIAN	State MS	Zip Code 39302	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer JOHNSON TOYOTA	Occupation OWNER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) LARRY L. JOHNSON		Date of Receipt MM / DD / YYYY 01 / 31 / 2014	
Mailing Address 334 DOVER LANE		Transaction ID : SA11AI.19834	
City MADISON	State MS	Zip Code 39110	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	3850.00
TOTAL This Period (last page this line number only).....	

1402018369

**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 173 OF 561
	<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) LARRY L. JOHNSON		Date of Receipt MM / DD / YY 02 / 13 / 2014
Mailing Address P.O. BOX 12004		Transaction ID : SA11AI.20371
City JACKSON	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer SELF	Occupation REAL ESTATE DEVELOPMENT & INVESTME	Election Cycle-to-Date 2600.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) LARRY L. JOHNSON		Date of Receipt MM / DD / YY 02 / 13 / 2014
Mailing Address P.O. BOX 12004		Transaction ID : SA11AI.20372
City JACKSON	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer SELF	Occupation REAL ESTATE DEVELOPMENT & INVESTME	Election Cycle-to-Date 5200.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) MICHAEL E. JOHNSON		Date of Receipt MM / DD / YY 03 / 10 / 2014
Mailing Address P.O. BOX 640		Transaction ID : SA11AI.21050
City TUNICA	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer SELF	Occupation AGRICULTURE	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	6200.00
TOTAL This Period (last page this line number only).....	

14020193696

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 174 OF 561

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
NANCY L. JOHNSON

Mailing Address **141 S. MOUNTAIN DR**

City **NEW BRITAIN** State **CT** Zip Code **06052**

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

Name of Employer **BAKER DONELSON** Occupation **SR. PUBLIC POLICY ADVISOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **02 / 06 / 2014**

Transaction ID : **SA11AI.20328**

Amount of Each Receipt this Period **1000.00**

B. Full Name (Last, First, Middle Initial)
PATRICK L. JOHNSON

Mailing Address **P.O. BOX 1052**

City **TUNICA** State **MS** Zip Code **38676**

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

Name of Employer **JOHNSON FARM** Occupation **FARMER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **03 / 10 / 2014**

Transaction ID : **SA11AI.21095**

Amount of Each Receipt this Period **1000.00**

C. Full Name (Last, First, Middle Initial)
PEDER R. JOHNSON

Mailing Address **4239 N. HONEYSUCKLE LANE**

City **JACKSON** State **MS** Zip Code **39211**

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

Name of Employer **BKD, CPA AND ADVISORS** Occupation **MANAGING PARTNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **01 / 31 / 2014**

Transaction ID : **SA11AI.19613**

Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **3000.00**

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

14020183697

**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 175 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a
	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) SEYMOUR B. JOHNSON		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address P.O. BOX 7		Transaction ID : SA11AI.21392
City INDIANOLA	State MS	
Zip Code 38751		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer SELF	Occupation FARMER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) WILLIAM JOHNSON		Date of Receipt MM / DD / YYYY 01 / 15 / 2014
Mailing Address 112 WHISPER RIDGE DR		Transaction ID : SA11AI.20065
City MADISON	State MS	
Zip Code 39110		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) PATRICK L. JOHNSON JR		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address P.O. BOX457		Transaction ID : SA11AI.21097
City TUNICA	State MS	
Zip Code 38676		Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C		
Name of Employer SELF	Occupation FARMER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

SUBTOTAL of Receipts This Page (optional).....	3250.00
TOTAL This Period (last page this line number only).....	

14020103699

**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 176 OF 561	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) MICHAEL E. JOHNSON JR.		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address POST OFFICE BOX 640		Transaction ID : SA11AI.21045
City TUNICA	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer SELF	Occupation AGRICULTURE	Election Cycle-to-Date 2000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

B. Full Name (Last, First, Middle Initial) SIDNEY A. JOHNSON JR. Jr.		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 3373 HIGHLAND PARK PL		Transaction ID : SA11AI.21043
City MEMPHIS	State TN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	Election Cycle-to-Date 250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

C. Full Name (Last, First, Middle Initial) CAREY A. JOHNSTON		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address 1064 STOKES ROAD		Transaction ID : SA11AI.22256
City CANTON	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SELF	Occupation ENDODENTIST	Election Cycle-to-Date 500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	2750.00
TOTAL This Period (last page this line number only).....	

14020193699

**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 177 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) AUSTIN JONES		Date of Receipt M M / D D / Y Y 03 / 10 / 2014	
Mailing Address 3 PARKER ROAD		Transaction ID : SA11AI.21041	
City MOORHEAD	State MS	Zip Code 38761	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee.		<input type="checkbox"/>	
Name of Employer BEAR CREEK FISHERIES, INC.	Occupation CATFISH PRODUCER		Amount of Each Receipt this Period 2000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		

B. Full Name (Last, First, Middle Initial) BETTY LOU JONES		Date of Receipt M M / D D / Y Y 02 / 03 / 2014	
Mailing Address 3637 PARKWAY BLVD.		Transaction ID : SA11AI.20215	
City MERIDIAN	State MS	Zip Code 39305	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee.		<input type="checkbox"/>	
Name of Employer RETIRED	Occupation RETIRED		Amount of Each Receipt this Period 250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

C. Full Name (Last, First, Middle Initial) BOOKER T. JONES		Date of Receipt M M / D D / Y Y 03 / 03 / 2014	
Mailing Address 5220 KEELE ST		Transaction ID : SA11AI.20699	
City JACKSON	State MS	Zip Code 39206	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee.		<input type="checkbox"/>	
Name of Employer MINACT	Occupation PRESIDENT		Amount of Each Receipt this Period 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	2250.00

14020183700

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

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

FOR LINE NUMBER: PAGE 178 OF 561
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
JAMES L. JONES

Mailing Address **3 GLENEAGLES DR**

City **JACKSON** State **MS** Zip Code **39211**

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

Name of Employer **BAKER DONELSON** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **03 / 25 / 2014**
 Transaction ID : **SA11AI.22283**

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
ROBERTS T. JONES

Mailing Address **6119 WOODMONT RD**

City **ALEXANDRIA** State **VA** Zip Code **22307**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt **03 / 21 / 2014**
 Transaction ID : **SA11AI.21560**

Amount of Each Receipt this Period
225.00

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

Mailing Address **310 57TH CT**

City **MERIDIAN** State **MS** Zip Code **39305**

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

Name of Employer **EAST MS BUSINESS DEVELOPMENT** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **02 / 03 / 2014**
 Transaction ID : **SA11AI.20217**

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... **725.00**

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

14020183701

**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 179 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) B. BRYAN JONES III		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2014	
Mailing Address P.O. BOX 1062		Transaction ID : SA11AI.21038	
City YAZOO CITY	State MS	Zip Code 39194	Amount of Each Receipt this Period 1600.00
FEC ID number of contributing federal political committee.		C	
Name of Employer BANKPLUS	Occupation ASSOCIATE		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

B. Full Name (Last, First, Middle Initial) B. BRYAN JONES III		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2014	
Mailing Address P.O. BOX 1062		Transaction ID : SA11AI.21039	
City YAZOO CITY	State MS	Zip Code 39194	Amount of Each Receipt this Period 400.00
FEC ID number of contributing federal political committee.		C	
Name of Employer BANKPLUS	Occupation ASSOCIATE		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00		

C. Full Name (Last, First, Middle Initial) MARK S. JORDAN		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2014	
Mailing Address P.O. BOX 328		Transaction ID : SA11AI.20700	
City MADISON	State MS	Zip Code 39130	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer MARK S. JORDAN COMPANIES	Occupation OWNER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

14020183702

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 180 OF 561
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) BERNARD JORDAN JR.		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 10923 CARTER RD		Transaction ID : SA11AI.21090
City YAZOO CITY	State MS	Zip Code 39194
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1600.00	
Name of Employer SELF-EMPLOYED	Occupation FARMER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) BERNARD JORDAN JR.		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 10923 CARTER RD		Transaction ID : SA11AI.21091
City YAZOO CITY	State MS	Zip Code 39194
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 400.00	
Name of Employer SELF-EMPLOYED	Occupation FARMER	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00	

Full Name (Last, First, Middle Initial) NEIL G. KACENA		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 23228 CUESTPORT DR		Transaction ID : SA11AI.21184
City VALENCIA	State CA	Zip Code 91354
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer RAYTHEON SAS	Occupation VP TECHNOLOGY INNOVATION	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

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

14920183703

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 181 OF 561
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)
CAMPBELL KAUFMAN

Mailing Address **2109 WOODMONT RD.**

City **ALEXANDRIA** State **VA** Zip Code **22307**

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

Name of Employer **Cornerstone Government Affairs** Occupation **Executive**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt **03 / 17 / 2014**

Transaction ID : **SA11AI.21458**

Amount of Each Receipt this Period **250.00**

B.

Full Name (Last, First, Middle Initial)
LA NORA KAY

Mailing Address **2277 HWY 265**

City **BRANSON** State **MO** Zip Code **65616**

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

Name of Employer **GOOD LIFE REALTY OF MISSOURI** Occupation **REALTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **03 / 26 / 2014**

Transaction ID : **SA11AI.21958**

Amount of Each Receipt this Period **500.00**
VoteSane PAC

C.

Full Name (Last, First, Middle Initial)
ANDREW KELLUM

Mailing Address **139 CHICKASAW TR**

City **SALTILLO** State **MS** Zip Code **38866**

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

Name of Employer **N MS HEME ONC** Occupation **PHYSICIAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **02 / 03 / 2014**

Transaction ID : **SA11AI.20219**

Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **1250.00**

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

14020183704

**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 182 OF 561
	<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)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) ANDREW KELLUM		Date of Receipt 03 / 25 / 2014
Mailing Address 139 CHICKASAW TR		Transaction ID : SA11AI.22180
City SALTILLO	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer N MS HEME ONC	Occupation PHYSICIAN	Transaction ID : SA11AI.22180
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

B. Full Name (Last, First, Middle Initial) WALLY KELLY		Date of Receipt 03 / 31 / 2014
Mailing Address 8632 N. VIA LA SERENA		Transaction ID : SA11AI.22597
City PARADISE VALLEY	State AZ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer CBS OUTDOOR	Occupation PRESIDENT/COO	Transaction ID : SA11AI.22597
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

C. Full Name (Last, First, Middle Initial) KATHLEEN KEMPER		Date of Receipt 03 / 10 / 2014
Mailing Address 4410 MASSACHUSETTS AVE NW FL 3		Transaction ID : SA11AI.21087
City WASHINGTON	State DC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer INSTITUTE FOR EDUCATION	Occupation CEO	Transaction ID : SA11AI.21087
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

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

14929183705

**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 183 OF 561	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) TED KENDALL III		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address P.O. BOX 96		Transaction ID : SA11AI.19829
City BOLTON	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer THE GADDIS FARMS	Occupation FARMER	Election Cycle-to-Date 500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

B. Full Name (Last, First, Middle Initial) TED KENDALL III		Date of Receipt MM / DD / YYYY 03 / 12 / 2014
Mailing Address P.O. BOX 96		Transaction ID : SA11AI.20781
City BOLTON	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer THE GADDIS FARMS	Occupation FARMER	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

C. Full Name (Last, First, Middle Initial) J. KEITH KENNEDY		Date of Receipt MM / DD / YYYY 02 / 06 / 2014
Mailing Address 3220 JUNIPER LANE		Transaction ID : SA11AI.20330
City FALLS CHURCH	State VA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer BAKER DONELSON	Occupation CHAIR FEDERAL PUBLIC POLICY GROUP	Election Cycle-to-Date 5200.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	1100.00
TOTAL This Period (last page this line number only).....	

14929183796

**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 184 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) WALTER H. KETCHINGS		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 5352 RED CREEK ROAD		Transaction ID : SA11AI.21084
City LONG BEACH	State MS	
Zip Code 39560		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer SELF	Occupation REAL ESTATE	Election Cycle-to-Date 500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

B. Full Name (Last, First, Middle Initial) CARSON KIMBROUGH		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address P.O. BOX 30		Transaction ID : SA11AI.19615
City BON SECOUR	State AL	
Zip Code 36511		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer CARSON AND CO.	Occupation PRESIDENT/CEO	Election Cycle-to-Date 500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

C. Full Name (Last, First, Middle Initial) JAMES V. KIMSEY		Date of Receipt MM / DD / YYYY 03 / 18 / 2014
Mailing Address 1700 PENNSYLVANIA AVE NW		Transaction ID : SA11AI.21544
SUITE 900		
City WASHINGTON	State DC	Amount of Each Receipt this Period 2600.00
Zip Code 20006		
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 2600.00
Name of Employer AMERICA ONLINE	Occupation CEO/FOUNDER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	3600.00
TOTAL This Period (last page this line number only).....	

14020183707

**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 185 OF 561	
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) JOHN J. KING		Date of Receipt 03 / 25 / 2014	
Mailing Address 161 BELLE VALLEE DR		Transaction ID : SA11AI.21822	
City COLUMBUS	State MS	Zip Code 39705	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00	
Name of Employer BMG	Occupation PHYSICIAN	Election Cycle-to-Date 2000.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) GEORGE W. KING JR.		Date of Receipt 03 / 10 / 2014	
Mailing Address P.O. BOX 207		Transaction ID : SA11AI.21083	
City CHATHAM	State MS	Zip Code 38731	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer NELSON KING FARMS	Occupation FARMER	Election Cycle-to-Date 2000.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) STANLEY B. KLINE		Date of Receipt 03 / 31 / 2014	
Mailing Address 2642 S. FRONTAGE RD		Transaction ID : SA11AI.22104	
City VICKSBURG	State MS	Zip Code 39180	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer NEW YORK LIFE	Occupation INSURANCE AGENT	Election Cycle-to-Date 500.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	3500.00
TOTAL This Period (last page this line number only).....	

14020193709

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

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

FOR LINE NUMBER: PAGE 186 OF 561
(check only one)
 11a 12
 11b 13a
 11c 13b
 11d 14
 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
BARRY L. KNIGHT

Mailing Address **8901 FOREST RIDGE CV**

City **CORDOVA** State **TN** Zip Code **38018**

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

Name of Employer **MONSANTO CORP** Occupation **MANAGER, FIELD ENVIRONMENTAL OPERA**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 18 / 2014

Transaction ID : **SA11AI.21552**

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
CLIFFORD H. KOGER III

Mailing Address **112 MEADOWLARK LN**

City **INDIANOLA** State **MS** Zip Code **38751**

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

Name of Employer **SYNGENTA** Occupation **FIELD AGRONOMIST**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 10 / 2014

Transaction ID : **SA11AI.21081**

Amount of Each Receipt this Period
1000.00

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

Mailing Address **3150 SOUTH STREET NW 2A**

City **WASHINGTON** State **DC** Zip Code **20007**

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

Name of Employer **TIMMONS AND COMPANY, INC** Occupation **CHAIRMAN, EXECUTIVE COMM**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 03 / 2014

Transaction ID : **SA11AI.20221**

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....
3000.00

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

14020183709

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 187 OF 561
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) KURT KUTYLA		Date of Receipt MM / DD / YYYY 03 / 23 / 2014
Mailing Address 360 E 1ST ST #522		Transaction ID : SA11AI.21837
City TUSTIN	State CA	
Zip Code 92780		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer RAYTHEON	Occupation VP OF CONTRACTS, COMPLIANCE	500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

B. Full Name (Last, First, Middle Initial) GRAYSON LACEY		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address 8 WILSHIRE BLVD		Transaction ID : SA11AI.22212
City LAUREL	State MS	
Zip Code 39443		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer GHOLSON BURSON	Occupation ATTORNEY	1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

C. Full Name (Last, First, Middle Initial) E.E. LAIRD		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address P.O. BOX 1376		Transaction ID : SA11AI.19914
City OXFORD	State MS	
Zip Code 38655		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

14020183710

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

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

FOR LINE NUMBER: PAGE 188 OF 561
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
E.E. LAIRD

Mailing Address **P.O. BOX 1376**

City **OXFORD** State **MS** Zip Code **38655**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
MM / DD / YYYY
03 / 28 / 2014

Transaction ID : **SA11AI.22114**

Amount of Each Receipt this Period
500.00

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

Mailing Address **P.O. BOX 240**

City **CARY** State **MS** Zip Code **39054**

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

Name of Employer **SELF** Occupation **FARMER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
MM / DD / YYYY
03 / 10 / 2014

Transaction ID : **SA11AI.21128**

Amount of Each Receipt this Period
1000.00

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

Mailing Address **P.O. BOX 238**

City **CARY** State **MS** Zip Code **39054**

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

Name of Employer **SELF** Occupation **FARMER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
MM / DD / YYYY
03 / 10 / 2014

Transaction ID : **SA11AI.21128**

Amount of Each Receipt this Period
1000.00

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

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

2500.00

14020103711

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

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

FOR LINE NUMBER: PAGE 189 OF 561
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
GARY LAMONTE

Mailing Address **5717 SUMMIST DR**

City **RANCHO PALOS VERDES** State **CA** Zip Code **90275**

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

Name of Employer **RAYTHEON** Occupation **HR VP**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2014

Transaction ID : **SA11AI.21891**

Amount of Each Receipt this Period
1000.00

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

Mailing Address **P.O. BOX 1639**

City **JACKSON** State **MS** Zip Code **39215**

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

Name of Employer **ERGON** Occupation **EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1600.00

Date of Receipt
MM / DD / YYYY
01 / 31 / 2014

Transaction ID : **SA11AI.19827**

Amount of Each Receipt this Period
1600.00

C. Full Name (Last, First, Middle Initial)
LESLIE B. LAMPTON III

Mailing Address **P.O. BOX 2401**

City **JACKSON** State **MS** Zip Code **39225-2401**

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

Name of Employer **ERGON** Occupation **EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1600.00

Date of Receipt
MM / DD / YYYY
01 / 31 / 2014

Transaction ID : **SA11AI.19826**

Amount of Each Receipt this Period
1600.00

SUBTOTAL of Receipts This Page (optional).....
4200.00

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

14020183712

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

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

FOR LINE NUMBER: PAGE 190 OF 561
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
WILLIAM W. LAMPTON

Mailing Address P.O. BOX 2401

City State Zip Code
JACKSON MS 39225-2401

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

Name of Employer Occupation
ERGON EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1600.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 31 / 2014

Transaction ID : SA11AI.19828

Amount of Each Receipt this Period
1600.00

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

Mailing Address 104 VINEYARD BLVD.

City State Zip Code
BRANDON MS 39047

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

Name of Employer Occupation
NANCY LANE COMMERCIAL REALTY REALTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 27 / 2014

Transaction ID : SA11AI.21974

Amount of Each Receipt this Period
1000.00

VoteSane PAC

C. Full Name (Last, First, Middle Initial)
JOHN B. LANEY III

Mailing Address 658 LAKE DRIVE

City State Zip Code
DUNDEE MS 38626

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

Name of Employer Occupation
SELF FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 10 / 2014

Transaction ID : SA11AI.21106

Amount of Each Receipt this Period
500.00

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

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

3100.00

14029183713

**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 191 OF 561

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) JOHN B. LANEY JR.		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2014	
Mailing Address 150 LANEY RD		Transaction ID : SA11AI.21135	
City LYON	State MS	Zip Code 38645	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer SELF	Occupation COTTON FARMER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

B. Full Name (Last, First, Middle Initial) JOHN ALAN LANGE		Date of Receipt M M / D D / Y Y Y Y 01 / 31 / 2014	
Mailing Address 222 RIDGE DRIVE		Transaction ID : SA11AI.19619	
City JACKSON	State MS	Zip Code 39216	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer KINETIC STAFFING	Occupation PRESIDENT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

C. Full Name (Last, First, Middle Initial) MARK D. LANGE		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2014	
Mailing Address 926 WOODLAND TRACE LN		Transaction ID : SA11AI.21125	
City CORDOVA	State TN	Zip Code 38018	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee.		C	
Name of Employer NAT'L COTTON COUNCIL OF AMERIC	Occupation PRES/GEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

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

2250.00

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

14020183714

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

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

FOR LINE NUMBER: PAGE 192 OF 561

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
EDWARD LANGTON

Mailing Address P.O. BOX 15637

City HATTIESBURG State MS Zip Code 39404

FEC ID number of contributing federal political committee. C

Name of Employer GRAND BANK Occupation Banker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1250.00

Date of Receipt 03 / 10 / 2014

Transaction ID : SA11AI.21103

Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
DOUGLAS C. LANIER

Mailing Address 4300 B WEST RAILROAD

City GULFPORT State MS Zip Code 39501

FEC ID number of contributing federal political committee. C

Name of Employer SELF Occupation PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt 03 / 03 / 2014

Transaction ID : SA11AI.20702

Amount of Each Receipt this Period 1000.00

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

Mailing Address 44 CHEROKEE ROAD

City MOULTRIE State GA Zip Code 31768

FEC ID number of contributing federal political committee. C

Name of Employer LASSETER TRACTOR CO. Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 2600.00

Date of Receipt 03 / 03 / 2014

Transaction ID : SA11AI.20703

Amount of Each Receipt this Period 2600.00

SUBTOTAL of Receipts This Page (optional) 4600.00

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

14029183715

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

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

FOR LINE NUMBER: PAGE 193 OF 561
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
SHARLA LAU

Mailing Address **3208 MCCLENDONS MEAD**

City **FORT SMITH** State **AR** Zip Code **72908**

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

Name of Employer **COLDWELL BANKER FLEMING-LAU** Occupation **REALTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **03 26 2014**

Transaction ID : **SA11AI.21960**

Amount of Each Receipt this Period
500.00
VoteSane PAC

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

Mailing Address **400 E CLEVELAND**

City **GREENWOOD** State **MS** Zip Code **38930**

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

Name of Employer **LAWRENCE PRINTING CO.** Occupation **CHAIRMAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **02 21 2014**

Transaction ID : **SA11AI.20396**

Amount of Each Receipt this Period
250.00

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

Mailing Address **2140 BRACKENSHIRE CIRCLE**

City **JACKSON** State **MS** Zip Code **39211**

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

Name of Employer **LAWS CONSTRUCTION** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **03 31 2014**

Transaction ID : **SA11AI.22008**

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) **1750.00**

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

14929183716

**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 194 OF 561
	<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) GARY LAWYER		Date of Receipt MM / DD / YYYY 02 / 03 / 2014
Mailing Address 1211 46TH STREET		Transaction ID : SA11AI.20222
City MERIDIAN	State MS	
Zip Code 39305		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer THE CORKSCREW WINE & SPIRITS	Occupation OWNER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) DAVID R. LEARD		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 1201 ROBERT E. LEE DR.		Transaction ID : SA11AI.21122
City GREENWOOD	State MS	
Zip Code 38930		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer JOHNSON MCADAMS FIRM, P.A.	Occupation PRESIDENT	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) R.M. LEATHERMAN		Date of Receipt MM / DD / YYYY 03 / 21 / 2014
Mailing Address P.O. BOX 190		Transaction ID : SA11AI.21564
City ROBINSONVILLE	State MS	
Zip Code 38664		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer ABBAY & LEATHERMAN	Occupation PARTNER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	

14020103717

**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 195 OF 561	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) SHEA LEATHERMAN		Date of Receipt MM / DD / YYYY 03 / 10 / 2014	
Mailing Address P.O. BOX 97		Transaction ID : SA11AI.21129	
City ROBINSONVILLE	State MS	Zip Code 38664	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C	Name of Employer SELF	Occupation INVESTOR	Amount of Each Receipt this Period 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) HENSLEY R. LEE		Date of Receipt MM / DD / YYYY 03 / 12 / 2014	
Mailing Address 311 ACORN LANE		Transaction ID : SA11AI.20782	
City PICAYUNE	State MS	Zip Code 39466	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C	Name of Employer HRL CONTRACTING, INC.	Occupation PRESIDENT	Amount of Each Receipt this Period 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) SCOTT LEMON		Date of Receipt MM / DD / YYYY 01 / 31 / 2014	
Mailing Address 126 HOLCOMB BLVD.		Transaction ID : SA11AI.19721	
City OCEAN SPRINGS	State MS	Zip Code 39564	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C	Name of Employer LEMON MOHLER INSURANCE AGENCY	Occupation INSURANCE AGENT	Amount of Each Receipt this Period 500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

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

14029193710

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 196 OF 561
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) NORMAN F. LENT III		Date of Receipt MM / DD / YYYY 03 / 18 / 2014
Mailing Address 3529 MALVERN CT		Transaction ID : SA11A1.21495
City ALEXANDRIA	State VA	Zip Code 22304
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer ARENT FOX	Occupation ATTORNEY	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) RUDY LESSO Jr.		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 2360 PATRICIA PLACE		Transaction ID : SA11A1.19719
City BILOXI	State MS	Zip Code 39532
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer R.A. LESSO SEAFOOD, INC.	Occupation SEAFOOD PROCESSOR	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) WILLIAM LEWIS Jr.		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address P.O. BOX 846		Transaction ID : SA11A1.19911
City OXFORD	State MS	Zip Code 38655
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer THE J.E. NEILSON CO.	Occupation OWNER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	3100.00
TOTAL This Period (last page this line number only).....	

14929183719

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 197 OF 561						
	(check only one)	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14

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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) JOSEPH LICHTENHAN		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 8 YAUPON POINT		Transaction ID : SA11AI.20022
City PETAL	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer HYBRID PLASTICS	Occupation PRESIDENT	Election Cycle-to-Date 250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) ROBERT LIDDELL		Date of Receipt MM / DD / YYYY 03 / 04 / 2014
Mailing Address 226 OLD FARM ROAD		Transaction ID : SA11AI.21576
City CRANBERRY TOWNSHIP	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer RETIRED	Occupation RETIRED	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) CAROLYN LINDLEY		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 2532 MS HWY 35 S		Transaction ID : SA11AI.21120
City CHARLESTON	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer HOMEMAKER	Occupation HOMEMAKER	Election Cycle-to-Date 500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

14020183720

**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 198 OF 561	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) WADE LITTON		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 110 E. WILSON		Transaction ID : SA11AI.21114
City GREENWOOD	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer WADE, INC.	Occupation AGRICULTURE SALES	Transaction ID : SA11AI.21114
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) WILLIAM P. LITTON		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 555 CR 150		Transaction ID : SA11AI.21116
City GREENWOOD	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer WADE, INC	Occupation PRESIDENT	Transaction ID : SA11AI.21116
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) WILLIAM P. LITTON III		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 823 FRIARS POINTE RD		Transaction ID : SA11AI.21118
City CLARKSDALE	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer WADE, INC.	Occupation PRINCIPAL	Transaction ID : SA11AI.21118
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

14029183721

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 199 OF 561		
	(check only one)	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) ROBERT LOCHHEAD		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 159 POMPANO DRIVE		Transaction ID : SA11AI.19936
City HATTIESBURG	State MS	Zip Code 39402
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer UNIV OF SOUTHERN MISS.	Occupation PROFESSOR	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) ROBERT LOCHHEAD		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 159 POMPANO DRIVE		Transaction ID : SA11AI.19937
City HATTIESBURG	State MS	Zip Code 39402
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer UNIV OF SOUTHERN MISS.	Occupation PROFESSOR	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250.00	

Full Name (Last, First, Middle Initial) MRS. LAWRENCE C. LONG		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 65 HOLLY RIDGE RD		Transaction ID : SA11AI.21109
City INDIANOLA	State MS	Zip Code 38751
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1600.00	
Name of Employer SELF	Occupation FARMER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1600.00	

SUBTOTAL of Receipts This Page (optional).....	2850.00
TOTAL This Period (last page this line number only).....	

14020193722

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

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

FOR LINE NUMBER: PAGE 200 OF 561
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 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)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
WILL LONG

Mailing Address **65 HOLLY RIDGE RD.**

City **INDIANOLA** State **MS** Zip Code **38751**

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

Name of Employer **SELF** Occupation **FARMER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt **03 10 2014**
Transaction ID : **SA11AI.21104**

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
C.D LONG JR.

Mailing Address **213C SOUTH PEARMAN**

City **CLEVELAND** State **MS** Zip Code **38732**

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

Name of Employer **SELF** Occupation **FARMER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **03 10 2014**
Transaction ID : **SA11AI.21112**

Amount of Each Receipt this Period
500.00

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

Mailing Address **P.O. BOX 11**

City **ST. MICHAELS** State **MD** Zip Code **21663**

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

Name of Employer **DEPLOYMENT HEALTH CTR** Occupation **RESEARCH ASSISTANT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **02 27 2014**
Transaction ID : **SA11AI.20623**

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... **2500.00**

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

14020183723

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 201 OF 561
	(check only one)	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) AVERY LUBIN		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 2036 HIGHWAY 442 E		Transaction ID : SA11AI.22140
City DODDSVILLE	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer LUBIN FARMS PARTNERSHIP	Occupation FARMER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) Dr. AUBREY K. LUCAS		Date of Receipt M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 3200 JAMESTOWN RD.		Transaction ID : SA11AI.19741
City HATTIESBURG	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer UNIV OF SOUTHERN MISS	Occupation PROFESSOR	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) JOHN LUNDY		Date of Receipt M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 458 GREENWOOD LN		Transaction ID : SA11AI.20049
City RIDGELAND	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer CAPITOL RESOURCES LLC	Occupation CONSULTANT	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

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

14020183724

**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 202 OF 561
	<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) EP LUTKEN		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 1930 LAKE WASHINGTON RD E		Transaction ID : SA11AI.21133
City HOLLANDALE	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer OPOSSUM RIDGE FARM	Occupation OWNER	Amount of Each Receipt this Period 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) JOE LUTZ		Date of Receipt MM / DD / YYYY 03 / 31 / 2014
Mailing Address 123 WINDSOR HILLS DR		Transaction ID : SA11AI.22094
City MADISON	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer FIRST COMMERCIAL BANK	Occupation SR VP	Amount of Each Receipt this Period 250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) DUNCAN MACNEALY		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 164 GENE LESTER RD.		Transaction ID : SA11AI.21077
City ISOLA	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer SELF-EMPLOYED	Occupation FARMER	Amount of Each Receipt this Period 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	

14020183725

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 203 OF 561	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) DAN MAGRUDER		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 605 RUE DAUPHINE		Transaction ID : SA11AI.19675
City OCEAN SPRINGS	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer REX DISTRIBUTING	Occupation PRESIDENT	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) ALFRED JOHN MAGUIRE III		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 3401 38TH STREET NW #716		Transaction ID : SA11AI.21076
City WASHINGTON	State DC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer NAT'L COTTON COUNCIL OF AMERIC	Occupation SR VP, WASHINGTON OPERATIONS	Election Cycle-to-Date 250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) GEORGE MAHALITC		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 384 MAHALITC RD		Transaction ID : SA11AI.21155
City ROLLING FORK	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer MAHALITC, INC.	Occupation FARMER	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	

14920103726

**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 204 OF 561
	<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)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) RUSSELL MAHALITC		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 468 MAGNOLIA RD		Transaction ID : SA11AI.21157
City ROLLING FORK	State MS	
Zip Code 39159	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer LATRICE FARMS	Occupation FARMER	Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Election Cycle-to-Date 1000.00		

B. Full Name (Last, First, Middle Initial) DIANE MAJOR		Date of Receipt M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 2232 WESTWOOD PLACE		Transaction ID : SA11AI.20527
City FALLS CHURCH	State VA	
Zip Code 22043	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer BOCKORNY GROUP	Occupation VP	Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Election Cycle-to-Date 1000.00		

C. Full Name (Last, First, Middle Initial) DAVID MAJURE II		Date of Receipt M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 425 WINDOVER CIRCLE		Transaction ID : SA11AI.20229
City MERIDIAN	State MS	
Zip Code 39305	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer MAJURE OFFICES	Occupation PRESIDENT	Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	

14029183727

**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 205 OF 561
	<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) LEWIS F. MALLORY Jr.		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address 513 GREENSBORO ST.		Transaction ID : SA11AI.22144
City STARKVILLE	State MS	
Zip Code 39759	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2000.00
Name of Employer NATIONAL BANK OF COMMERCE	Occupation COMMERCIAL BANKING	Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Election Cycle-to-Date 2000.00		

Full Name (Last, First, Middle Initial) EDWARD C. MALONEY		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 1313 HARDING ST		Transaction ID : SA11AI.19824
City JACKSON	State MS	
Zip Code 39202	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer COWBOY MALONEY	Occupation SALES	Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) J CON MALONEY		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 1313 HARDING STREET		Transaction ID : SA11AI.19621
City JACKSON	State MS	
Zip Code 39202	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer COWBOY MALONEY	Occupation OWNER	Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

14020193729

**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 206 OF 561
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) DOT MANN		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address 4218 EASTRIDGE DR		Transaction ID : SA11AI.22329
City JACKSON	State MS	
Zip Code 39211		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) DUDLEY M. MAPLES		Date of Receipt M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 101 65TH AVE		Transaction ID : SA11AI.20224
City MERIDIAN	State MS	
Zip Code 39305		Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C		
Name of Employer SELF	Occupation GASOLINE DISTRIBUTION	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) DUDLEY M. MAPLES		Date of Receipt M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 101 65TH AVE		Transaction ID : SA11AI.20225
City MERIDIAN	State MS	
Zip Code 39305		Amount of Each Receipt this Period 5200.00
FEC ID number of contributing federal political committee. C		
Name of Employer SELF	Occupation GASOLINE DISTRIBUTION	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

SUBTOTAL of Receipts This Page (optional).....	6200.00
TOTAL This Period (last page this line number only).....	

14020103729

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 207 OF 561		
	(check only one)	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) FRANK MARASCALSO			Date of Receipt MM / DD / YYYY 03 / 25 / 2014	
Mailing Address 1967 SOUTH COMMERCE ST			Transaction ID : SA11AI.22252	
City GRENADA	State MS	Zip Code 38901	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 1500.00	
Name of Employer MARASCALSO SAV-MOR DRUGS		Occupation OWNER	Amount of Each Receipt this Period 1500.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1500.00	Amount of Each Receipt this Period 1500.00	

Full Name (Last, First, Middle Initial) GARY G. MARCHAND			Date of Receipt MM / DD / YYYY 01 / 31 / 2014	
Mailing Address 6 ROSALIE DRIVE			Transaction ID : SA11AI.19717	
City LONG BEACH	State MS	Zip Code 39560	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 1000.00	
Name of Employer MEMORIAL HOSPITAL @ GULFPORT		Occupation CEO	Amount of Each Receipt this Period 1000.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	Amount of Each Receipt this Period 1000.00	

Full Name (Last, First, Middle Initial) CHRIS MARLEY			Date of Receipt MM / DD / YYYY 03 / 10 / 2014	
Mailing Address 320 LEE DR			Transaction ID : SA11AI.21151	
City CLARKSDALE	State MS	Zip Code 38614	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 1000.00	
Name of Employer SELF / DUNN, MARLEY & HARRIS AGENCY		Occupation FARMER / INSURANCE SALES	Amount of Each Receipt this Period 1000.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2000.00	Amount of Each Receipt this Period 2000.00	

SUBTOTAL of Receipts This Page (optional).....			3500.00	
TOTAL This Period (last page this line number only).....			3500.00	

14029183730

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

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

FOR LINE NUMBER: PAGE 208 OF 561
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
THORNTON MARLEY

Mailing Address **202 SHAW COVE**

City **CLARKSDALE** State **MS** Zip Code **38614**

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

Name of Employer **FLAT GRASSY FARMS** Occupation **FARMER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt **03 / 10 / 2014**
Transaction ID : **SA11AI.21152**

Amount of Each Receipt this Period **300.00**

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

Mailing Address **143 LILY LANE**

City **RULEVILLE** State **MS** Zip Code **38771**

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

Name of Employer **NORTH SUNFLOWER MEDICAL CTR** Occupation **EXECUTIVE DIRECTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **03 / 10 / 2014**
Transaction ID : **SA11AI.21149**

Amount of Each Receipt this Period **500.00**

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

Mailing Address **POST OFFICE BOX 1729**

City **MERIDIAN** State **MS** Zip Code **39302**

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

Name of Employer **MEYER & ROSENBAUM, INC.** Occupation **PRES**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2250.00**

Date of Receipt **02 / 03 / 2014**
Transaction ID : **SA11AI.20226**

Amount of Each Receipt this Period **2000.00**

SUBTOTAL of Receipts This Page (optional)..... **2800.00**

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

14929193731

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 209 OF 561
	(check only one)	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 11c
	<input type="checkbox"/> 14	<input type="checkbox"/> 11d
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) DIANNE MARTIN		Date of Receipt 01 / 14 / 2014
Mailing Address 211 PEBBLE BROOK DR		Transaction ID : SA11AI.20062
City CLINTON	State MS	
Zip Code 39056	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer RETIRED	Occupation RETIRED	Transaction ID : SA11AI.20062
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

B. Full Name (Last, First, Middle Initial) DON E. MASON		Date of Receipt 01 / 31 / 2014
Mailing Address 5 COLONEL WINK DR.		Transaction ID : SA11AI.19715
City GULFPORT	State MS	
Zip Code 39507	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer Future Pipe Industries	Occupation Attorney	Transaction ID : SA11AI.19715
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

C. Full Name (Last, First, Middle Initial) DICK MASON III		Date of Receipt 03 / 25 / 2014
Mailing Address 2139 SHEFFIELD DR		Transaction ID : SA11AI.22258
City JACKSON	State MS	
Zip Code 39211	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer SELF	Occupation INVESTOR	Transaction ID : SA11AI.22258
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	

14020103732

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

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

FOR LINE NUMBER: PAGE 210 OF 561
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
JENNIFER W. MAVAR

Mailing Address **447 SANLENAY CT**

City **BILOXI** State **MS** Zip Code **39531**

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

Name of Employer **N/A** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt **01 / 31 / 2014**
Transaction ID : **SA11AI.19679**

Amount of Each Receipt this Period **2600.00**

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

Mailing Address **P.O. BOX 730**

City **BILOXI** State **MS** Zip Code **39533**

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

Name of Employer **BILOXI FREEZING & PROCESSING** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt **01 / 31 / 2014**
Transaction ID : **SA11AI.19716**

Amount of Each Receipt this Period **2600.00**

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

Mailing Address **8001 CARL LEGETT ROAD**

City **GULFPORT** State **MS** Zip Code **39503**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **01 / 31 / 2014**
Transaction ID : **SA11AI.19709**

Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **6200.00**

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

14926183733

**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)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
MRS. VICTOR MAVAR

Mailing Address **630 BEACH BLVD.**

City **BILOXI** State **MS** Zip Code **39530**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y
01 / 31 / 2014

Transaction ID : **SA11AI.19713**

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
NICK MAVAR Jr.

Mailing Address **9102 VICTORIA CIRCLE**

City **GULFPORT** State **MS** Zip Code **39503**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y
01 / 31 / 2014

Transaction ID : **SA11AI.19681**

Amount of Each Receipt this Period
1000.00

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

Mailing Address **630 BEACH BLVD**

City **BILOXI** State **MS** Zip Code **39530**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y
01 / 31 / 2014

Transaction ID : **SA11AI.19712**

Amount of Each Receipt this Period
2600.00

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

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

6200.00

14020103734

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

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

FOR LINE NUMBER: PAGE 212 OF 561
 11a 11b 11c 11d 15
 12 13a 13b 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
SAM MAVAR JR.

Mailing Address **413 JORDAN DR**

City **BILOXI** State **MS** Zip Code **39531**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **01 / 31 / 2014**

Transaction ID : **SA11AI.19683**

Amount of Each Receipt this Period **1000.00**

B. Full Name (Last, First, Middle Initial)
JAMES D. MAXWELL

Mailing Address **816 HWY 448**

City **BENOIT** State **MS** Zip Code **38725**

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

Name of Employer **SELF** Occupation **FARMER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **03 / 10 / 2014**

Transaction ID : **SA11AI.21148**

Amount of Each Receipt this Period **1000.00**

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

Mailing Address **1200 MONTGOMERY RD**

City **INVERNESS** State **MS** Zip Code **38753**

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

Name of Employer **HOPESO FARMS** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **03 / 10 / 2014**

Transaction ID : **SA11AI.21159**

Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **3000.00**

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

14020193735

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

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

FOR LINE NUMBER: PAGE 213 OF 561
 11a 11b 11c 11d
 12 13a 13b 14 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)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
HAROLD M. MAY

Mailing Address **898 GRANT ST
STE A**

City **CLARKESVILLE** State **GA** Zip Code **30523**

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

Name of Employer **SELF** Occupation **INVESTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **03 / 03 / 2014**
Transaction ID : **SA11AI.20705**

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
WILLIAM S. MAYO

Mailing Address **413 TURNBERRY**

City **OXFORD** State **MS** Zip Code **38655**

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

Name of Employer **MAYO EYE CENTER** Occupation **OPHTHALMOLOGIST**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **01 / 31 / 2014**
Transaction ID : **SA11AI.19909**

Amount of Each Receipt this Period
500.00

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

Mailing Address **838 S. GLEBE RD**

City **ARLINGTON** State **VA** Zip Code **22204**

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

Name of Employer **BOEING** Occupation **DIR, GOVT OPERATIONS**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **02 / 21 / 2014**
Transaction ID : **SA11AI.20397**

Amount of Each Receipt this Period
500.00

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

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

2000.00

14020183738

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 214 OF 561	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. PATRICK J. MCCARTY		Date of Receipt 03 / 12 / 2014
Mailing Address 2108 WOODMONT ROAD		Transaction ID : SA11AI.20734
City ALEXANDRIA	State VA	Zip Code 22307
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer ICAP	Occupation MANAGING DIRECTOR US GOV'T RELATION	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) B. PATRICK J. MCCARTY		Date of Receipt 03 / 31 / 2014
Mailing Address 2108 WOODMONT ROAD		Transaction ID : SA11AI.22088
City ALEXANDRIA	State VA	Zip Code 22307
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer ICAP	Occupation MANAGING DIRECTOR US GOV'T RELATION	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) C. LARRY McCLENDON		Date of Receipt 03 / 10 / 2014
Mailing Address 160 LEE 316		Transaction ID : SA11AI.21147
City MARIANNA	State AR	Zip Code 72360
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer SELF	Occupation FARMER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

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

14020103737

**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 215 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 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)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) CHARLES A. McCLINTOCK		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 115 DEVLIN LANE		Transaction ID : SA11AI.21145
City MADISON	State MS Zip Code 39110	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SELF EMPLOYED	Occupation FARMER	750.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

B. Full Name (Last, First, Middle Initial) JOHN McCLINTOCK		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 15 SHEFFIELD COURT		Transaction ID : SA11AI.21146
City JACKSON	State MS Zip Code 39211	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SELF-EMPLOYED	Occupation FARMER	750.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

C. Full Name (Last, First, Middle Initial) SHANE MCCULLAR		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 1848 POTOMAC GREENS DR		Transaction ID : SA11AI.21590
City ALEXANDRIA	State VA Zip Code 22314	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer REALTOR	Occupation KELLER WILLIAMS	250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

14929183739

**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 216 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) GLENN L. McCULLOUGH JR.		Date of Receipt MM / DD / YYYY 01 / 28 / 2014
Mailing Address 2012 NANCY DRIVE		Transaction ID : SA11AI.19519
City TUPELO	State MS	Zip Code 38804
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer GLM ASSOCIATES, LLC	Occupation CEO	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

B. Full Name (Last, First, Middle Initial) GLENN L. McCULLOUGH JR.		Date of Receipt MM / DD / YYYY 03 / 31 / 2014
Mailing Address 2012 NANCY DRIVE		Transaction ID : SA11AI.21945
City TUPELO	State MS	Zip Code 38804
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer GLM ASSOCIATES, LLC	Occupation CEO	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3500.00	

C. Full Name (Last, First, Middle Initial) MALLOY McDANIEL		Date of Receipt MM / DD / YYYY 02 / 06 / 2014
Mailing Address 2407 CAMERON MILLS ROAD		Transaction ID : SA11AI.20345
City ALEXANDRIA	State VA	Zip Code 22302
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer BLANK ROME,LLP	Occupation PRINCIPAL	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	3500.00
TOTAL This Period (last page this line number only).....	

14020183739

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

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

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(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
STEVE MCDANIEL

Mailing Address **300 WEST AVE
STE 1316**

City **AUSTIN** State **TX** Zip Code **78701**

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

Name of Employer **OWNER** Occupation **REACTIVE SURFACES, LTD**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M M / D D Y Y Y Y
 02 / 10 2014

Transaction ID : **SA11AI.20301**

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
C.L. MCDONALD

Mailing Address **POST OFFICE BOX 1729**

City **MERIDIAN** State **MS** Zip Code **39302**

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

Name of Employer **MEYER & ROSENBAUM** Occupation **INSURANCE AGENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M M / D D Y Y Y Y
 02 / 03 2014

Transaction ID : **SA11AI.20230**

Amount of Each Receipt this Period
250.00

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

Mailing Address **208 LEONHARD AVE**

City **BAY ST. LOUIS** State **MS** Zip Code **39520**

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

Name of Employer **INSIGHT, LTD** Occupation **ADMINISTRATIVE CONSULTANT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **525.00**

Date of Receipt
 M M M / D D Y Y Y Y
 01 / 14 2014

Transaction ID : **SA11AI.20059**

Amount of Each Receipt this Period
525.00

SUBTOTAL of Receipts This Page (optional)..... **1025.00**

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

1A020103740

**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 218 OF 561
	<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)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) JOHN W. MCGOWAN		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address P.O. BOX 55809		Transaction ID : SA11AI.20048
City JACKSON	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer MCGOWAN WORKING PARTNERS, INC	Occupation GEOLOGIST	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

B. Full Name (Last, First, Middle Initial) ROGER G. MCGRATH III		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 801 WILDWOOD COVE		Transaction ID : SA11AI.21143
City YAZOO CITY	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SOUTHLAND OIL COMPANY	Occupation VP	Election Cycle-to-Date 250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

C. Full Name (Last, First, Middle Initial) MATT D. MCGREGOR		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address P.O. BOX 1476		Transaction ID : SA11AI.21142
City INDIANOLA	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer SELF	Occupation FARMER	Election Cycle-to-Date 2000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	

14020183741

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

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

FOR LINE NUMBER: PAGE 219 OF 561
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
CHARLES W. McGUFFEE

Mailing Address **804 OAKWOOD DR**

City **CLINTON** State **MS** Zip Code **39056**

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

Name of Employer **ASSOCIATED FUNDING CORP** Occupation **PRES**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 25 2014

Transaction ID : **SA11AI.22321**

Amount of Each Receipt this Period
1000.00

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

Mailing Address **P. O. BOX 179**

City **FRIARS POINT** State **MS** Zip Code **38631**

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

Name of Employer **N/A** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
03 10 2014

Transaction ID : **SA11AI.21154**

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
JOHN B. MCKEE III

Mailing Address **317 PORTER DR**

City **CLARKSDALE** State **MS** Zip Code **38614**

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

Name of Employer **SELF** Occupation **FARMER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 10 2014

Transaction ID : **SA11AI.21140**

Amount of Each Receipt this Period
500.00

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

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

2500.00

14020183742

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

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

FOR LINE NUMBER: PAGE 220 OF 561
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 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)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
WILLIAM D. MCKELLAR

Mailing Address P.O. BOX 47

City State Zip Code
CHARLESTON MS 38921

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

Name of Employer Occupation
TALLAHATCHIE BANK PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 10 2014

Transaction ID : SA11AI.21138

Amount of Each Receipt this Period
500.00

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

Mailing Address 775 GOOD SHEPHERD WAY

City State Zip Code
OWINGS MD 20736

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

Name of Employer Occupation
PODESTA GROUP PRINCIPAL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 21 2014

Transaction ID : SA11AI.21831

Amount of Each Receipt this Period
1000.00

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

Mailing Address P.O. BOX 1677

City State Zip Code
RIDGELAND MS 39158

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

Name of Employer Occupation
THE ORCHARD MANAGING PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 11 2014

Transaction ID : SA11AI.21580

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... 2500.00

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

14029183743

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

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

FOR LINE NUMBER: PAGE 221 OF 561
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 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)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
AIMEE MCLENDON

Mailing Address **423 DEJEAN COVE**

City **BILOXI** State **MS** Zip Code **39531**

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

Name of Employer **N/A** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
01 31 2014

Transaction ID : **SA11AI.19685**

Amount of Each Receipt this Period
2600.00

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

Mailing Address **423 DE JEAN COVE**

City **BILOXI** State **MS** Zip Code **39531**

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

Name of Employer **M&M PROCESSING, LLC** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
01 31 2014

Transaction ID : **SA11AI.19687**

Amount of Each Receipt this Period
2600.00

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

Mailing Address **16 CHANDELEUR POINT**

City **HATTIESBURG** State **MS** Zip Code **39402**

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

Name of Employer **SOUTHERN EYE CENTER** Occupation **PHYSICIAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
01 31 2014

Transaction ID : **SA11AI.20024**

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... **5450.00**

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

14020183744

**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 222 OF 561
	<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)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) HOWARD MCMILLIAN Jr.		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 1200 MEADOWBROOK RD NO. 34		Transaction ID : SA11AI.19822
City JACKSON	State MS	
Zip Code 39206	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer MILLSAPS COLLEGE	Occupation DEAN	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

B. Full Name (Last, First, Middle Initial) MAC MCNEER		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 343 HWY 82 WEST		Transaction ID : SA11AI.21161
City GREENWOOD	State MS	
Zip Code 38930	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer MAC MCNEER CONSTRUCTION CO	Occupation OWNER	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

C. Full Name (Last, First, Middle Initial) DRAUGHON P. MCPHERSON		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 100 BARBERRY LANE		Transaction ID : SA11AI.21219
City INDIANOLA	State MS	
Zip Code 38751	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer DELTA STATE UNIVERSITY	Occupation ADJUNCT PROFESSOR OF NUTRITION	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

14020183745

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

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

FOR LINE NUMBER: PAGE 223 OF 561
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
JOHN McPHERSON

Mailing Address P.O. BOX 690

City State Zip Code
INDIANOLA MS 38751

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

Name of Employer Occupation
GRESHAM McPHERSON OIL CO MERCHANT-SELF EMPLOYED

Receipt For: 2014 Election Cycle-to-Date
 Primary General
 Other (specify) **2153.34**

Date of Receipt
MM / DD / YYY YYY
03 / 10 / 2014

Transaction ID : SA11AI.21137

Amount of Each Receipt this Period
1600.00

B. Full Name (Last, First, Middle Initial)
JAMES L. MCRAE

Mailing Address P.O. BOX 5352

City State Zip Code
MERIDIAN MS 39302

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

Name of Employer Occupation
MS INDUSTRIAL HERITAGE MUSEUM PRESIDENT

Receipt For: 2014 Election Cycle-to-Date
 Primary General
 Other (specify) **250.00**

Date of Receipt
MM / DD / YYY YYY
02 / 03 / 2014

Transaction ID : SA11AI.20269

Amount of Each Receipt this Period
250.00

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

Mailing Address P.O. BOX 1006

City State Zip Code
JACKSON MS 39215

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

Name of Employer Occupation
INVESTER, INC. INVESTMENT ADVISOR

Receipt For: 2014 Election Cycle-to-Date
 Primary General
 Other (specify) **500.00**

Date of Receipt
MM / DD / YYY YYY
03 / 18 / 2014

Transaction ID : SA11AI.21502

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... **2350.00**

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

14029183746

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 224 OF 561	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) JOHNNY P. MCRIGHT		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 2797 MARICO PLACE		Transaction ID : SA11AI.21216
City GREENVILLE	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer SELF	Occupation AGRICULTURE	Election Cycle-to-Date 2600.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

B. Full Name (Last, First, Middle Initial) RENEE MCRIGHT		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 2797 MARICO PLACE		Transaction ID : SA11AI.21214
City GREENVILLE	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer SELF	Occupation SPEECH PATHOLOGIST	Election Cycle-to-Date 2600.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

C. Full Name (Last, First, Middle Initial) JOSEPH R. MEADOWS		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 15029 LAURELWOOD DR		Transaction ID : SA11AI.19708
City GULFPORT	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer SELF	Occupation ATTORNEY	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	6200.00
TOTAL This Period (last page this line number only).....	

14020183747

**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 225 OF 561
	<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)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) ASHLEY MEENA		Date of Receipt MM DD YY 01 31 2014
Mailing Address 4764 E MASSENA DR		Transaction ID : SA11AI.20047
City JACKSON	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1750.00
Name of Employer NONE	Occupation HOMEMAKER	Election Cycle-to-Date 1750.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

B. Full Name (Last, First, Middle Initial) HU MEENA		Date of Receipt MM DD YY 01 31 2014
Mailing Address 4764 E. MASSENA DR		Transaction ID : SA11AI.19623
City JACKSON	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer CSPIRE	Occupation PRES/CEO	Election Cycle-to-Date 1250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

C. Full Name (Last, First, Middle Initial) BRUCE MEHLMAN		Date of Receipt MM DD YY 02 28 2014
Mailing Address 1341 G STREET NW SUITE 1100		Transaction ID : SA11AI.20530
City WASHINGTON	State DC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer MEHLMAN VOGEL CASTAGNETTI, INC	Occupation PARTNER	Election Cycle-to-Date 500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	3500.00
TOTAL This Period (last page this line number only).....	

14020103740

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

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

FOR LINE NUMBER: PAGE 226 OF 561
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
DONALD E. MEINERS

Mailing Address **230 WINGED FOOT CIRCLE**

City **JACKSON** State **MS** Zip Code **39211**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **01 / 31 / 2014**
Transaction ID : **SA11AI.19820**

Amount of Each Receipt this Period **500.00**

B. Full Name (Last, First, Middle Initial)
JAMES R. MELTSNER

Mailing Address **1808 LAMONT ST NW**

City **WASHINGTON** State **DC** Zip Code **20010**

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

Name of Employer **MELTSNER STRATEGIES** Occupation **PARTNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **03 / 17 / 2014**
Transaction ID : **SA11AI.21481**

Amount of Each Receipt this Period **500.00**

C. Full Name (Last, First, Middle Initial)
MICHAEL J. MENSI

Mailing Address **19 KIMBALL DRIVE**

City **GULFPORT** State **MS** Zip Code **39507**

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

Name of Employer **L&M PACKAGE STORE** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **01 / 31 / 2014**
Transaction ID : **SA11AI.19704**

Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **2000.00**

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

14020183749

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

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

FOR LINE NUMBER: PAGE 227 OF 561
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
DENNIS I. MEYER

Mailing Address **6307 OLM I LANDRITH DR**

City **ALEXANDRIA** State **VA** Zip Code **22307**

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

Name of Employer **BAKER & MCKENZIE** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 12 / 2014

Transaction ID : **SA11AI.20762**

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
CHARLES V. MICHELL JR

Mailing Address **7931 DELMAR BLVD
APT A**

City **UNIVERSITY CITY** State **MO** Zip Code **63130**

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

Name of Employer **SANDERS SEED** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 10 / 2014

Transaction ID : **SA11AI.21212**

Amount of Each Receipt this Period
1000.00

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

Mailing Address **3830 MAJESTIC OAKS DR**

City **OXFORD** State **MS** Zip Code **38655**

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

Name of Employer **DELTA OIL MIL** Occupation **PRESIDENT/GM**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 10 / 2014

Transaction ID : **SA11AI.21205**

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

14020183750

**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 228 OF 561
	<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) DOUGLAS MILLER		Date of Receipt MM / DD / YYYY 01 / 28 / 2014	
Mailing Address 2026 MALLARD POINTE		Transaction ID : SA11AI.19473	
City OXFORD	State MS	Zip Code 38655	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) HAL D. MILLER III		Date of Receipt MM / DD / YYYY 03 / 12 / 2014	
Mailing Address 1016 JASPER COVE		Transaction ID : SA11AI.20737	
City MADISON	State MS	Zip Code 39110	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer MILLER TRANSPORTERS INC	Occupation VP SALES & MARKETING		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) FRED MILLER JR		Date of Receipt MM / DD / YYYY 03 / 10 / 2014	
Mailing Address BOX 24		Transaction ID : SA11AI.21232	
City ANGUILLA	State MS	Zip Code 38721	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer BANK OF ANGUILLA	Occupation BANKER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

14020103751

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

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

FOR LINE NUMBER: PAGE 229 OF 561
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
ALYSSON MILLS

Mailing Address **1817 COLISEUM ST**

City **NEW ORLEANS** State **LA** Zip Code **70130**

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

Name of Employer **FISHMAN HAYGOOD, LLP** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **02 / 21 / 2014**

Transaction ID : **SA11AI.19402**

Amount of Each Receipt this Period **500.00**

B. Full Name (Last, First, Middle Initial)
MARY C. MILLS

Mailing Address **602 CRESCENT PLACE
STE. 100**

City **RIDGELAND** State **MS** Zip Code **39157**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt **01 / 31 / 2014**

Transaction ID : **SA11AI.19635**

Amount of Each Receipt this Period **2600.00**

C. Full Name (Last, First, Middle Initial)
MICHAEL P. MILLS Jr.

Mailing Address **205 E. MAIN ST.**

City **FULTON** State **MS** Zip Code **38843**

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 **01 / 21 / 2014**

Transaction ID : **SA11AI.19404**

Amount of Each Receipt this Period **500.00**

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

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

3600.00

14020183752

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

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

FOR LINE NUMBER: PAGE 230 OF 561
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
RICHARD H. MILLS Jr.

Mailing Address **602 CRESCENT PLACE
STE 100**

City **RIDGELAND** State **MS** Zip Code **39157**

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

Name of Employer **TELLUS OPERATING GROUP, LLC** Occupation **MANAGER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 31 / 2014

Transaction ID : **SA11AI.19634**

Amount of Each Receipt this Period
2600.00

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

Mailing Address **7387 LIVE OAK WAY**

City **PASS CHRISTIAN** State **MS** Zip Code **39571**

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

Name of Employer **SCRIBE AMERICA** Occupation **HEALTH CARE**

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
02 / 06 / 2014

Transaction ID : **SA11AI.20354**

Amount of Each Receipt this Period
2000.00

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

Mailing Address **513 PINE HILL PLACE**

City **FLOWOOD** State **MS** Zip Code **39232**

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

Name of Employer **MISKELLY FURNITURE** Occupation **OWNER**

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
01 / 31 / 2014

Transaction ID : **SA11AI.19593**

Amount of Each Receipt this Period
250.00

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

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

4850.00

14020183753

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:				PAGE 231 OF 561	
	(check only one)	<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) GUY W. MITCHELL III		Date of Receipt MM / DD / YYYY 01 / 31 / 2014	
Mailing Address P.O. BOX 7120		Transaction ID : SA11AI.19908	
City TUPELO	State MS	Zip Code 38802	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer MITCHELL MCNUTT & SAMS		Occupation ATTORNEY	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) MICHAEL B. MITCHELL		Date of Receipt MM / DD / YYYY 01 / 28 / 2014	
Mailing Address 3616 LYLES DR.		Transaction ID : SA11AI.19474	
City OXFORD	State MS	Zip Code 38655	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer FNC		Occupation CHIEF STRATEGY OFFICER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) NED A. MITCHELL		Date of Receipt MM / DD / YYYY 03 / 10 / 2014	
Mailing Address P.O. BOX 720		Transaction ID : SA11AI.21208	
City CLEVELAND	State MS	Zip Code 38732	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer BOLIVAR INSURANCE AGENCY INC		Occupation INSURANCE AGENT	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

14020103754

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 232 OF 561			
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) NED A. MITCHELL		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address P.O. BOX 720		Transaction ID : SA11AI.21209
City CLEVELAND	State MS	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 500.00
Name of Employer BOLIVAR INSURANCE AGENCY INC	Occupation INSURANCE AGENT	Transaction ID : SA11AI.21209
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

B. Full Name (Last, First, Middle Initial) RYAN J. MITCHELL		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address 19 PARKVIEW DR		Transaction ID : SA11AI.22273
City ELLISVILLE	State MS	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 1000.00
Name of Employer GHOLSON BURSON	Occupation ATTORNEY	Transaction ID : SA11AI.22273
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

C. Full Name (Last, First, Middle Initial) WILLIAM H. MITCHELL		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 2 PINE HAVEN STREET		Transaction ID : SA11AI.19703
City GULFPORT	State MS	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 1000.00
Name of Employer RETIRED	Occupation RETIRED	Transaction ID : SA11AI.19703
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

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

14020183755

**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 233 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) FRANK M. MITCHENER JR.		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2014	
Mailing Address P.O. BOX 419		Transaction ID : SA11AI.21230	
City SUMNER	State MS	Zip Code 38957	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer SELF	Occupation FARMER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2000.00	

B. Full Name (Last, First, Middle Initial) CATHERINE MIZE		Date of Receipt M M / D D / Y Y Y Y 01 / 27 / 2014	
Mailing Address 1520 MCCULLOUGH BLVD.		Transaction ID : SA11AI.19434	
City TUPELO	State MS	Zip Code 38804	Amount of Each Receipt this Period 1200.00
FEC ID number of contributing federal political committee.		C	
Name of Employer N/A	Occupation HOMEMAKER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1200.00	

C. Full Name (Last, First, Middle Initial) CATHERINE MIZE		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2014	
Mailing Address 1520 MCCULLOUGH BLVD.		Transaction ID : SA11AI.22191	
City TUPELO	State MS	Zip Code 38804	Amount of Each Receipt this Period 750.00
FEC ID number of contributing federal political committee.		C	
Name of Employer N/A	Occupation HOMEMAKER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1950.00	

SUBTOTAL of Receipts This Page (optional).....	2950.00
TOTAL This Period (last page this line number only).....	

14020183758

**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 234 OF 561
	<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. GARY RANDAL MIZE		Date of Receipt MM / DD / YYYY 03 / 10 / 2014	
Mailing Address 28 CR 444		Transaction ID : SA11AI.21078	
City OXFORD	State MS		
Zip Code 38655		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer HELENA CHEMICAL COMPANY	Occupation SALES MGR	Election Cycle-to-Date 1000.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		

Full Name (Last, First, Middle Initial) B. PAUL MIZE Jr.		Date of Receipt MM / DD / YYYY 01 / 27 / 2014	
Mailing Address P.O. BOX 1668		Transaction ID : SA11AI.19433	
City TUPELO	State MS		
Zip Code 38802		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer ROSS & YERGER	Occupation SR VP	Election Cycle-to-Date 250.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		

Full Name (Last, First, Middle Initial) C. JAKE MLADINICH II		Date of Receipt MM / DD / YYYY 03 / 25 / 2014	
Mailing Address 398 LAKEVIEW DR		Transaction ID : SA11AI.22312	
City BILOXI	State MS		
Zip Code 39531		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED	Election Cycle-to-Date 250.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

14020103757

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 235 OF 561		
	(check only one)	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) ARMIN J. MOELLER Jr.		Date of Receipt M M / D D / Y Y Y Y 02 / 13 / 2014	
Mailing Address 346 ST. ANDREWS DR		Transaction ID : SA11AI.20380	
City JACKSON	State MS	Zip Code 39211	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer BALCH & BINGHAM	Occupation ATTORNEY		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

B. Full Name (Last, First, Middle Initial) T.K. MOFFETT		Date of Receipt M M / D D / Y Y Y Y 01 / 28 / 2014	
Mailing Address P.O. BOX 1707		Transaction ID : SA11AI.19479	
City TUPELO	State MS	Zip Code 38802	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer SELF	Occupation ATTORNEY		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

C. Full Name (Last, First, Middle Initial) MITCHELL D. MONSOUR		Date of Receipt M M / D D / Y Y Y Y 01 / 31 / 2014	
Mailing Address 21 SHEFFIELD COURT		Transaction ID : SA11AI.19625	
City JACKSON	State MS	Zip Code 39211	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer MERCATOR HEALTH ADVISORS	Occupation PRESIDENT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	3000.00

14020193759

**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 236 OF 561	
	<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)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) BRIAN A. MONTAGUE		Date of Receipt MM / DD / YYYY 01 / 31 / 2014	
Mailing Address P.O. BOX 18169		Transaction ID : SA11AI.19740	
City HATTIESBURG	State MS	Zip Code 39404	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer SELF	Occupation ATTORNEY		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

B. Full Name (Last, First, Middle Initial) STEVEN E. MOORE		Date of Receipt MM / DD / YYYY 01 / 31 / 2014	
Mailing Address P.O. BOX 2056		Transaction ID : SA11AI.19739	
City HATTIESBURG	State MS	Zip Code 39403	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer MOORE FUNERAL SERVICE	Occupation OWNER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

C. Full Name (Last, First, Middle Initial) WILLIAM W. MOORE II		Date of Receipt MM / DD / YYYY 03 / 25 / 2014	
Mailing Address 124 EAST MOORE RD		Transaction ID : SA11AI.22324	
City CARY	State MS	Zip Code 39054	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer SELF	Occupation FARMER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

14020183759

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

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

FOR LINE NUMBER: PAGE 237 OF 561
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
ALFRED R. MORAN Jr.

Mailing Address **712 WASHINGTON AVE.**

City **OCEAN SPRINGS** State **MS** Zip Code **39564**

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

Name of Employer **MORAN REALTY** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
01 31 2014

Transaction ID : **SA11AI.19706**

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
GRADY R. MORDECAI

Mailing Address **768 OLD MCCRARY RD**

City **COLUMBUS** State **MS** Zip Code **39702**

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

Name of Employer **BURKS MORDECAI BUILDERS** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 25 2014

Transaction ID : **SA11AI.22185**

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
A.E. MORETON

Mailing Address **301 SOUTH 9TH ST**

City **OXFORD** State **MS** Zip Code **38655**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
01 31 2014

Transaction ID : **SA11AI.19906**

Amount of Each Receipt this Period
250.00

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

1750.00

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

14020183760

**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 238 OF 561
	<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)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) A.E. MORETON		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 301 SOUTH 9TH ST		Transaction ID : SA11AI.19975
City OXFORD	State MS	
Zip Code 38655		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	Amount of Each Receipt this Period 500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

B. Full Name (Last, First, Middle Initial) JOHNNY MORGAN		Date of Receipt MM / DD / YYYY 01 / 28 / 2014
Mailing Address P.O. BOX 309		Transaction ID : SA11AI.19478
City OXFORD	State MS	
Zip Code 38655		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer MORGAN WHITE GROUP	Occupation EXECUTIVE	Amount of Each Receipt this Period 1250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

C. Full Name (Last, First, Middle Initial) DAVID MORGENSTERN		Date of Receipt MM / DD / YYYY 03 / 19 / 2014
Mailing Address 414 I ST. NE		Transaction ID : SA11AI.21600
City WASHINGTON	State DC	
Zip Code 20002		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer PODESTA GROUP	Occupation PRINCIPAL	Amount of Each Receipt this Period 1250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

14920183761

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

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

FOR LINE NUMBER: PAGE 239 OF 561
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
ELIZABETH MORRA

Mailing Address **6219 POINDEXTER LANE**

City **ROCKVILLE** State **MD** Zip Code **20852**

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

Name of Employer **PODESTA GROUP** Occupation **PRINCIPAL**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
MM / DD / YYYY
03 / 18 / 2014

Transaction ID : **SA11AI.21599**

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
ROBERT R. MORRISON III

Mailing Address **1200 GROVE STREET**

City **VICKSBURG** State **MS** Zip Code **39183**

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

Name of Employer **R.R. MORRISON AND SON, INC.** Occupation **EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
MM / DD / YYYY
03 / 03 / 2014

Transaction ID : **SA11AI.20707**

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
RODNEY K. MORTIMER

Mailing Address **P.O. BOX 334**

City **KILMICHAEL** State **MS** Zip Code **39747**

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

Name of Employer **BANK OF KILMICHAEL** Occupation **BANKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2014

Transaction ID : **SA11AI.22154**

Amount of Each Receipt this Period
1500.00

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

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

4000.00

14020103762

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

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

FOR LINE NUMBER: PAGE 240 OF 561
(check only one)

11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
JOHN MOTLEY III

Mailing Address **3140 ABERFOYLE PL NW**

City **WASHINGTON** State **DC** Zip Code **20015**

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

Name of Employer **POLICY SOLUTIONS** Occupation **PRINCIPAL**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **800.00**

Date of Receipt **01 / 27 / 2014**

Transaction ID : **SA11AI.19435**

Amount of Each Receipt this Period **500.00**

B. Full Name (Last, First, Middle Initial)
W. D. MOUNGER

Mailing Address **200 E. CAPITOL STREET SUITE 1601**

City **JACKSON** State **MS** Zip Code **39201**

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

Name of Employer **SELF** Occupation **OIL, GAS & REAL ESTATE INVESTMENTS**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt **02 / 03 / 2014**

Transaction ID : **SA11AI.20271**

Amount of Each Receipt this Period **2600.00**

C. Full Name (Last, First, Middle Initial)
W. D. MOUNGER

Mailing Address **200 E. CAPITOL STREET SUITE 1601**

City **JACKSON** State **MS** Zip Code **39201**

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

Name of Employer **SELF** Occupation **OIL, GAS & REAL ESTATE INVESTMENTS**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt **02 / 03 / 2014**

Transaction ID : **SA11AI.20272**

Amount of Each Receipt this Period **2600.00**

SUBTOTAL of Receipts This Page (optional)..... **5700.00**

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

14920183763

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

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

FOR LINE NUMBER: PAGE 241 OF 561
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
WILLIAM M. MOUNGER II

Mailing Address **1400 MEADOWBROOK RD
SUITE 101**

City **JACKSON** State **MS** Zip Code **39211**

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

Name of Employer **SELF-EMPLOYED** Occupation **INVESTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

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

Transaction ID : **SA11AI.20710**

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
MS BAND OF CHOCTAW INDIANS

Mailing Address **P.O. BOX 6090
CHOCTAW BRANCH**

City **PHILADELPHIA** State **MS** Zip Code **39350**

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y
03 / 31 / 2014

Transaction ID : **SA11AI.22628**

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
MS BAND OF CHOCTAW INDIANS

Mailing Address **P.O. BOX 6090
CHOCTAW BRANCH**

City **PHILADELPHIA** State **MS** Zip Code **39350**

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y
03 / 31 / 2014

Transaction ID : **SA11AI.22629**

Amount of Each Receipt this Period
2400.00

SUBTOTAL of Receipts This Page (optional).....
7600.00

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

14020183764

**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 242 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) CARTER MURRELL		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address P.O. BOX 35		Transaction ID : SA11AI.21235
City AVON	State MS	Zip Code 38723
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer MURRELL FARMS	Occupation FARMER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

B. Full Name (Last, First, Middle Initial) LESTER W. MYERS		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address P.O. BOX 878		Transaction ID : SA11AI.21080
City INDIANOLA	State MS	Zip Code 38751
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer DELTA WESTERN	Occupation CEO	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

C. Full Name (Last, First, Middle Initial) SERGEI NAZARENKO		Date of Receipt MM / DD / YYYY 01 / 21 / 2014
Mailing Address 51 COPPER CREEK		Transaction ID : SA11AI.20080
City HATTIESBURG	State MS	Zip Code 39402
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer USM	Occupation PROFESSOR	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

14020183765

**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 243 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. G. RIVES NEBLETT		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address P.O. BOX 63		Transaction ID : SA11AI.21234
City SHELBY	State MS	Zip Code 38774
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer SELF-EMPLOYED	Occupation ATTORNEY	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) B. W. HIBBETT NEEL		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 2055 BRECON DRIVE		Transaction ID : SA11AI.19819
City JACKSON	State MS	Zip Code 39211
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer NEEL-SCHAFFER INC	Occupation PROFESSIONAL ENGINEER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) C. CHRIS NEWCOMB		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 4124 HONEYSUCKLE LN.		Transaction ID : SA11AI.19629
City JACKSON	State MS	Zip Code 39211
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer NEWKS EATERY	Occupation CEO/FOUNDER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

14020103760

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

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

FOR LINE NUMBER: PAGE 244 OF 561
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 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)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
DON NEWCOMB

Mailing Address 1108 S. LAMAR BLVD

City Oxford State MS Zip Code 38655

FEC ID number of contributing federal political committee. C

Name of Employer SELF Occupation PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 2600.00

Date of Receipt 01 31 2014
Transaction ID : SA11AI.19905
Amount of Each Receipt this Period 2600.00

B. Full Name (Last, First, Middle Initial)
CYNTHIA E. NEWMAN

Mailing Address 13 53RD CIR.

City GULFPORT State MS Zip Code 39507

FEC ID number of contributing federal political committee. C

Name of Employer NEWMAN LUMBER Occupation CEO/OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt 01 31 2014
Transaction ID : SA11AI.19701
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
SELLS J. NEWMAN

Mailing Address 113 RIDGECREST DR

City RIDGELAND State MS Zip Code 39157

FEC ID number of contributing federal political committee. C

Name of Employer FIRST SOUTH ACA Occupation SR VP AGRICULTURE BANKING

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt 03 10 2014
Transaction ID : SA11AI.21233
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... 4600.00

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

14929183767

**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 245 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a
	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) J.E. NEWSOM		Date of Receipt M M M / D D D / Y Y Y Y 03 / 10 / 2014
Mailing Address RT 1 BOX 37-A		Transaction ID : SA11AI.21226
City GLEN ALLAN	State MS	Zip Code 38744
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer JIM NEWSOM TRUCKING	Occupation OWNER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) JAMES E. NEWSOME		Date of Receipt M M M / D D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 5 BYRAM COURT		Transaction ID : SA11AI.22077
City MENDHAM	State NJ	Zip Code 07945
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer DELTA STRATEGY GROUP	Occupation ASSOCIATE	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) L. BRUCE NEWTON		Date of Receipt M M M / D D D / Y Y Y Y 03 / 25 / 2014
Mailing Address 4543 MENGE AVE.		Transaction ID : SA11AI.21790
City PASS CHRISTIAN	State MS	Zip Code 39571
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer DIGITAL ENGINEERING	Occupation EXEC VP	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

SUBTOTAL of Receipts This Page (optional).....	3900.00
TOTAL This Period (last page this line number only).....	

14029183769

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 246 OF 561		
	(check only one)	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) JOHN NICHOLS		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address P.O. BOX 206		Transaction ID : SA11AI.21223
City GREENVILLE	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer MISSISSIPPI MARINE CORP	Occupation CEO	Election Cycle-to-Date 2500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

B. Full Name (Last, First, Middle Initial) CARL NICHOLSON		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address P.O. BOX 15099		Transaction ID : SA11AI.19736
City HATTIESBURG	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer NICHOLSON & CO	Occupation CPA	Election Cycle-to-Date 2500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

C. Full Name (Last, First, Middle Initial) CARL NICHOLSON		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address P.O. BOX 15099		Transaction ID : SA11AI.19737
City HATTIESBURG	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer NICHOLSON & CO	Occupation CPA	Election Cycle-to-Date 3500.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	6000.00
TOTAL This Period (last page this line number only).....	

14020103709

**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 247 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a
	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
JEFFREY NICHOLSON

Mailing Address **15 ALEX LANE**

City **HATTIESBURG** State **MS** Zip Code **39402**

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

Name of Employer **NICHOLSON & COMPANY, PLLC** Occupation **CPA**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **01/31/2014**
Transaction ID : **SA11AI.20026**

Amount of Each Receipt this Period **250.00**

B. Full Name (Last, First, Middle Initial)
JOE T. NICOSIA

Mailing Address **9001 BRIDGE FOREST DR**

City **GERMANTOWN** State **TN** Zip Code **38138**

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

Name of Employer **JOJO HOLDING, LLC** Occupation **OFFICER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **03/10/2014**
Transaction ID : **SA11AI.21221**

Amount of Each Receipt this Period **1000.00**

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

Mailing Address **104 SEYMOUR DR**

City **INDIANOLA** State **MS** Zip Code **38751**

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 **600.00**

Date of Receipt **03/10/2014**
Transaction ID : **SA11AI.21252**

Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **1750.00**

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

14020183770

**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 248 OF 561
	<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) TYLER NORMAN			Date of Receipt MM / DD / YYYY 02 / 03 / 2014	
Mailing Address 4920 24TH PLACE			Transaction ID : SA11AI.20273	
City MERIDIAN	State MS	Zip Code 39305	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer NORMAN ROOFING		Occupation VP		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) STEPHEN NORTHRUP			Date of Receipt MM / DD / YYYY 03 / 31 / 2014	
Mailing Address 5235 ELLIOTT ROAD			Transaction ID : SA11AI.21895	
City BETHESDA	State MD	Zip Code 20816	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer RAMPY NORTHRUP LLC		Occupation PARTNER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) Dr. L.A. NORVILLE			Date of Receipt MM / DD / YYYY 01 / 31 / 2014	
Mailing Address 147 ROLLING MEADOWS DR.			Transaction ID : SA11AI.19817	
City JACKSON	State MS	Zip Code 39211	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer NORVILLE CHIROPRACTIC		Occupation CHIROPRACTOR		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	

14020103771

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

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

FOR LINE NUMBER: PAGE 249 OF 561
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
BILLY NOWELL

Mailing Address **406 NORMAN CIRCLE**

City **CLEVELAND** State **MS** Zip Code **38732**

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

Name of Employer **SELF** Occupation **REAL ESTATE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **03 / 10 / 2014**
Transaction ID : **SA11AI.21257**

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
J. R. NUNNERY JR.

Mailing Address **P.O. BOX 427**

City **HOLLANDALE** State **MS** Zip Code **38748**

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

Name of Employer **SELF** Occupation **FARMER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt **03 / 10 / 2014**
Transaction ID : **SA11AI.21260**

Amount of Each Receipt this Period
700.00

C. Full Name (Last, First, Middle Initial)
C.G. O'BRIEN

Mailing Address **640 LAKELAND EAST DR SUITE F**

City **JACKSON** State **MS** Zip Code **39232**

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

Name of Employer **REGION 8 MENTAL HEALTH SERVICE** Occupation **PSYCHOLOGIST**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **02 / 25 / 2014**
Transaction ID : **SA11AI.20615**

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... **1200.00**

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

14920193772

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:				PAGE 250 OF 561
	(check only one)	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) JEREMIAH O'KEEFE		Date of Receipt 01 / 31 / 2014
Mailing Address 510 BEACH BLVD		Transaction ID : SA11AI.19956
City BILOXI	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer RETIRED	Occupation RETIRED	Amount of Each Receipt this Period 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

B. Full Name (Last, First, Middle Initial) DUANE A. O'NEILL		Date of Receipt 01 / 31 / 2014
Mailing Address 120 N. CONGRESS APT 1105		Transaction ID : SA11AI.19627
City JACKSON	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer GREATER JACKSON CHAMBER PARTNE	Occupation PRESIDENT	Amount of Each Receipt this Period 500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

C. Full Name (Last, First, Middle Initial) GEORGE BRYAN OAKES		Date of Receipt 03 / 10 / 2014
Mailing Address 503 METCALFE RD		Transaction ID : SA11AI.21258
City GREENVILLE	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer OAKES TOYOTA LINCOLN	Occupation PRESIDENT	Amount of Each Receipt this Period 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

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

14029183773

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 251 OF 561		
	(check only one)	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
		<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
					<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) JOSEPH OGLESBY Jr.		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 33 SUNSET DRIVE		Transaction ID : SA11AI.21261
City INDIANOLA	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer SELF-EMPLOYED	Occupation CATFISH PRODUCER	1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

B. Full Name (Last, First, Middle Initial) DEANA OLIVER-WOLFE		Date of Receipt MM / DD / YYYY 03 / 26 / 2014
Mailing Address 205 BLESSING LANE		Transaction ID : SA11AI.21969
City KIMBERLING CITY	State MO	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer SHEPHERD OF THE HILLS REALTORS	Occupation REALTOR	VoteSane PAC 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

C. Full Name (Last, First, Middle Initial) MARK ORGLER		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 12206 HWY 49		Transaction ID : SA11AI.19965
City GULFPORT	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer SCHWARTZ, ORGLER & JORDAN, PLL	Occupation ATTORNEY	1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

14020183774

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 252 OF 561			
	(check only one)	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
		<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) CHARLES D. ORR			Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 5343 HWY 35 N			Transaction ID : SA11AI.21262
City ENID	State MS	Zip Code 38927	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 500.00
Name of Employer SELF		Occupation FARMER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	

B. Full Name (Last, First, Middle Initial) A. J. M. OUSTALET III			Date of Receipt MM / DD / YYYY 02 / 06 / 2014
Mailing Address 9274 HWY 49			Transaction ID : SA11AI.20356
City GULFPORT	State MS	Zip Code 39503	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 2000.00
Name of Employer BUTCH OUSTALET INC		Occupation CAR DEALER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2000.00	

C. Full Name (Last, First, Middle Initial) MICHAEL OVERSTREET			Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 902 MURFIELD DRIVE			Transaction ID : SA11AI.21264
City OXFORD	State MS	Zip Code 38655	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 250.00
Name of Employer OVERSTREET PROPERTIES		Occupation OWNER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	2750.00
TOTAL This Period (last page this line number only).....	

14929183775

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

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

FOR LINE NUMBER: PAGE 253 OF 561
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
MICHAEL OVERSTREET

Mailing Address **902 MURFIELD DRIVE**

City **OXFORD** State **MS** Zip Code **38655**

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

Name of Employer **OVERSTREET PROPERTIES** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt **03 / 25 / 2014**

Transaction ID : **SA11AI.21800**

Amount of Each Receipt this Period **500.00**

B. Full Name (Last, First, Middle Initial)
C.P. OWEN JR

Mailing Address **P.O. BOX 98**

City **ROBINSONVILLE** State **MS** Zip Code **38664**

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

Name of Employer **SELF** Occupation **FARMER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt **03 / 10 / 2014**

Transaction ID : **SA11AI.21237**

Amount of Each Receipt this Period **2600.00**

C. Full Name (Last, First, Middle Initial)
WILL OWEN JR

Mailing Address **5722 OLD HWY 61 S**

City **TUNICA** State **MS** Zip Code **38676**

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

Name of Employer **SELF** Occupation **FARMER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt **03 / 10 / 2014**

Transaction ID : **SA11AI.21239**

Amount of Each Receipt this Period **2600.00**

SUBTOTAL of Receipts This Page (optional)..... **5700.00**

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

14020193776

**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 254 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) CHARLES OWENS		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address 11 WESTERLY DRIVE		Transaction ID : SA11AI.22267
City LAUREL	State MS	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 1000.00
Name of Employer OVERSEAS DISTRIBUTION SOLUTION	Occupation DIRECTOR	Amount of Each Receipt this Period 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

B. Full Name (Last, First, Middle Initial) GARRY PACE		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address P.O. BOX 177		Transaction ID : SA11AI.22339
City MORTON	State MS	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 1000.00
Name of Employer MS CARE CENTER	Occupation DIRECTOR	Amount of Each Receipt this Period 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

C. Full Name (Last, First, Middle Initial) BOB PACKWOOD		Date of Receipt MM / DD / YYYY 02 / 06 / 2014
Mailing Address 11760 SW RIVERWOOD RD		Transaction ID : SA11AI.20314
City PORTLAND	State OR	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 1000.00
Name of Employer SUNRISE RESEARCH CORP	Occupation ASSOCIATE	Amount of Each Receipt this Period 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

14020103777

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

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

FOR LINE NUMBER: PAGE 255 OF 561
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
JOHN N. PALMER

Mailing Address **P.O. BOX 3747**

City **JACKSON** State **MS** Zip Code **39207**

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

Name of Employer **GULF SOUTH CAPITOL** Occupation **SECURITIES BROKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **01 / 31 / 2014**
Transaction ID : **SA11AI.19633**

Amount of Each Receipt this Period **1000.00**

B. Full Name (Last, First, Middle Initial)
ANDREW W. PALOWITCH

Mailing Address **1800 OLD MEADOW DR #1119**

City **MCLEAN** State **VA** Zip Code **22102**

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

Name of Employer **TENAX AEROSPACE** Occupation **CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt **01 / 31 / 2014**
Transaction ID : **SA11AI.19644**

Amount of Each Receipt this Period **2600.00**

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

Mailing Address **1800 OLD MEADOW DR #1119**

City **MCLEAN** State **VA** Zip Code **22102**

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

Name of Employer **LIQUIDITY SERVICES, INC.** Occupation **DIRECTOR OF PROGRAM MGT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt **01 / 31 / 2014**
Transaction ID : **SA11AI.19646**

Amount of Each Receipt this Period **2600.00**

SUBTOTAL of Receipts This Page (optional)..... **6200.00**

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

14020193779

**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)

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<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)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) HENRY PARIS		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2014	
Mailing Address NO. 1 PARIS DR		Transaction ID : SA11AI.21243	
City INDIANOLA	State MS	Zip Code 38751	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer PLANTERS BANK	Occupation BANKER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		

B. Full Name (Last, First, Middle Initial) HUGH PARKER		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2014	
Mailing Address 120 CANTERBURY PLACE		Transaction ID : SA11AI.20711	
City RIDGELAND	State MS	Zip Code 39157	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee.		C	
Name of Employer HORNE LLP	Occupation CPA		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

C. Full Name (Last, First, Middle Initial) MILTON PARRISH		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2014	
Mailing Address 28522 HWY 17N		Transaction ID : SA11AI.21244	
City LEXINGTON	State MS	Zip Code 39095	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer SELF	Occupation FARMER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	2250.00

14020183779

**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)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) ERIN PARSONS		Date of Receipt MM / DD / YY 03 / 31 / 2014
Mailing Address 1510 23RD ST SOUTH		Transaction ID : SA11AI.22107
City ARLINGTON	State VA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer NONE	Occupation HOMEMAKER	400.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

B. Full Name (Last, First, Middle Initial) RICHARD SCOTT PARSONS		Date of Receipt MM / DD / YY 03 / 31 / 2014
Mailing Address 1510 23RD ST. SOUTH		Transaction ID : SA11AI.22106
City ARLINGTON	State VA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2200.00
Name of Employer DELTA STRATEGY GROUP	Occupation ASSOCIATE	5200.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

C. Full Name (Last, First, Middle Initial) W. STEVE PATRICK		Date of Receipt MM / DD / YY 03 / 28 / 2014
Mailing Address 652 PATRICK RD		Transaction ID : SA11AI.22115
City CANTON	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SELF	Occupation FARMER	500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	3100.00
TOTAL This Period (last page this line number only).....	

14029193700

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

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

FOR LINE NUMBER: PAGE 258 OF 561
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
AUBREY PATTERSON

Mailing Address **1 MISSISSIPPI PLAZA**

City **TUPELO** State **MS** Zip Code **38804**

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

Name of Employer **BANCORPSOUTH BANK** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y
01 28 2014

Transaction ID : **SA11AI.19450**

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
FRANK M. PATTY JR.

Mailing Address **P.O. BOX 142**

City **YAZOO CITY** State **MS** Zip Code **39194**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y
03 10 2014

Transaction ID : **SA11AI.21247**

Amount of Each Receipt this Period
1000.00

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

Mailing Address **19383 RIVER RD**

City **YAZOO CITY** State **MS** Zip Code **39194**

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

Name of Employer **SELF** Occupation **FARMER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y
03 10 2014

Transaction ID : **SA11AI.21245**

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

14920193791

**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 259 OF 561
	<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)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) DENNY PAUL			Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 20000 RIVER RD			Transaction ID : SA11AI.21248
City YAZOO CITY	State MS	Zip Code 39194	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 1000.00
Name of Employer SELF	Occupation FARMER		Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

B. Full Name (Last, First, Middle Initial) TERRY PAUL			Date of Receipt MM / DD / YYYY 03 / 31 / 2014
Mailing Address 733 10TH ST NW STE 400			Transaction ID : SA11AI.22075
City WASHINGTON	State DC	Zip Code 20001	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 500.00
Name of Employer CASSIDY & ASSOCIATES	Occupation EXEC VP/DIRECTOR OF DEFENSE GROUP		Election Cycle-to-Date 500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

C. Full Name (Last, First, Middle Initial) LARRY PAYNE			Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 9 N. HERON COVE			Transaction ID : SA11AI.19992
City HATTIESBURG	State MS	Zip Code 39402	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 500.00
Name of Employer RETIRED	Occupation RETIRED		Election Cycle-to-Date 500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

14020183782

**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 260 OF 561			
	<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)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) TREY PEARSON			Date of Receipt 03 / 18 / 2014
Mailing Address 4620 KELLY LN			Transaction ID : SA11AI.21515
City GROVES	State TX	Zip Code 77619	
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 1000.00
Name of Employer SARGE CUSTOMS, LLC	Occupation DIRECTOR		1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

B. Full Name (Last, First, Middle Initial) J.R. PEASTER III			Date of Receipt 03 / 10 / 2014
Mailing Address 964 BELLE AIR CIRCLE			Transaction ID : SA11AI.21250
City YAZOO CITY	State MS	Zip Code 39194	
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 1000.00
Name of Employer GUM GROVE PLANTING	Occupation FARMER		1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

C. Full Name (Last, First, Middle Initial) ERNEST C. PEEPLES			Date of Receipt 03 / 12 / 2014
Mailing Address 7417 RICHLAND MANOR DR			Transaction ID : SA11AI.20777
City PITTSBURGH	State PA	Zip Code 15208	
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 1000.00
Name of Employer RETIRED	Occupation RETIRED		1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

14029193783

**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 261 OF 561	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) RALPH L. PEEPLES			Date of Receipt 03 / 10 / 2014
Mailing Address P.O. BOX 553			Transaction ID : SA11AI.21285
City BROOKHAVEN	State MS	Zip Code 39602	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 250.00
Name of Employer HOBBS HOBBS & PEEPLES		Occupation ATTORNEY	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	

B. Full Name (Last, First, Middle Initial) BEN W. PENTECOST			Date of Receipt 03 / 10 / 2014
Mailing Address P.O. BOX 52			Transaction ID : SA11AI.21285
City DODDSVILLE	State MS	Zip Code 38736	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 1000.00
Name of Employer PENTECOST BROTHERS CATFISH		Occupation OWNER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	

C. Full Name (Last, First, Middle Initial) WILLIAM A PERCY II			Date of Receipt 03 / 10 / 2014
Mailing Address 134 BAYOU ROAD			Transaction ID : SA11AI.21281
City GREENVILLE	State MS	Zip Code 38701	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 2000.00
Name of Employer RETIRED		Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2000.00	

SUBTOTAL of Receipts This Page (optional).....	3250.00
TOTAL This Period (last page this line number only).....	

14020193784

**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 262 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) TIMOTHY S. PERKINS		Date of Receipt MM / DD / YYYY 03 / 25 / 2014	
Mailing Address 1506 HICKORY LANE		Transaction ID : SA11AI.21827	
City COLUMBUS	State MS	Zip Code 39705	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer TUFLINE MFG	Occupation PRES		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) DON PERRY		Date of Receipt MM / DD / YYYY 03 / 25 / 2014	
Mailing Address 424 PECAN AVE		Transaction ID : SA11AI.22322	
City PHILADELPHIA	State MS	Zip Code 39350	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer PERRY CONSTRUCTION CO.	Occupation PRESIDENT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) HOLMES SHERARD PETTEY		Date of Receipt MM / DD / YYYY 03 / 28 / 2014	
Mailing Address P.O. BOX 1234		Transaction ID : SA11AI.22362	
City CLARKSDALE	State MS	Zip Code 38614	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer BARNES PETTEY	Occupation CFP		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

SUBTOTAL of Receipts This Page (optional).....	1550.00
TOTAL This Period (last page this line number only).....	1550.00

14029183795

**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 263 OF 561
	<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)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) CHATHAM H. PHILLIPS		Date of Receipt 03 / 10 / 2014
Mailing Address 4024 MONEYSUNK RD		Transaction ID : SA11AI.21279
City YAZOO CITY	State MS Zip Code 39194	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer SELF	Occupation FARMER	2000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

B. Full Name (Last, First, Middle Initial) JOHN F. PHILLIPS III		Date of Receipt 03 / 10 / 2014
Mailing Address 4042 HWY 16 WEST		Transaction ID : SA11AI.21293
City YAZOO CITY	State MS Zip Code 39194	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1600.00
Name of Employer SELF	Occupation FARMER	2600.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

C. Full Name (Last, First, Middle Initial) JOHN F. PHILLIPS III		Date of Receipt 03 / 10 / 2014
Mailing Address 4042 HWY 16 WEST		Transaction ID : SA11AI.21294
City YAZOO CITY	State MS Zip Code 39194	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer SELF	Occupation FARMER	3000.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	3000.00

14020103796

**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 264 OF 561	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) CHARLES W PICKERING SR		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address 117 DIXON DR		Transaction ID : SA11AI.22221
City TAYLORSVILLE	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer RETIRED	Occupation RETIRED	Election Cycle-to-Date 350.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

B. Full Name (Last, First, Middle Initial) WILLIAM H. PICKLE		Date of Receipt MM / DD / YYYY 02 / 13 / 2014
Mailing Address 8018 CISTENA WAY		Transaction ID : SA11AI.20390
City PARKER	State CO	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer THE PICKLE GROUP, LLC	Occupation CONSULTANT	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

C. Full Name (Last, First, Middle Initial) PATRICIA H. PIERCE		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address 515 LAKEWOOD DR		Transaction ID : SA11AI.22331
City VICKSBURG	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer RETIRED	Occupation RETIRED	Election Cycle-to-Date 250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	1600.00
TOTAL This Period (last page this line number only).....	

14020183707

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

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

FOR LINE NUMBER: PAGE 265 OF 561
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
BILLY PIPER

Mailing Address **7601 TIMBERLY COURT**

City **MCLEAN** State **VA** Zip Code **22102**

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

Name of Employer **PIERCE ISAKOWITZ & BLALOCK** Occupation **LOBBYIST**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **525.00**

Date of Receipt: **01 / 16 / 2014**

Transaction ID : **SA11AI.20069**

Amount of Each Receipt this Period
525.00

B. Full Name (Last, First, Middle Initial)
CRYMES G. PITTMAN

Mailing Address **410 S. PRESIDENT**

City **JACKSON** State **MS** Zip Code **39201**

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

Name of Employer **PITTMAN GERMANY WELCH** Occupation **ATTORNEY AT LAW**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt: **02 / 06 / 2014**

Transaction ID : **SA11AI.20384**

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
CRYMES G. PITTMAN

Mailing Address **410 S. PRESIDENT**

City **JACKSON** State **MS** Zip Code **39201**

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

Name of Employer **PITTMAN GERMANY WELCH** Occupation **ATTORNEY AT LAW**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt: **02 / 13 / 2014**

Transaction ID : **SA11AI.20385**

Amount of Each Receipt this Period
2400.00

SUBTOTAL of Receipts This Page (optional)..... **5525.00**

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

14929183799

**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 266 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) JACK H. PITTMAN		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 52 GOLF CLUB ROAD		Transaction ID : SA11AI.20004
City HATTIESBURG	State MS	Zip Code 39404
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer PITTMAN HOWDESHELL & HINTON	Occupation ATTORNEY	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) TOM PITTS		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address P.O. BOX 925		Transaction ID : SA11AI.21292
City INDIANOLA	State MS	Zip Code 38751
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer WWT PLANTING COMPANY	Occupation FARMING	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

Full Name (Last, First, Middle Initial) WALTER PITTS		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address P.O. BOX 925		Transaction ID : SA11AI.21290
City INDIANOLA	State MS	Zip Code 38751
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1600.00
Name of Employer WWT PLANTING COMPANY	Occupation FARMING	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2100.00	

SUBTOTAL of Receipts This Page (optional).....	2850.00
TOTAL This Period (last page this line number only).....	

14020103709

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
WILLIAM M. PITTS

Mailing Address P.O. BOX 925

City INDIANOLA State MS Zip Code 38751

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

Name of Employer SELF Occupation FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1600.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2014

Transaction ID : SA11AI.21288

Amount of Each Receipt this Period
1600.00

B. Full Name (Last, First, Middle Initial)
WILLIAM M. PITTS JR

Mailing Address P.O. BOX 925

City INDIANOLA State MS Zip Code 38751

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

Name of Employer PITTS FARM Occupation FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2014

Transaction ID : SA11AI.21277

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
WILLIAM E. POFF

Mailing Address P.O. BOX 1724

City TUNICA State MS Zip Code 38676

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

Name of Employer TUNICA PHARMACY Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
MM / DD / YYYY
03 / 18 / 2014

Transaction ID : SA11AI.21499

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... 3600.00

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

14020183790

**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 268 OF 561				
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) BARBARA A. POLLACK		Date of Receipt MM / DD / YYYY 03 / 31 / 2014
Mailing Address 4125 E 2ND ST		Transaction ID : SA11AI.22082
City LONG BEACH	State CA	
Zip Code 90803		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer RAYTHEON	Occupation EXECUTIVE	Election Cycle-to-Date 500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

B. Full Name (Last, First, Middle Initial) CLIFTON PORTER		Date of Receipt MM / DD / YYYY 03 / 21 / 2014
Mailing Address 8489 HIGHWAY 1		Transaction ID : SA11AI.21562
City ROLLING FORK	State MS	
Zip Code 39159		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer SELF	Occupation FARMER	Election Cycle-to-Date 500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

C. Full Name (Last, First, Middle Initial) DANNY PORUSH		Date of Receipt MM / DD / YYYY 02 / 06 / 2014
Mailing Address 3776 COVENTRY LANE		Transaction ID : SA11AI.20316
City BOCA RATON	State FL	
Zip Code 33496		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer MEDCARE, INC.	Occupation ASSOCIATE	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

14020103791

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

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

FOR LINE NUMBER: PAGE 269 OF 561
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
ALLIE POVALL

Mailing Address **1302 FILLMORE**

City **OXFORD** State **MS** Zip Code **38655**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **01 / 16 / 2014**

Transaction ID : **SA11AI.20073**

Amount of Each Receipt this Period **500.00**

B. Full Name (Last, First, Middle Initial)
J. KIRKHAM POVALL

Mailing Address **P.O. BOX 1199**

City **CLEVELAND** State **MS** Zip Code **38732**

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 **2000.00**

Date of Receipt **03 / 10 / 2014**

Transaction ID : **SA11AI.21275**

Amount of Each Receipt this Period **1000.00**

C. Full Name (Last, First, Middle Initial)
BILLY R. POWELL

Mailing Address **136 SWAN SEA LANE**

City **MADISON** State **MS** Zip Code **39110**

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

Name of Employer **SELF** Occupation **PETROLEUM ENGINEER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **01 / 31 / 2014**

Transaction ID : **SA11AI.19810**

Amount of Each Receipt this Period **1000.00**

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

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

2500.00

14020103792

**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)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) JOHN H. POWERS		Date of Receipt M M / D D Y Y Y Y 03 / 10 / 2014	
Mailing Address 206 WEST HARDING STREET		Transaction ID : SA11AI.21274	
City GREENWOOD	State MS	Zip Code 38930	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer RC CONSTRUCTION CO INC.	Occupation VP		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) GERARD POWLEN		Date of Receipt M M / D D Y Y Y Y 03 / 23 / 2014	
Mailing Address 3301 CALLAWAY CT		Transaction ID : SA11AI.21836	
City RICHARDSON	State TX	Zip Code 75082	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer RAYTHEON	Occupation PAST PRESIDENT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) LEW PRATSCH		Date of Receipt M M / D D Y Y Y Y 03 / 21 / 2014	
Mailing Address 6220 TALLY HO LANE		Transaction ID : SA11AI.21556	
City ALEXANDRIA	State VA	Zip Code 22307	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00	
Name of Employer U.S. DEPT OF ENERGY	Occupation ZERO ENERGY HOME PROJECT MGR		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 225.00		

SUBTOTAL of Receipts This Page (optional).....	1725.00
TOTAL This Period (last page this line number only).....	1725.00

14020103793

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

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

FOR LINE NUMBER: PAGE 271 OF 561
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (in Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
JOHN J. PRENDERGAST

Mailing Address **3025 CANARY ISLAND DR**

City **MOBILE** State **AL** Zip Code **36695**

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

Name of Employer **VT HALTER MARINE** Occupation **EXEC VP**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **03 / 25 / 2014**

Transaction ID : **SA11AI.21780**

Amount of Each Receipt this Period **500.00**

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

Mailing Address **37301 CR 523**

City **SCHLATER** State **MS** Zip Code **38952**

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

Name of Employer **PRESTIDGE FARMS** Occupation **FARMER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **03 / 10 / 2014**

Transaction ID : **SA11AI.21268**

Amount of Each Receipt this Period **1000.00**

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

Mailing Address **P.O. BOX 1404**

City **TUPELO** State **MS** Zip Code **38802**

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

Name of Employer **NORTH MS MEDICAL CENTER** Occupation **PHYSICIAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **01 / 28 / 2014**

Transaction ID : **SA11AI.19451**

Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **2500.00**

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

14029183794

**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 272 OF 561
	<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)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) BERN PREWITT JR		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 400 JONES BAYOU RD		Transaction ID : SA11A1.21266
City SHAW	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer PREWITT FARMS	Occupation FARMER	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

B. Full Name (Last, First, Middle Initial) JIMMY PRITCHARD		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address P.O. BOX 298		Transaction ID : SA11A1.21272
City MARKS	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer CITIZENS BANK AND TRUST CO	Occupation VP	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

C. Full Name (Last, First, Middle Initial) CHARLES PROVINE		Date of Receipt MM / DD / YYYY 03 / 14 / 2014
Mailing Address 304 RIDGE CIRCLE		Transaction ID : SA11A1.21593
City BRANDON	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer US ARMY CORP OF ENGINEERS	Occupation ANALYST	Election Cycle-to-Date 250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional)	2250.00
TOTAL This Period (last page this line number only)	

14020183795

**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 273 OF 561
	<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)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) BOB PROVINE JR		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 308 AIRPORT RD		Transaction ID : SA11AI.21271
City GREENWOOD	State MS	
Zip Code 38930		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer PROVING FLYING, LLC	Occupation OWNER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

B. Full Name (Last, First, Middle Initial) GREG PROVISOR		Date of Receipt MM / DD / YYYY 03 / 26 / 2014
Mailing Address 16790 CALLE ARBOLADA		Transaction ID : SA11AI.21864
City PACIFIC PALISADES	State CA	
Zip Code 90272		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer RAYTHEON	Occupation AEROSPACE	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

C. Full Name (Last, First, Middle Initial) HARLAN R. PRUESS		Date of Receipt MM / DD / YYYY 03 / 28 / 2014
Mailing Address 2326 OLD LINCOLN HWY		Transaction ID : SA11AI.22366
City LOWDEN	State IA	
Zip Code 52255		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer PRUESS ELEVATOR, INC.	Occupation PRESIDENT	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

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

14020183796

**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 274 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) AL PUCKETT		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2014		
Mailing Address 424 TAYLOR THURSTON RD		Transaction ID : SA11AI.22189		
City COLUMBUS	State MS	Zip Code 39701	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer COLUMBUS BRICK CO.	Occupation PRESIDENT			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00			

B. Full Name (Last, First, Middle Initial) GEORGE LEYDEN PUGH JR		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2014		
Mailing Address P.O. BOX 904		Transaction ID : SA11AI.21241		
City LAKE VILLAGE	State AR	Zip Code 71653	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer SELF	Occupation FARMER			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00			

C. Full Name (Last, First, Middle Initial) MICHAEL J. QUARANTA		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2014		
Mailing Address 300 DELAWARE ST		Transaction ID : SA11AI.21603		
City NEW CASTLE	State DE	Zip Code 19720	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer PODESTA GROUP	Occupation PRINCIPAL			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00			

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	3000.00

14020103797

**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 275 OF 561	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) THOMAS QUAST		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 4913 ONYX ST		Transaction ID : SA11AI.22086	
City TORRANCE	State CA	Zip Code 90503	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee.		C	
Name of Employer RAYTHEON	Occupation EXECUTIVE		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

B. Full Name (Last, First, Middle Initial) BILLY RAGLAND		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2014	
Mailing Address P.O. BOX 129		Transaction ID : SA11AI.21270	
City BENTONIA	State MS	Zip Code 39040	Amount of Each Receipt this Period 1500.00
FEC ID number of contributing federal political committee.		C	
Name of Employer SELF	Occupation FARMER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		

C. Full Name (Last, First, Middle Initial) JAMES B. RANDALL III		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2014	
Mailing Address 106 SEYMOUR DRIVE		Transaction ID : SA11AI.21269	
City INDIANOLA	State MS	Zip Code 38751	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer PLANTERS BANK	Occupation BANKER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		

SUBTOTAL of Receipts This Page (optional).....	2750.00
TOTAL This Period (last page this line number only).....	

14020193799

**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 276 OF 561	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) DAVID M. RATCLIFF		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address P.O. BOX 706		Transaction ID : SA11AI.22236
City LAUREL	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer RATCLIFF & RATCLIFF	Occupation ATTORNEY	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) JAMES RAWLINS		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 118 COLLEGE DRIVE #05217		Transaction ID : SA11AI.20007
City HATTIESBURG	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer UNIV OF SOUTHERN MISS	Occupation ASSOCIATE PROFESSOR	Election Cycle-to-Date 250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) JAMES H. RAWLS		Date of Receipt MM / DD / YYYY 03 / 03 / 2014
Mailing Address 444 GREENWOOD LANE		Transaction ID : SA11AI.20712
City RIDGELAND	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer RAWLS RESOURCE, INC.	Occupation PRESIDENT	Election Cycle-to-Date 500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

14029103799

**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 277 OF 561
	<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)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) WILLIAM A. RAY		Date of Receipt MM / DD / YYYY 02 / 03 / 2014
Mailing Address 193 BELLE POINTE		Transaction ID : SA11AI.20275
City MADISON	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer BANKPLUS	Occupation BANKER	1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

B. Full Name (Last, First, Middle Initial) JAMES W. RAYNER		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 6 OAK PLACE		Transaction ID : SA11AI.19903
City OXFORD	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer RETIRED	Occupation RETIRED	250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

C. Full Name (Last, First, Middle Initial) GEORGE R. REA Jr.		Date of Receipt MM / DD / YYYY 03 / 03 / 2014
Mailing Address P.O. BOX 2090		Transaction ID : SA11AI.20714
City MERIDIAN	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer REA, SHAW, GRIFFIN & STUART	Occupation CPA	250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

14020193000

**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 278 OF 561	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) CARL M. REDDIX		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 6090 WOODLEA RD		Transaction ID : SA11AI.19648
City JACKSON	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer REDDIX MEDICAL GROUP	Occupation PHYSICIAN	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

B. Full Name (Last, First, Middle Initial) MORRIS A. REECE Jr.		Date of Receipt MM / DD / YYYY 02 / 03 / 2014
Mailing Address 8461 RUSSELL TOPTON ROAD		Transaction ID : SA11AI.20277
City MERIDIAN	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer RUSH HEALTH SYSTEMS	Occupation ASSOCIATE	Election Cycle-to-Date 250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

C. Full Name (Last, First, Middle Initial) CLARKE REED		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address BOX 894		Transaction ID : SA11AI.21305
City GREENVILLE	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer SELF	Occupation INVESTMENTS	Election Cycle-to-Date 2600.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	3850.00
TOTAL This Period (last page this line number only).....	

14929193901

**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 279 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) JACK REED Jr.		Date of Receipt MM / DD / YYYY 01 / 28 / 2014	
Mailing Address P.O. BOX 230		Transaction ID : SA11AI.19496	
City TUPELO	State MS	Zip Code 38802	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer R.W. REED CO INC	Occupation MERCHANT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

B. Full Name (Last, First, Middle Initial) JACK R. REED Sr.		Date of Receipt MM / DD / YYYY 01 / 31 / 2014	
Mailing Address 1853 LEGION RD		Transaction ID : SA11AI.19902	
City TUPELO	State MS	Zip Code 38804	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer REED'S	Occupation MERCHANT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

C. Full Name (Last, First, Middle Initial) CHARLES G. REEDER		Date of Receipt MM / DD / YYYY 03 / 25 / 2014	
Mailing Address P.O. BOX 2097		Transaction ID : SA11AI.22218	
City LAUREL	State MS	Zip Code 39442	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee.		C	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

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

14020103002

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

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

FOR LINE NUMBER: PAGE 280 OF 561
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
TERRY REEVES

Mailing Address **P.O. BOX 6276**

City **PEARL** State **MS** Zip Code **39288**

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

Name of Employer **CLIMATE MASTERS** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 31 / 2014

Transaction ID : **SA11AI.19650**

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
WILLIAM C. REEVES

Mailing Address **401 E. CAPITOL ST
SUITE 200**

City **JACKSON** State **MS** Zip Code **39201**

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

Name of Employer **BALCH & BINGHAM** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 13 / 2014

Transaction ID : **SA11AI.20382**

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
HENRY N. REICHL JR

Mailing Address **809 PARSONS AVE**

City **GREENWOOD** State **MS** Zip Code **38930**

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

Name of Employer **STAPLCOTN** Occupation **VP OF EXPORT SALES AND MARKET ADM**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 10 / 2014

Transaction ID : **SA11AI.21302**

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....
4600.00

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

14020193803

**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 281 OF 561	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) JENEICE REID		Date of Receipt M M / D D / Y Y Y Y 01 / 28 / 2014
Mailing Address 2120 KINGFISHER		Transaction ID : SA11AI.19497
City	State Zip Code OXFORD MS 38655	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer RETIRED	Occupation RETIRED	Election Cycle-to-Date 250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

B. Full Name (Last, First, Middle Initial) STEPHEN RENFROE		Date of Receipt M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address 5113 ARTHUR ST.		Transaction ID : SA11AI.20352
City	State Zip Code MOSS POINT MS 39563	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer STATE OF MS	Occupation PSC COMMISSIONER	Election Cycle-to-Date 250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

C. Full Name (Last, First, Middle Initial) MICHAEL L. RETZER		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address P.O. BOX 4457		Transaction ID : SA11AI.22014
City	State Zip Code GREENVILLE MS 38701	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer RETZER RESOURCES	Occupation BUSINESS OWNER	Election Cycle-to-Date 2600.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	1100.00
TOTAL This Period (last page this line number only).....	

14020103004

**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 282 OF 561	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) MICHAEL L. RETZER		Date of Receipt M / M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address P.O. BOX 4457		Transaction ID : SA11AI.22015
City GREENVILLE	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer RETZER RESOURCES	Occupation BUSINESS OWNER	Election Cycle-to-Date 5200.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

B. Full Name (Last, First, Middle Initial) MICHAEL L. RETZER JR.		Date of Receipt M / M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 3 ELMWOOD		Transaction ID : SA11AI.22010
City PINE BLUFF	State AR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer THE RETZER GROUP	Occupation PARTNER	Election Cycle-to-Date 2000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

C. Full Name (Last, First, Middle Initial) MARK REY		Date of Receipt M / M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 4418 ALBEMARLE ST NW		Transaction ID : SA11AI.21459
City WASHINGTON	State DC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer SELF	Occupation FORESTER	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	5600.00
TOTAL This Period (last page this line number only).....	

14020183005

**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 283 OF 561	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) EDDIE REYNOLDS		Date of Receipt MM / DD / YY 03 / 10 / 2014
Mailing Address 900 E MAIN ST		Transaction ID : SA11AI.21300
City	State	
CHARLESTON	MS	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C	Zip Code 38921	Amount of Each Receipt this Period 500.00
Name of Employer SELF	Occupation FARMER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) GARY RHOADS		Date of Receipt MM / DD / YY 01 / 31 / 2014
Mailing Address 225 BIRCH LANE		Transaction ID : SA11AI.19652
City	State	
FLOWOOD	MS	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C	Zip Code 39232	Amount of Each Receipt this Period 1000.00
Name of Employer CITY OF FLOWOOD	Occupation MAYOR	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) WILLIAM RICE		Date of Receipt MM / DD / YY 03 / 17 / 2014
Mailing Address 6206 ARKENDALE RD		Transaction ID : SA11AI.21597
City	State	
ALEXANDRIA	VA	Amount of Each Receipt this Period 225.00
FEC ID number of contributing federal political committee. C	Zip Code 22307	Amount of Each Receipt this Period 225.00
Name of Employer WW RICE HEALTH CARE	Occupation OWNER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 225.00	

SUBTOTAL of Receipts This Page (optional).....	1725.00
TOTAL This Period (last page this line number only).....	

14020183006

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

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

FOR LINE NUMBER: PAGE 284 OF 561
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
MERLIN RICHARDSON

Mailing Address **P.O. BOX 143**

City **ANGUILLA** State **MS** Zip Code **38721**

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

Name of Employer **CITY OF ANGUILLA** Occupation **MAYOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **03 / 10 / 2014**
Transaction ID : **SA11AI.21298**

Amount of Each Receipt this Period **1000.00**

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

Mailing Address **4662 TRAWICK DRIVE**

City **JACKSON** State **MS** Zip Code **39211**

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

Name of Employer **C.R. RIDGWAY, IV** Occupation **REALTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **03 / 26 / 2014**
Transaction ID : **SA11AI.21972**

Amount of Each Receipt this Period **1000.00**
VoteSane PAC

C. Full Name (Last, First, Middle Initial)
JULIUS M. RIDGWAY

Mailing Address **P.O. BOX 16667**

City **JACKSON** State **MS** Zip Code **39236**

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

Name of Employer **SELF** Occupation **OIL & GAS EXPLORATION**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **01 / 31 / 2014**
Transaction ID : **SA11AI.19809**

Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **2500.00**

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

14929183007

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

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

FOR LINE NUMBER: PAGE 285 OF 561
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
DAVID RIEMANN

Mailing Address **5310 QUINCY AVE.**

City **GULFPORT** State **MS** Zip Code **39507**

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

Name of Employer **RIEMANN FAMILY FUNERAL HOMES** Occupation **CHAIRMAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt **01 / 31 / 2014**
Transaction ID : **SA11AI.19688**

Amount of Each Receipt this Period **1500.00**

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

Mailing Address **204 NORTH PANOLA**

City **CHARLESTON** State **MS** Zip Code **38921**

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

Name of Employer **BRYAN ROBERSON FARMS PARTNERSH** Occupation **FARMER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **03 / 10 / 2014**
Transaction ID : **SA11AI.21317**

Amount of Each Receipt this Period **250.00**

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

Mailing Address **P.O. BOX 149**

City **CHARLESTON** State **MS** Zip Code **38921**

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

Name of Employer **RAY ROBERSON FARMS, INC.** Occupation **FARMER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **03 / 10 / 2014**
Transaction ID : **SA11AI.21315**

Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **2250.00**

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

1402019900

**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 286 OF 561
	<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) DONNA ROBERTS		Date of Receipt MM / DD / YYYY 03 / 31 / 2014
Mailing Address 503 N. LAMAR		Transaction ID : SA11AI.22012
City OXFORD	State MS	Zip Code 38655
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2100.00	
Name of Employer None	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) DONNA ROBERTS		Date of Receipt MM / DD / YYYY 03 / 31 / 2014
Mailing Address 503 N. LAMAR		Transaction ID : SA11AI.22013
City OXFORD	State MS	Zip Code 38655
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer None	Occupation Retired	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) RICHARD Y. ROBERTS		Date of Receipt MM / DD / YYYY 02 / 13 / 2014
Mailing Address 3916 BENTWOOD CT		Transaction ID : SA11AI.20376
City FAIRFAX	State VA	Zip Code 22031
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer ROBERTS RAHEB & GRADLER, LLC	Occupation PRINCIPAL	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	5200.00
TOTAL This Period (last page this line number only).....	

14020103000

**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 287 OF 561	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) ALEXANDER B. ROBERTSON		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 302 N. GAMWYN DR		Transaction ID : SA11AI.21310
City GREENVILLE	State MS	Zip Code 38701
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer SELF	Occupation COTTON PRODUCER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) BEN ROBERTSON		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 65 HOLLY RIDGE RD.		Transaction ID : SA11AI.21314
City INDIANOLA	State MS	Zip Code 38751
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer HOLLY RIDGE PLANTING	Occupation FARMER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) FRANCES B. ROBERTSON		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 65 HOLLY RIDGE		Transaction ID : SA11AI.21320
City INDIANOLA	State MS	Zip Code 38751
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer SELF	Occupation FARMER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

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

14020183010

**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 288 OF 561
	<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)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) JAMES C. ROBERTSON		Date of Receipt 03 / 10 / 2014
Mailing Address 65 HOLLY RIDGE ROAD		Transaction ID : SA11A1.21309
City INDIANOLA	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer SELF	Occupation FARMER	Election Cycle-to-Date 2500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

B. Full Name (Last, First, Middle Initial) JIM ROBERTSON		Date of Receipt 03 / 10 / 2014
Mailing Address 65 HOLLY RIDGE RD		Transaction ID : SA11A1.21297
City INDIANOLA	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1600.00
Name of Employer ST. REST PLTG CO.	Occupation FARMER	Election Cycle-to-Date 2600.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

C. Full Name (Last, First, Middle Initial) RONNIE ROBERTSON		Date of Receipt 03 / 10 / 2014
Mailing Address 405 CR 406		Transaction ID : SA11A1.21307
City GREENWOOD	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer DELTA ELECTRIC POWER ASSN	Occupation GENERAL MANAGER	Election Cycle-to-Date 500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	3600.00
TOTAL This Period (last page this line number only).....	

14929193911

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 289 OF 561
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. XAN ROBERTSON		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 3305 OLD HWY 61 S		Transaction ID : SA11AI.21313
City LELAND	State MS	Zip Code 38756
FEC ID number of contributing federal political committee.	<input checked="" type="checkbox"/> C	Amount of Each Receipt this Period 1000.00
Name of Employer SELF	Occupation FARMER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) B. JAMES C. ROBERTSON III		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 65 HOLLY RIDGE RD.		Transaction ID : SA11AI.21308
City INDIANOLA	State MS	Zip Code 38751
FEC ID number of contributing federal political committee.	<input checked="" type="checkbox"/> C	Amount of Each Receipt this Period 1000.00
Name of Employer SELF	Occupation FARMER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

Full Name (Last, First, Middle Initial) C. W.T. ROBERTSON JR		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 65 HOLLY RIDGE RD.		Transaction ID : SA11AI.21323
City INDIANOLA	State MS	Zip Code 38751
FEC ID number of contributing federal political committee.	<input checked="" type="checkbox"/> C	Amount of Each Receipt this Period 500.00
Name of Employer HOLLY RIDGE PLANTING	Occupation FARMER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

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

14020103012

**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 290 OF 561
	<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)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
W.T. ROBERTSON JR

Mailing Address **65 HOLLY RIDGE RD.**

City INDIANOLA	State MS	Zip Code 38751
--------------------------	--------------------	--------------------------

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

Name of Employer HOLLY RIDGE PLANTING	Occupation FARMER
---	-----------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			10			2014			

Transaction ID : **SA11AI.21325**

Amount of Each Receipt this Period
1000.00

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

Mailing Address **1305 LAMAR STREET**

City CLEVELAND	State MS	Zip Code 38732
--------------------------	--------------------	--------------------------

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

Name of Employer ROBINSON ELECTRIC, INC.	Occupation CEO/OWNER
--	--------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			10			2014			

Transaction ID : **SA11AI.21295**

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
E.B. ROBINSON Jr.

Mailing Address **49 EASTBROOKE STREET**

City JACKSON	State MS	Zip Code 39216
------------------------	--------------------	--------------------------

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

Name of Employer N/A	Occupation RETIRED
--------------------------------	------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
01			31			2014			

Transaction ID : **SA11AI.19807**

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

14020193013

**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 291 OF 561	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) JOE D. ROBISON JR.		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address P.O. BOX 545		Transaction ID : SA11AI.22240
City LAUREL	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer ROBISON TIRE CO.	Occupation OWNER	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

B. Full Name (Last, First, Middle Initial) KENNY RODGERS		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 3020 STATE HWY 7		Transaction ID : SA11AI.21346
City BELZONI	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer RR FARMS	Occupation OWNER	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

C. Full Name (Last, First, Middle Initial) JAMES D. ROLLINS III		Date of Receipt MM / DD / YYYY 01 / 28 / 2014
Mailing Address 1762 NORTH PARC CIR		Transaction ID : SA11AI.19455
City TUPELO	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer BXS	Occupation CEO	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

14020103014

**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 292 OF 561
	<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) CHARLES ROSS		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address P.O. BOX 651		Transaction ID : SA11AI.19808
City JACKSON	State MS	Zip Code 39205
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer WISE, CARTER, CHILD & CARAWAY	Occupation ATTORNEY	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) RANDOLPH J. ROSS		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address NO. 2 MORGANS LANDING		Transaction ID : SA11AI.19591
City HATTIESBURG	State MS	Zip Code 39402
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer HATTIESBURG CLINIC	Occupation PHYSICIAN	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) DAVID W. ROTOLO		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address 102 CHERRY LAUREL CT.		Transaction ID : SA11AI.22163
City RIDGELAND	State MS	Zip Code 39157
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer BRIAR HILL MANAGEMENT, LLC	Occupation OFFICER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

SUBTOTAL of Receipts This Page (optional).....	4600.00
TOTAL This Period (last page this line number only).....	

14020103015

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

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

FOR LINE NUMBER:		PAGE 293 OF 561	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
12	13a	13b	14
			15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) ROBERT S. ROTOLO		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address 17441 W. MUIRFIELD DR		Transaction ID : SA11AI.22165
City BATON ROUGE	State LA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer BRIAR HILL MANAGEMENT, LLC	Occupation OFFICER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) Dr. DOUGLAS W. ROUSE		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 111 BEDFORD RD.		Transaction ID : SA11AI.19754
City HATTIESBURG	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) DOMENIC R. RUSCIO		Date of Receipt MM / DD / YYYY 02 / 04 / 2014
Mailing Address 6100 WESTCHESTER DR NO. 1012		Transaction ID : SA11AI.20298
City COLLEGE PARK	State MD	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer SELF	Occupation CONSULTANT	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	3850.00
TOTAL This Period (last page this line number only).....	

14029103016

**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 294 OF 561
	<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) DAVID B. RUSSELL			Date of Receipt MM / DD / YYYY 01 / 31 / 2014	
Mailing Address P.O. BOX 4795			Transaction ID : SA11AI.19658	
City JACKSON	State MS	Zip Code 39296	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer PINNACLE TRUST		Occupation WEALTH ADVISOR		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) JOE SALLOUM			Date of Receipt MM / DD / YYYY 01 / 31 / 2014	
Mailing Address 1212 EAST BEACH BLVD			Transaction ID : SA11AI.19955	
City GULFPORT	State MS	Zip Code 39501	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer SELF		Occupation REAL ESTATE		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) RICHARD P. SALLOUM			Date of Receipt MM / DD / YYYY 01 / 31 / 2014	
Mailing Address BOX 460			Transaction ID : SA11AI.19954	
City GULFPORT	State MS	Zip Code 39502	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer SELF		Occupation ATTY		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

14020183017

**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 295 OF 561	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) ROBERT L. SALMON		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 429 GEORGE COSSAR BLVD		Transaction ID : SA11AI.21356
City CHARLESTON	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer SOUTHERN DISCOUNT DRUGS	Occupation PRESIDENT	Transaction ID : SA11AI.21356
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) L.F. SAMS Jr.		Date of Receipt MM / DD / YYYY 01 / 28 / 2014
Mailing Address P.O. BOX 466		Transaction ID : SA11AI.19457
City TUPELO	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer MITCHELL MCNUTT & SAMS	Occupation ATTORNEY AT LAW	Transaction ID : SA11AI.19457
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) CELETTA LEE SANDERS		Date of Receipt MM / DD / YYYY 03 / 17 / 2014
Mailing Address 7372 ELDORADO ST		Transaction ID : SA11AI.21484
City MCLEAN	State VA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer AMERICAN BANKERS ASSN	Occupation SR VP GOV'T AFFAIRS	Transaction ID : SA11AI.21484
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

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

14020103010

**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 296 OF 561	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. MIKE W. SANDERS		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2014	
Mailing Address 535 HILLCREST CIRCLE		Transaction ID : SA11AI.21353	
City CLEVELAND	State MS	Zip Code 38732	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer JIMMY SANDERS INC	Occupation PRESIDENT & CEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) B. MICHAEL W SANDERS JR		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2014	
Mailing Address 407 NORMAN CIRCLE		Transaction ID : SA11AI.21355	
City CLEVELAND	State MS	Zip Code 38732	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer JIMMY SANDERS, INC.	Occupation VP SALES		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		

Full Name (Last, First, Middle Initial) C. KATHERINE L. SANDERSON		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2014	
Mailing Address 1005 W. 15TH ST		Transaction ID : SA11AI.22279	
City LAUREL	State MS	Zip Code 39440	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

SUBTOTAL of Receipts This Page (optional).....	4600.00
TOTAL This Period (last page this line number only).....	4600.00

14020193019

**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 297 OF 561
	<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)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
JOE F. SANDERSON JR.

Mailing Address P.O. BOX 988

City LAUREL State MS Zip Code 39441

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

Name of Employer SANDERSON FARMS Occupation CHAIRMAN/CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt 01 31 2014
Transaction ID : SA11AI.19802

Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
JOE F. SANDERSON JR.

Mailing Address P.O. BOX 988

City LAUREL State MS Zip Code 39441

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

Name of Employer SANDERSON FARMS Occupation CHAIRMAN/CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 2600.00

Date of Receipt 03 25 2014
Transaction ID : SA11AI.22277

Amount of Each Receipt this Period 1600.00

C. Full Name (Last, First, Middle Initial)
JOE F. SANDERSON JR.

Mailing Address P.O. BOX 988

City LAUREL State MS Zip Code 39441

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

Name of Employer SANDERSON FARMS Occupation CHAIRMAN/CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 3600.00

Date of Receipt 03 25 2014
Transaction ID : SA11AI.22278

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... 3600.00

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

14020103920

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 298 OF 561	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) KIRK SATTERFIELD			Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 412 PALMER SATTERFIELD RD			Transaction ID : SA11AI.21351
City BENOIT	State MS	Zip Code 38725	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 1000.00
Name of Employer SATTERFIELD FARMS		Occupation FARMER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	

B. Full Name (Last, First, Middle Initial) TRAVIS H. SATTERFIELD			Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 313 PALMER-SATTERFIELD RD			Transaction ID : SA11AI.21350
City BENOIT	State MS	Zip Code 38725	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 2000.00
Name of Employer SELF		Occupation FARMER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 3000.00	

C. Full Name (Last, First, Middle Initial) CASEY L. SAULS			Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address 1 TWIN OAKS PLACE			Transaction ID : SA11AI.22232
City LAUREL	State MS	Zip Code 39440	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 1000.00
Name of Employer VA SAULS, INC.		Occupation CFO	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	4000.00
TOTAL This Period (last page this line number only).....	

14920103021

**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)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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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)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) GARY W. SAULS		Date of Receipt M / M / Y Y Y Y 03 / 25 / 2014	
Mailing Address P.O. BOX 979		Transaction ID : SA11AI.22214	
City HEIDELBERG	State MS	Zip Code 39439	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer VA SAULS, INC.	Occupation ASSOCIATE		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

B. Full Name (Last, First, Middle Initial) THOMAS W SAWYER		Date of Receipt M / M / Y Y Y Y 01 / 31 / 2014	
Mailing Address 14110 AIRPORT ROAD SUITE 200		Transaction ID : SA11AI.19952	
City GULFPORT	State MS	Zip Code 39503	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer BEECHER CARLSON	Occupation BROKER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

C. Full Name (Last, First, Middle Initial) ISAAC W. SAYLE		Date of Receipt M / M / Y Y Y Y 03 / 10 / 2014	
Mailing Address 3607 HWY 35 N		Transaction ID : SA11AI.21338	
City CHARLESTON	State MS	Zip Code 38921	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer SAYLE OIL COMPANY	Occupation PRESIDENT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	3000.00

14926183822

**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 300 OF 561	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) CONSTANTIN A SCHEDER		Date of Receipt MM / DD / YYYY 03 / 12 / 2014
Mailing Address 2847 VIA POSADA		Transaction ID : SA11AI.20770
City LA JOLLA	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer GENERAL ATOMICS	Occupation DIRECTOR NETWORK ENGINEERING	Election Cycle-to-Date 2600.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

B. Full Name (Last, First, Middle Initial) CONSTANTIN A SCHEDER		Date of Receipt MM / DD / YYYY 03 / 12 / 2014
Mailing Address 2847 VIA POSADA		Transaction ID : SA11AI.20772
City LA JOLLA	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer GENERAL ATOMICS	Occupation DIRECTOR NETWORK ENGINEERING	Election Cycle-to-Date 5200.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

C. Full Name (Last, First, Middle Initial) N.B. SCHEDER		Date of Receipt MM / DD / YYYY 03 / 21 / 2014
Mailing Address 2847 VIA POSADA		Transaction ID : SA11AI.21566
City LA JOLLA	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer GENERAL ATOMICS	Occupation PROGRAM DIRECTOR	Election Cycle-to-Date 2600.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	7800.00
TOTAL This Period (last page this line number only).....	

1482918382

**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 301 OF 561
	<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. N.B. SCHEDER		Date of Receipt MM / DD / YYYY 03 / 21 / 2014
Mailing Address 2847 VIA POSADA		Transaction ID : SA11AI.21568
City LA JOLLA	State CA	
Zip Code 92037		Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C		
Name of Employer GENERAL ATOMICS	Occupation PROGRAM DIRECTOR	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) B. DAVID SCHIAPPA		Date of Receipt MM / DD / YYYY 02 / 06 / 2014
Mailing Address 2704 HOWARD GROVE RD		Transaction ID : SA11AI.20318
City DAVIDSONVILLE	State MD	
Zip Code 21035		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer THE DUBERSTEIN GROUP, INC.	Occupation VP	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) C. RICHARD C. SCHMIDT JR.		Date of Receipt MM / DD / YYYY 03 / 18 / 2014
Mailing Address 420 CHABLIS LN		Transaction ID : SA11AI.21509
City BILOXI	State MS	
Zip Code 39531		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer SELF	Occupation PEDIATRICIAN	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	4600.00
TOTAL This Period (last page this line number only).....	

14929183924

**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 302 OF 561	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) FRED R. SCHWAN		Date of Receipt M M / D D / Y Y Y Y 03 / 18 / 2014	
Mailing Address P.O. BOX 61		Transaction ID : SA11AI.21511	
City BILOXI	State MS	Zip Code 39533	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer MISSISSIPPI COAST SUPPLY CO		Occupation SALES ASSOCIATE	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	

B. Full Name (Last, First, Middle Initial) STEVEN C. SCHWED		Date of Receipt M M / D D / Y Y Y Y 03 / 18 / 2014	
Mailing Address 2036 N. PROSPECT AVE #1301		Transaction ID : SA11AI.21513	
City MILWAUKEE	State WI	Zip Code 53202	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer STEVEN C. SCHWED & ASSOCIATES		Occupation CONSULTANT	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	

C. Full Name (Last, First, Middle Initial) VINCENT SCOPER		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2014	
Mailing Address P.O. BOX 2366		Transaction ID : SA11AI.22206	
City LAUREL	State MS	Zip Code 39442	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee.		C	
Name of Employer SELF		Occupation GEOLOGIST	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	2250.00

14020103025

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

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

FOR LINE NUMBER: PAGE 303 OF 561
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
DAVID A. SCOTT

Mailing Address **1 WATERSTONE PL**

City **JACKSON** State **MS** Zip Code **39211**

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

Name of Employer **REAL ASSETS MGMT GROUP** Occupation **INVESTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2014

Transaction ID : **SA11AI.20350**

Amount of Each Receipt this Period
1000.00

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

Mailing Address **102 MAIN STREET**

City **ITTA BENA** State **MS** Zip Code **38941**

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

Name of Employer **SCOTT PETROLEUM** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2014

Transaction ID : **SA11AI.21337**

Amount of Each Receipt this Period
1000.00

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

Mailing Address **25258 NOTRE DAMES**

City **PASS CHRISTIAN** State **MS** Zip Code **39571**

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

Name of Employer **RETIRED** Occupation **EDUCATOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
MM / DD / YYYY
01 / 31 / 2014

Transaction ID : **SA11AI.19949**

Amount of Each Receipt this Period
2600.00

SUBTOTAL of Receipts This Page (optional)..... **4600.00**

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

14020183826

**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 304 OF 561
	<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) WYNN SEEMANN		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 25258 NOTRE DAMES		Transaction ID : SA11AI.19950
City PASS CHRISTIAN	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer RETIRED	Occupation EDUCATOR	Election Cycle-to-Date 5200.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) WILLIAM SEEMANN III		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 25258 NOTRE DAMES		Transaction ID : SA11AI.19946
City PASS CHRISTIAN	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer SEEMANN COMPOSITES	Occupation PRESIDENT/MANAGER	Election Cycle-to-Date 2600.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) WILLIAM SEEMANN III		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 25258 NOTRE DAMES		Transaction ID : SA11AI.19948
City PASS CHRISTIAN	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer SEEMANN COMPOSITES	Occupation PRESIDENT/MANAGER	Election Cycle-to-Date 5200.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	7800.00
TOTAL This Period (last page this line number only).....	

14020103027

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 305 OF 561						
	(check only one)	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) WILLIAM H SEEMANN IV		Date of Receipt MM / DD / YYYY 01 / 31 / 2014	
Mailing Address 135 HILLCREST RD		Transaction ID : SA11AI.20196	
City PASS CHRISTIAN	State MS	Zip Code 39571	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C			
Name of Employer SEEMANN COMPOSITES	Occupation PRESIDENT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) JOSEPH H. SHARP		Date of Receipt MM / DD / YYYY 01 / 31 / 2014	
Mailing Address 394 DAVIS RD.		Transaction ID : SA11AI.19550	
City PETAL	State MS	Zip Code 39465	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) JOSEPH H. SHARP		Date of Receipt MM / DD / YYYY 03 / 26 / 2014	
Mailing Address 394 DAVIS RD.		Transaction ID : SA11AI.21876	
City PETAL	State MS	Zip Code 39465	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional)	3100.00
TOTAL This Period (last page this line number only)	

14020103029

**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 306 OF 561
	<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) STEPHANIE SHAW		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2014	
Mailing Address 12473 BEAU FOREST		Transaction ID : SA11AI.21954	
City GULFPORT	State MS	Zip Code 39503	Amount of Each Receipt this Period 1000.00 VoteSane PAC
FEC ID number of contributing federal political committee.		C	
Name of Employer LATTER & BLUM SHAW PROPERTIES	Occupation REAL ESTATE BROKER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) SCOTT SHELTON		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2014	
Mailing Address 2241 STANLEY RD		Transaction ID : SA11AI.22176	
City CALEDONIA	State MS	Zip Code 39740	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer TRANS POWER CORP OF MS	Occupation OWNER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) RICK SHEPHERD		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2014	
Mailing Address 2025 BAYOU RIDGE		Transaction ID : SA11AI.21348	
City GREENVILLE	State MS	Zip Code 38701	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer FAULKNER PIPE AND SUPPLY	Occupation PRESIDENT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	3000.00

14020103029

**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 307 OF 561	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) JOHN SHERARD		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address P.O. BOX 75		Transaction ID : SA11AI.21334
City SHERARD	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer JOHN H. SHERARD & SONS	Occupation OWNER	Election Cycle-to-Date 250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) JOHN SHINN		Date of Receipt M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 2461 CASTILLE PL		Transaction ID : SA11AI.19669
City BILOXI	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer PPS PLUS SOFTWARE	Occupation OWNER	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) THOMAS HUNT SHIPMAN		Date of Receipt M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 2417 BARBOUR ROAD		Transaction ID : SA11AI.19801
City FALLS CHURCH	State VA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer CORNERSTONE GOVT AFFAIRS	Occupation VP	Election Cycle-to-Date 3850.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	

14020103030

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

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

FOR LINE NUMBER: PAGE 308 OF 561
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
THOMAS HUNT SHIPMAN

Mailing Address **2417 BARBOUR ROAD**

City **FALLS CHURCH** State **VA** Zip Code **22043**

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

Name of Employer **CORNERSTONE GOVT AFFAIRS** Occupation **VP**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **4850.00**

Date of Receipt **03 / 25 / 2014**
Transaction ID : **SA11AI.21766**

Amount of Each Receipt this Period **1000.00**

B. Full Name (Last, First, Middle Initial)
F.T. SIBLEY

Mailing Address **709 WALNUT**

City **MARKS** State **MS** Zip Code **38646**

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

Name of Employer **CITIZENS BANK AND TRUST CO** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **03 / 10 / 2014**
Transaction ID : **SA11AI.21331**

Amount of Each Receipt this Period **1000.00**

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

Mailing Address **746 WALNUT STREET**

City **MARKS** State **MS** Zip Code **38646**

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

Name of Employer **CITIZEN BANK** Occupation **BANKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **03 / 10 / 2014**
Transaction ID : **SA11AI.21333**

Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **3000.00**

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

14020183831

**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 309 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) STEVE SILVERMAN		Date of Receipt MM/DD/YYYY 02/06/2014
Mailing Address 3234 HARRINGTON DR		Transaction ID : SA11AI.20320
City BOCA RATON	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer MEDCARE, INC.	Occupation ASSOCIATE	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) HARRY SIMMONS		Date of Receipt MM/DD/YYYY 03/10/2014
Mailing Address 2628 ERICKSON ROAD		Transaction ID : SA11AI.21343
City YAZOO CITY	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer SELF	Occupation FARMER	Election Cycle-to-Date 2000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) KYLE SIMMONS		Date of Receipt MM/DD/YYYY 02/28/2014
Mailing Address 2600 RIDGE ROAD DR		Transaction ID : SA11AI.20528
City ALEXANDRIA	State VA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer THE SIMMONS & RUSSELL GROUP	Occupation CONSULTANT	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

14029183932

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

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

FOR LINE NUMBER: PAGE 310 OF 561
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
LEE SIMMONS

Mailing Address **193 THREE WAY ROAD**

City **INDIANOLA** State **MS** Zip Code **38751**

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

Name of Employer **SIMMONS FARMS** Occupation **FARMER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 10 / 2014

Transaction ID : **SA11AI.21327**

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
VERNON N. SIMMONS

Mailing Address **22 KINROSS DR**

City **STAFFORD** State **VA** Zip Code **22554**

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

Name of Employer **CASSIDY ASSOCIATES** Occupation **VP**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : **SA11AI.22074**

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
C. DOUGLAS SIMMONS III

Mailing Address **P.O. BOX 65**

City **ARCOLA** State **MS** Zip Code **38722**

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

Name of Employer **SIMMONS PLANTING CO** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2400.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 10 / 2014

Transaction ID : **SA11AI.21383**

Amount of Each Receipt this Period
2000.00

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

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

4000.00

14020193033

**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 311 OF 561	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) C. DOUGLAS SIMMONS JR		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 64 LEO WILLIAMS RD		Transaction ID : SA11AI.21381
City HOLLANDALE	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer SIMMONS AGRICULTURAL SERVICES	Occupation PRESIDENT	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

B. Full Name (Last, First, Middle Initial) JOSEPH K. SIMS		Date of Receipt MM / DD / YYYY 03 / 18 / 2014
Mailing Address 5305 REDDOCK DR		Transaction ID : SA11AI.21507
City JACKSON	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer CORNERSTONE GOV'T AFFAIRS	Occupation VP	Election Cycle-to-Date 500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

C. Full Name (Last, First, Middle Initial) BONNIE J. SINGER		Date of Receipt MM / DD / YYYY 03 / 17 / 2014
Mailing Address 10805 HIDDEN TRAIL COURT		Transaction ID : SA11AI.21179
City POTOMAC	State MD	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
Name of Employer WASHINGTON ALLIANCE GROUP	Occupation PRINCIPAL	Election Cycle-to-Date 225.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	1725.00
TOTAL This Period (last page this line number only).....	

14020103034

**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 312 OF 561
	<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) EMERY SKELTON			Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2014	
Mailing Address P.O. BOX 4656			Transaction ID : SA11AI.21390	
City GREENVILLE	State MS	Zip Code 38704	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 1500.00	
Name of Employer SOUTHERN AGCREDIT		Occupation DIRECTOR	Election Cycle-to-Date 1500.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				

Full Name (Last, First, Middle Initial) EMERY SKELTON			Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2014	
Mailing Address P.O. BOX 4656			Transaction ID : SA11AI.21391	
City GREENVILLE	State MS	Zip Code 38704	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 2500.00	
Name of Employer SOUTHERN AGCREDIT		Occupation DIRECTOR	Election Cycle-to-Date 2500.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				

Full Name (Last, First, Middle Initial) WILLIAM E. SKINNER			Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2014	
Mailing Address 4462 EMPEROR DR			Transaction ID : SA11AI.21782	
City MOBILE	State AL	Zip Code 36608	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 1000.00	
Name of Employer VT HALTER MARINE		Occupation CEO	Election Cycle-to-Date 1000.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				

SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

1402010303E

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 313 OF 561		
	(check only one)	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) HOMER SLEDGE III		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 1200 FARMER STREET		Transaction ID : SA11AI.21378
City CLEVELAND	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer NEHI BOTTLING CO	Occupation EXECUTIVE	Transaction ID : SA11AI.21387
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) HOMER SLEDGE JR		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 315 S. LEFLORE		Transaction ID : SA11AI.21387
City CLEVELAND	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer NEHI BOTTLING CO	Occupation EXECUTIVE	Transaction ID : SA11AI.21376
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) JERRY SLOCUM		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address P.O. BOX 323		Transaction ID : SA11AI.21376
City COLDWATER	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer SELF	Occupation FARMER	Transaction ID : SA11AI.21376
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

14020103036

**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 314 OF 561
	<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)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
BRIGGS SMITH

Mailing Address **P.O. DRAWER 1586**

City **BATESVILLE** State **MS** Zip Code **38606**

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

Name of Employer **Smith, Phillips, Mitchell** Occupation **Attorney**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **03 / 31 / 2014**

Transaction ID : **SA11AI.22096**

Amount of Each Receipt this Period **500.00**

B. Full Name (Last, First, Middle Initial)
DIANNE C. SMITH

Mailing Address **P.O. BOX 1981**

City **CLARKSDALE** State **MS** Zip Code **38614**

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

Name of Employer **DIXIE BODY SHOP, INC.** Occupation **MANAGEMENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **03 / 10 / 2014**

Transaction ID : **SA11AI.21373**

Amount of Each Receipt this Period **500.00**

C. Full Name (Last, First, Middle Initial)
DONALD K. SMITH

Mailing Address **800 NORTHWOOD COMMONS DR**

City **MERIDIAN** State **MS** Zip Code **39305**

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

Name of Employer **RUSH HEALTH SYSTEMS** Occupation **CORPORATE DIRECTOR, HUMAN RESOUR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **02 / 03 / 2014**

Transaction ID : **SA11AI.20283**

Amount of Each Receipt this Period **250.00**

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

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

1250.00

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

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

FOR LINE NUMBER:		PAGE 315 OF 561	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
12	13a	13b	14
			15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) JAMES E. SMITH		Date of Receipt MM / DD / YYYY 02 / 28 / 2014	
Mailing Address 5214 FARRINGTON ROAD		Transaction ID : SA11AI.20511	
City BETHESDA	State MD	Zip Code 20816	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer THE SMITH-FREE GROUP	Occupation CHAIRMAN		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) JAMES E. SMITH		Date of Receipt MM / DD / YYYY 03 / 17 / 2014	
Mailing Address 5214 FARRINGTON ROAD		Transaction ID : SA11AI.21183	
City BETHESDA	State MD	Zip Code 20816	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer THE SMITH-FREE GROUP	Occupation CHAIRMAN		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1500.00	

Full Name (Last, First, Middle Initial) JOHN J. SMITH		Date of Receipt MM / DD / YYYY 01 / 31 / 2014	
Mailing Address 54 HIGH MEADOW LANE		Transaction ID : SA11AI.19556	
City MIDDLEFIELD	State CT	Zip Code 06455	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer PIONEER AEROSPACE	Occupation PRESIDENT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

1492919303

**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 316 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) NEAL EDWARD SMITH		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 1847 LAKE MANOR		Transaction ID : SA11AI.21369
City GREENVILLE	State MS	Zip Code 38701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer SELF	Occupation FARMER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

B. Full Name (Last, First, Middle Initial) SID SMITH		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 222 SOMERSET DR.		Transaction ID : SA11AI.19652
City HATTIESBURG	State MS	Zip Code 39402
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer PIONEER AEROSPACE	Occupation SALES MGR	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

C. Full Name (Last, First, Middle Initial) W. MARION SMITH		Date of Receipt MM / DD / YYYY 03 / 18 / 2014
Mailing Address P.O. BOX 1307		Transaction ID : SA11AI.21537
City NATCHEZ	State MS	Zip Code 39121
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer TRULY SMITH & LATHAM, PLLC	Occupation ATTORNEY	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

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

1492819393

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

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

FOR LINE NUMBER: PAGE 317 OF 561
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
WILLIAM R. SMYTHE

Mailing Address **3371 TRIBBETT RD**

City **LELAND** State **MS** Zip Code **38756**

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

Name of Employer **SELF** Occupation **FARMER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **03 / 10 / 2014**
Transaction ID : **SA11AI.21367**

Amount of Each Receipt this Period **1000.00**

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

Mailing Address **141 BAYOU CIRCLE**

City **GULFPORT** State **MS** Zip Code **39507**

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

Name of Employer **STEWART SNEED HEWES** Occupation **INSURANCE AGENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt **01 / 31 / 2014**
Transaction ID : **SA11AI.19945**

Amount of Each Receipt this Period **2500.00**

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

Mailing Address **122 TEMPSFORD LANE**

City **RICHMOND** State **VA** Zip Code **23226**

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

Name of Employer **CERBERUS CAPITAL MGMT, LLC** Occupation **CHAIRMAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **03 / 31 / 2014**
Transaction ID : **SA11AI.22345**

Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **4500.00**

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

14020183840

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 318 OF 561	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) GREG SNOWDEN		Date of Receipt MM / DD / YYYY 02 / 03 / 2014
Mailing Address P.O. BOX 3807		Transaction ID : SA11AI.20284
City MERIDIAN	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SELF	Occupation ATTORNEY	Election Cycle-to-Date 250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

B. Full Name (Last, First, Middle Initial) ALAN SOBBA		Date of Receipt MM / DD / YYYY 03 / 31 / 2014
Mailing Address 2900 KEY BLVD		Transaction ID : SA11AI.22080
City ARLINGTON	State VA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SELF	Occupation CONSULTANT	Election Cycle-to-Date 500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

C. Full Name (Last, First, Middle Initial) Dr. MOBASHIR SOLANGI		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 8288 JENNIFER LANE		Transaction ID : SA11AI.19944
City LONG BEACH	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer MARINE LIFE OCEANARIUM	Occupation PRESIDENT & CEO	Election Cycle-to-Date 2600.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	3350.00
TOTAL This Period (last page this line number only).....	

14928193941

**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 319 OF 561

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
LELAND R. SPEED

Mailing Address **P.O. BOX 22728**

City **JACKSON** State **MS** Zip Code **39225**

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

Name of Employer **EASTGROUP PROPERTIES** Occupation **CHAIRMAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **01 31 2014**
Transaction ID : **SA11AI.19800**

Amount of Each Receipt this Period **1000.00**

B. Full Name (Last, First, Middle Initial)
STANLEY J. SPRADLING

Mailing Address **2203 DOGWOOD DR**

City **WEST POINT** State **MS** Zip Code **39773**

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

Name of Employer **CALVERT SPRADLING ENGINEERING** Occupation **ENGINEER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **03 25 2014**
Transaction ID : **SA11AI.21773**

Amount of Each Receipt this Period **250.00**

C. Full Name (Last, First, Middle Initial)
DREW T. ST. JOHN II

Mailing Address **100 COVINGTON BEND**

City **MADISON** State **MS** Zip Code **39110**

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

Name of Employer **NEW SOUTH ACCESS** Occupation **ENVIRONMENTAL SERVICES**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **01 31 2014**
Transaction ID : **SA11AI.19799**

Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **2250.00**

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

14020103042

**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 320 OF 561
	<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) JERRY ST. PE'			Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 806 POWELLS POINT DR			Transaction ID : SA11AI.19941
City GAUTIER	State MS	Zip Code 39553	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 2600.00
Name of Employer RETIRED		Occupation RETIRED	Transaction ID : SA11AI.19943
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) JERRY ST. PE'			Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 806 POWELLS POINT DR			Transaction ID : SA11AI.19943
City GAUTIER	State MS	Zip Code 39553	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 2600.00
Name of Employer RETIRED		Occupation RETIRED	Transaction ID : SA11AI.21816
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) JAMES L. STAFFORD			Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address P.O. DRAWER 1216			Transaction ID : SA11AI.21816
City WEST POINT	State MS	Zip Code 39773	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 1000.00
Name of Employer WATKINS WARD & STAFFORD		Occupation CPA	Transaction ID : SA11AI.21816
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	6200.00
TOTAL This Period (last page this line number only).....	

14020183043

**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 321 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) WALLACE STAGGS		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address 623 HIGHLAND STREET		Transaction ID : SA11AI.22260
City NEW ALBANY	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer RETIRED	Occupation RETIRED	Transaction ID : SA11AI.22260
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) MARTHA STARK		Date of Receipt MM / DD / YYYY 01 / 28 / 2014
Mailing Address 1007 N. LAMAR BLVD. STE 4		Transaction ID : SA11AI.19460
City OXFORD	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer STATE FARM	Occupation AGENT	Transaction ID : SA11AI.19460
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) GIBB STEELE		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 40 RIVERSIDE RD		Transaction ID : SA11AI.21365
City HOLLANDALE	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1600.00
Name of Employer SELF	Occupation FARMER	Transaction ID : SA11AI.21365
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

SUBTOTAL of Receipts This Page (optional).....	2100.00
TOTAL This Period (last page this line number only).....	

14929183844

**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 322 OF 561	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) GIBB STEELE		Date of Receipt 03 / 10 / 2014	
Mailing Address 40 RIVERSIDE RD		Transaction ID : SA11A1.21366	
City HOLLANDALE	State MS	Zip Code 38748	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C			
Name of Employer SELF	Occupation FARMER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

Full Name (Last, First, Middle Initial) GIBSON STEELE		Date of Receipt 03 / 10 / 2014	
Mailing Address 40 RIVERSIDE RD		Transaction ID : SA11A1.21371	
City HOLLANDALE	State MS	Zip Code 38748	Amount of Each Receipt this Period 1600.00
FEC ID number of contributing federal political committee. C			
Name of Employer SELF	Occupation FARMER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) GIBSON STEELE		Date of Receipt 03 / 10 / 2014	
Mailing Address 40 RIVERSIDE RD		Transaction ID : SA11A1.21372	
City HOLLANDALE	State MS	Zip Code 38748	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C			
Name of Employer SELF	Occupation FARMER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

SUBTOTAL of Receipts This Page (optional).....	6800.00
TOTAL This Period (last page this line number only).....	

14829183845

**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)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. DICK STEVENS		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2014	
Mailing Address 126 SOUTH BELZONI ST		Transaction ID : SA11AI.21363	
City ISOLA	State MS	Zip Code 38754	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 1000.00	
Name of Employer STEVENS FARM SHOP	Occupation OWNER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		
Full Name (Last, First, Middle Initial) B. RUSSELL STEWART		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2014	
Mailing Address 98 EAST 1ST STREET		Transaction ID : SA11AI.21385	
City ANGUILLA	State MS	Zip Code 38721	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 500.00	
Name of Employer BANK OF ANGUILLA	Occupation EXECUTIVE VP		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		
Full Name (Last, First, Middle Initial) C. TERENCE P. STEWART		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 31 / 2014	
Mailing Address 2100 M ST. NW STE. 200		Transaction ID : SA11AI.20000	
City WASHINGTON	State DC	Zip Code 20037	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 1000.00	
Name of Employer STEWART AND STEWART	Occupation MANAGING PARTNER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		
SUBTOTAL of Receipts This Page (optional).....		2500.00	
TOTAL This Period (last page this line number only).....		2500.00	

**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 324 OF 561

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
RUSSELL W. STIGALL III

Mailing Address **P.O. BOX 4466**

City **GREENVILLE** State **MS** Zip Code **38704**

Date of Receipt
M M / D D / Y Y Y Y
03 / 10 / 2014

Transaction ID : **SA11AI.21384**

FEC ID number of contributing federal political committee. **C**

Amount of Each Receipt this Period
1000.00

Name of Employer **BAGGETT FARMS** Occupation **FARMER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

B. Full Name (Last, First, Middle Initial)
HAGAN STONE

Mailing Address **1909 HARPETH RIVER DRIVE**

City **BRENTWOOD** State **TN** Zip Code **37027**

Date of Receipt
M M / D D / Y Y Y Y
03 / 26 / 2014

Transaction ID : **SA11AI.21963**

FEC ID number of contributing federal political committee. **C**

Amount of Each Receipt this Period
500.00
VoteSane PAC

Name of Employer **PILKERTON REALTORS** Occupation **REALTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

C. Full Name (Last, First, Middle Initial)
WALLACE STRICKLAND

Mailing Address **8219 SYCAMORE CREEK DR**

City **MERIDIAN** State **MS** Zip Code **39305**

Date of Receipt
M M / D D / Y Y Y Y
02 / 03 / 2014

Transaction ID : **SA11AI.20286**

FEC ID number of contributing federal political committee. **C**

Amount of Each Receipt this Period
1000.00

Name of Employer **RUSH HEALTH SYSTEMS** Occupation **HEALTHCARE EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

SUBTOTAL of Receipts This Page (optional)..... **2500.00**

TOTAL This Period (last page this line number only).....

14029193847

**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 325 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) GARY STRINGER		Date of Receipt MM / DD / YYYY 03 / 10 / 2014	
Mailing Address 209 WESTOVER DR		Transaction ID : SA11AI.21361	
City CLARKSDALE	State MS	Zip Code 38614	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer STRINGER INTERNATIONAL		Occupation OWNER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) B. SYKES STURDIVANT		Date of Receipt MM / DD / YYYY 03 / 10 / 2014	
Mailing Address P.O. BOX 230		Transaction ID : SA11AI.21425	
City GLENDORA	State MS	Zip Code 38928	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer SELF		Occupation FARMER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) MIKE P. STURDIVANT		Date of Receipt MM / DD / YYYY 03 / 10 / 2014	
Mailing Address P.O. BOX 230		Transaction ID : SA11AI.21360	
City GLENDORA	State MS	Zip Code 38928	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer DUE WEST		Occupation FARMER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	

14020183049

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 326 OF 561	
	(check only one)			
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	
				<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) WALKER STURDIVANT		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address P.O. BOX 230		Transaction ID : SA11AI.21424
City GLENDORA	State MS	
Zip Code 38928	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer DUE WEST	Occupation FARMER	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

B. Full Name (Last, First, Middle Initial) JAY R. SULLIVAN		Date of Receipt MM / DD / YYYY 03 / 17 / 2014
Mailing Address 6120 VERNON TERRACE		Transaction ID : SA11AI.21479
City ALEXANDRIA	State VA	
Zip Code 22307	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer JAMISON & SULLIVAN	Occupation PRESIDENT	Election Cycle-to-Date 500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

C. Full Name (Last, First, Middle Initial) WARREN W. SULLIVAN		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address P.O. BOX 864		Transaction ID : SA11AI.21416
City TUNICA	State MS	
Zip Code 38676	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer WELLS FARMING COMPANY	Occupation FARMER	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	

14020193949

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 327 OF 561

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
HOWARD GOODLOE SUTTON Jr.

Mailing Address **1331 SOUTH EADS RD**
#1716

City **ARLINGTON** State **VA** Zip Code **22202**

FEC ID number of contributing federal political committee. **C**

Name of Employer **BOEING** Occupation **DIRECTOR, LEGAL AFFAIRS**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **02 / 06 / 2014**

Transaction ID : **SA11AI.20347**

Amount of Each Receipt this Period **1000.00**

B. Full Name (Last, First, Middle Initial)
SHERRY SWAIN

Mailing Address **902 HOWARD RD.**

City **STARKVILLE** State **MS** Zip Code **39759**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NATIONAL WRITING PROJECT** Occupation **EDUCATOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **01 / 03 / 2014**

Transaction ID : **SA11AI.19397**

Amount of Each Receipt this Period **1000.00**

C. Full Name (Last, First, Middle Initial)
WALKER J. SWANEY Jr.

Mailing Address **350 WINDSOR DR. NORTH**

City **OXFORD** State **MS** Zip Code **38655**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF** Occupation **CONSULTANT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **01 / 28 / 2014**

Transaction ID : **SA11AI.19502**

Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **2250.00**

TOTAL This Period (last page this line number only).....

14020103050

**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 328 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) WALKER J. SWANEY Jr.		Date of Receipt MM / DD / YYYY 02 / 06 / 2014	
Mailing Address 350 WINDSOR DR. NORTH		Transaction ID : SA11AI.20349	
City OXFORD	State MS	Zip Code 38655	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer SELF	Occupation CONSULTANT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 750.00	

Full Name (Last, First, Middle Initial) JOHN H. SWAYZE		Date of Receipt MM / DD / YYYY 03 / 10 / 2014	
Mailing Address 1830 SWAYZE HOME PLACE RD		Transaction ID : SA11AI.21423	
City BENTON	State MS	Zip Code 39039	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer SELF-EMPLOYED	Occupation FARMER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) ALLYN L. SWEENEY		Date of Receipt MM / DD / YYYY 01 / 28 / 2014	
Mailing Address 300 WINDSOR DR. NORTH		Transaction ID : SA11AI.19504	
City OXFORD	State MS	Zip Code 38655	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

14020183051

**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 329 OF 561	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) STEVE SYMMS		Date of Receipt MM / DD / YYYY 03 / 17 / 2014
Mailing Address 517 C ST. NE		Transaction ID : SA11AI.21478
City WASHINGTON	State DC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Perry, Romani, DeConcini & Sym	Occupation Lobbyist	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) BILL RYAN TABB		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 112 ANNSLEY COVE		Transaction ID : SA11AI.21412
City CLEVELAND	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer SELF	Occupation FARMER	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) DANIEL TACKETT		Date of Receipt MM / DD / YYYY 03 / 28 / 2014
Mailing Address 300 CHERRY STREET		Transaction ID : SA11AI.22128
City MARKS	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer TACKETT AGENCY	Occupation OWNER	Election Cycle-to-Date 500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

14929183952

**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 330 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. JIM TACKETT		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 900 ROBERT E LEE		Transaction ID : SA11A1.21410
City GREENWOOD	State MS	
Zip Code 38930		
FEC ID number of contributing federal political committee. C		
Name of Employer TACKETT FISH FARMS	Occupation OWNER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) B. CHRIS TALLEY		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 489 MS HIGHWAY 3		Transaction ID : SA11A1.21407
City TUTWEILER	State MS	
Zip Code 38963		
FEC ID number of contributing federal political committee. C		
Name of Employer HUNTER FARMS, INC.	Occupation FARMER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) C. THOMAS M. TANN III		Date of Receipt M M / D D / Y Y Y Y 01 / 28 / 2014
Mailing Address 1080 AUGUSTA DR.		Transaction ID : SA11A1.19461
City OXFORD	State MS	
Zip Code 38655		
FEC ID number of contributing federal political committee. C		
Name of Employer SELF	Occupation PHYSICIAN	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	

140201030053

**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 331 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) DAVID F. TAYLOR Jr.		Date of Receipt M / M / D D D / Y Y Y Y Y Y 01 / 27 / 2014	
Mailing Address 708 WEST BRADDOCK ROAD		Transaction ID : SA11AI.19430	
City ALEXANDRIA	State VA	Zip Code 22302	Amount of Each Receipt this Period 1600.00
FEC ID number of contributing federal political committee. C			
Name of Employer CAPITOL SOLUTIONS	Occupation GOVERNMENT RELATIONS CONSULTANT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) DAVID F. TAYLOR Jr.		Date of Receipt M / M / D D D / Y Y Y Y Y Y 01 / 27 / 2014	
Mailing Address 708 WEST BRADDOCK ROAD		Transaction ID : SA11AI.19431	
City ALEXANDRIA	State VA	Zip Code 22302	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer CAPITOL SOLUTIONS	Occupation GOVERNMENT RELATIONS CONSULTANT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3600.00		

Full Name (Last, First, Middle Initial) MARGARET D. TAYLOR		Date of Receipt M / M / D D D / Y Y Y Y Y Y 03 / 25 / 2014	
Mailing Address 937 WEST MAIN ST		Transaction ID : SA11AI.22150	
City LOUISVILLE	State MS	Zip Code 39339	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C			
Name of Employer NONE	Occupation HOMEMAKER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

SUBTOTAL of Receipts This Page (optional).....	5200.00
TOTAL This Period (last page this line number only).....	

14020183854

**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 332 OF 561	
	<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) WILLIAM A. TAYLOR III		Date of Receipt MM / DD / YYYY 03 / 25 / 2014	
Mailing Address 937 W. MAIN ST		Transaction ID : SA11AI.22148	
City LOUISVILLE	State MS	Zip Code 39339	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C			
Name of Employer TAYLOR MACHINE WORKS	Occupation PRESIDENT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) DENNY TERRELL		Date of Receipt MM / DD / YYYY 03 / 28 / 2014	
Mailing Address 109 FAIRWAY LANE		Transaction ID : SA11AI.22116	
City KOSCIUSKO	State MS	Zip Code 39090	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer IVEY MECHANICAL CO.	Occupation PRESIDENT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) MICHELLE TESSIER		Date of Receipt MM / DD / YYYY 03 / 28 / 2014	
Mailing Address 6039 FRANKLIN PARK RD		Transaction ID : SA11AI.21886	
City MCLEAN	State VA	Zip Code 22101	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer PODESTA GROUP	Occupation PUBLIC AFFAIRS CONSULTANT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	3850.00
TOTAL This Period (last page this line number only).....	

14020103055

**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 333 OF 561
	<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) J.H. THAMES Jr.			Date of Receipt MM / DD / YYYY 01 / 31 / 2014	
Mailing Address 2734 QUAIL RUN			Transaction ID : SA11AI.19775	
City JACKSON	State MS	Zip Code 39211	Amount of Each Receipt this Period 2600.00	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 2600.00	
Name of Employer PARK DEVELOPMENT		Occupation REAL ESTATE	Amount of Each Receipt this Period 2600.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2600.00	Amount of Each Receipt this Period 2600.00	

Full Name (Last, First, Middle Initial) J.H. THAMES Jr.			Date of Receipt MM / DD / YYYY 01 / 31 / 2014	
Mailing Address 2734 QUAIL RUN			Transaction ID : SA11AI.19776	
City JACKSON	State MS	Zip Code 39211	Amount of Each Receipt this Period 5200.00	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 5200.00	
Name of Employer PARK DEVELOPMENT		Occupation REAL ESTATE	Amount of Each Receipt this Period 5200.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5200.00	Amount of Each Receipt this Period 5200.00	

Full Name (Last, First, Middle Initial) MRS. S.F. THAMES			Date of Receipt MM / DD / YYYY 01 / 31 / 2014	
Mailing Address 37 BOCAGE RD			Transaction ID : SA11AI.19939	
City HATTEISBURG	State MS	Zip Code 39402	Amount of Each Receipt this Period 2600.00	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 2600.00	
Name of Employer RETIRED		Occupation RETIRED	Amount of Each Receipt this Period 2600.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2600.00	Amount of Each Receipt this Period 2600.00	

SUBTOTAL of Receipts This Page (optional).....	7800.00
TOTAL This Period (last page this line number only).....	

14020183050

**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 334 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. SHELBY F. THAMES		Date of Receipt MM / DD / YYYY 01 / 31 / 2014	
Mailing Address 37 BOCAGE ROAD		Transaction ID : SA11AI.19938	
City HATTIESBURG	State MS	Zip Code 39402	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C			
Name of Employer UNIV OF SOUTHERN MISSISSIPPI	Occupation DISTINGUISHED UNIVERSITY RESEARCH P		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) B. DAN THEUNISSEN		Date of Receipt MM / DD / YYYY 03 / 28 / 2014	
Mailing Address 72 THEUNISSEN ROAD		Transaction ID : SA11AI.22138	
City HOLLANDALE	State MS	Zip Code 38748	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer THEUNISSEN FARMS PARTNERSHIP	Occupation FARMER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) C. ERNEST G. THOMAS		Date of Receipt MM / DD / YYYY 03 / 03 / 2014	
Mailing Address 3336 INDIANA AVE.		Transaction ID : SA11AI.20715	
City VICKSBURG	State MS	Zip Code 39180	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C			
Name of Employer SELF	Occupation FARMER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		

SUBTOTAL of Receipts This Page (optional).....	5100.00
TOTAL This Period (last page this line number only).....	

14920103057

**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 335 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. JAMES T. THOMAS IV		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2014	
Mailing Address 2315 EGYPT ROAD		Transaction ID : SA11AI.21404	
City CRUGER	State MS	Zip Code 38924	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer W&J PAYMASTER, INC.	Occupation FARMER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) B. MICHAEL D. THOMAS		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2014	
Mailing Address 210 S. DEWEY ST		Transaction ID : SA11AI.22314	
City ACKERMAN	State MS	Zip Code 39735	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer CHOCTAW COUNTY VOCATIONAL CTR	Occupation DIRECTOR		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) C. CHARLIE THOMAS III		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2014	
Mailing Address P.O. BOX 98		Transaction ID : SA11AI.22181	
City SHUQUALAK	State MS	Zip Code 39361	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer SHUQUALAK LUMBER	Occupation MANAGER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

14020193050

**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 336 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
W. ANDERSON THOMAS JR.

Mailing Address **3234 JEFFERSON ST**

City MACON	State MS	Zip Code 39341
----------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SHUQUALAK LUMBER	Occupation VP
---	-------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2014

Transaction ID : **SA11AI.21802**

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
J.F. THOMPSON Jr.

Mailing Address **P.O. BOX 5613**

City MERIDIAN	State MS	Zip Code 39302
-------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INSURANCE SOLUTION	Occupation OWNER/PARTNER
---	------------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2014

Transaction ID : **SA11AI.22319**

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
WILLIAM M. THOMPSON

Mailing Address **6 PROVENCE BLVD.**

City MADISON	State MS	Zip Code 39110
------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer CLINIC OF PLASTIC SURGERY	Occupation PHYSICIAN
--	--------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2014

Transaction ID : **SA11AI.21398**

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

14020103050

**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 337 OF 561	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) KENNETH THOMPSON JR.		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address P.O. BOX 1609		Transaction ID : SA11AI.21402
City GREENWOOD	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer KENNETH R. THOMPSON, JR. BUILD	Occupation BUILDER	1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) RICHARD THOMS		Date of Receipt MM / DD / YYYY 03 / 26 / 2014
Mailing Address 105 NORTH LANE		Transaction ID : SA11AI.21868
City NEWTON	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer SELF	Occupation TIMBER BROKER/REAL ESTATE	1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) BILLY THORNTON		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 8 AUDUBON POINTE		Transaction ID : SA11AI.20003
City GULFPORT	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer MISSISSIPPI POWER CO.	Occupation VP LEGISLATIVE AFFAIRS	1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

14020103000

**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 338 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) TOMMY G. THORNTON		Date of Receipt M M / D D / Y Y Y Y 01 / 31 / 2014	
Mailing Address 137 W. CANEBRAKE BLVD.		Transaction ID : SA11AI.19558	
City HATTIESBURG	State MS	Zip Code 39402	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer HATTIESBURG CLINIC	Occupation EXECUTIVE DIRECTOR		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) W. JAMES THREADGILL		Date of Receipt M M / D D / Y Y Y Y 01 / 28 / 2014	
Mailing Address 3119 PLANTATION CIR E.		Transaction ID : SA11AI.19507	
City TUPELO	State MS	Zip Code 38804	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer BANCORPSOUTH BANK	Occupation OFFICER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) WILLIAM J. THREADGILL		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2014	
Mailing Address 1407 BRIARWOOD CIRCLE		Transaction ID : SA11AI.22147	
City COLUMBUS	State MS	Zip Code 39705	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee.		C	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	

14020103001

**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 339 OF 561

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
WAYMON TIGRETT

Mailing Address **P.O. BOX 395**

City **BRANDON** State **MS** Zip Code **39043**

FEC ID number of contributing federal political committee. **C**

Name of Employer **BRANDON DISCOUNT DRUG** Occupation **PHARMACIST**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt **01 / 31 / 2014**
Transaction ID : **SA11AI.19772**

Amount of Each Receipt this Period **2600.00**

B. Full Name (Last, First, Middle Initial)
WHEELER TIMBS III

Mailing Address **6 NORTH PECAN DRIVE**

City **INDIANOLA** State **MS** Zip Code **38751**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INDIANOLA PECAN HOUSE** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt **03 / 10 / 2014**
Transaction ID : **SA11AI.21422**

Amount of Each Receipt this Period **1000.00**

C. Full Name (Last, First, Middle Initial)
CHARLES S. TINDALL III

Mailing Address **BOX 918**

City **GREENVILLE** State **MS** Zip Code **38702**

FEC ID number of contributing federal political committee. **C**

Name of Employer **LAKE, TINDALL, LLP** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **03 / 25 / 2014**
Transaction ID : **SA11AI.22251**

Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **4100.00**

TOTAL This Period (last page this line number only).....

14029183092

**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 340 OF 561
	<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) RICHARD TOPP		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 16 NORTH PT.		Transaction ID : SA11AI.19560
City HATTIESBURG	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer NICHOLSON AND COMPANY, PLLC	Occupation PARTNER	Election Cycle-to-Date 250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) HUE TOWNSEND		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 409 LEE STREET		Transaction ID : SA11AI.21414
City BELZONI	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer GUARANTY BANK & TRUST CO	Occupation EVP OF CREDIT	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) HUEY TOWNSEND		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 710 FRANCES DR		Transaction ID : SA11AI.21420
City BELZONI	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer GUARANTY BANK & TRUST CO	Occupation PRESIDENT/CEO	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	

14020103863

**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 341 OF 561	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) JOHN R. TREICHLER		Date of Receipt MM / DD / YYYY 03 / 31 / 2014
Mailing Address 12692 ROBLE VENENO LN		Transaction ID : SA11AI.22084
City LOS ALTOS HILLS	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer RAYTHEON	Occupation EXECUTIVE	Election Cycle-to-Date 500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

B. Full Name (Last, First, Middle Initial) CHIP TRIPLETT		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 2 BRIDGEMONT		Transaction ID : SA11AI.19771
City RIDGELAND	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer PARK DEVELOPMENT	Occupation REAL ESTATE	Election Cycle-to-Date 2600.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

C. Full Name (Last, First, Middle Initial) JOHN TUCK		Date of Receipt MM / DD / YYYY 02 / 06 / 2014
Mailing Address 3117 MILITARY ROAD		Transaction ID : SA11AI.20322
City ARLINGTON	State VA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer BAKER DONELSON	Occupation SR PUBLIC POLICY ADVISOR	Election Cycle-to-Date 1500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	4100.00
TOTAL This Period (last page this line number only).....	

14020183064

**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 342 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. PAMELA TURNER		Date of Receipt MM / DD / YY 02 / 06 / 2014	
Mailing Address 4831 26TH ST N		Transaction ID : SA11AI.20323	
City ARLINGTON	State VA	Zip Code 22207	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee.		C	
Name of Employer PRIME POLICY GROUP	Occupation MANAGING DIRECTOR		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) B. JAMES E. TURNER III		Date of Receipt MM / DD / YY 03 / 10 / 2014	
Mailing Address P.O. BOX 1169		Transaction ID : SA11AI.21394	
City CLEVELAND	State MS	Zip Code 38732	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer PINNACLE/JIMMY SANDERS SEED CO	Occupation MANAGEMENT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) C. MICHAEL ULMER		Date of Receipt MM / DD / YY 01 / 31 / 2014	
Mailing Address 445 HIGHLAND MEADOW RD		Transaction ID : SA11AI.19768	
City FLORA	State MS	Zip Code 39071	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee.		C	
Name of Employer WATKINS & EAGER	Occupation ATTORNEY		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

14020183005

**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 343 OF 561	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. MICHAEL ULMER		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address 445 HIGHLAND MEADOW RD		Transaction ID : SA11AI.22328
City FLORA	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer WATKINS & EAGER	Occupation ATTORNEY	500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) B. RANCE ULMER		Date of Receipt MM / DD / YYYY 03 / 12 / 2014
Mailing Address P.O. BOX 1		Transaction ID : SA11AI.21582
City BAY SPRINGS	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer ULMER LAW OFFICE	Occupation ATTORNEY	500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) C. MICHAEL UPCHURCH		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address P.O. BOX 8106		Transaction ID : SA11AI.21396
City GREENWOOD	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer UPCHURCH PLUMBING INC.	Occupation CONTRACTOR	1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

14020103000

**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 344 OF 561
	<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. LAURIE URBIGKIT		Date of Receipt MM / DD / YYYY 03 / 26 / 2014
Mailing Address 857 S. LINCOLN		Transaction ID : SA11AI.21965
City CASPER	State WY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer ACMS REALTY	Occupation REALTOR	VoteSane PAC
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) B. JAMES I. VALENTINE		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 4440 WILLARD AVE APT 1413		Transaction ID : SA11AI.21454
City CHEVY CHASE	State MD	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer INSTITUTE FOR EDUCATION	Occupation FOUNDER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) C. KELSEY KEMPER VALENTINE		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 4422 LOWELL ST NW		Transaction ID : SA11AI.21452
City WASHINGTON	State DC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer INSTITUTE FOR EDUCATION	Occupation INTERN	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

14020183867

**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 345 OF 561
	<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)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) WILLIAM J. VAN DEVENDER		Date of Receipt M M / D D / Y Y Y Y 01 / 31 / 2014	
Mailing Address P.O. BOX 5327		Transaction ID : SA11AI.19637	
City State Zip Code JACKSON MS 39296	Amount of Each Receipt this Period 2600.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation SOUTHERN TIMBER VENTURE, LLC PRESIDENT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

B. Full Name (Last, First, Middle Initial) WILLIAM J. VAN DEVENDER		Date of Receipt M M / D D / Y Y Y Y 01 / 31 / 2014	
Mailing Address P.O. BOX 5327		Transaction ID : SA11AI.19639	
City State Zip Code JACKSON MS 39296	Amount of Each Receipt this Period 2600.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation SOUTHERN TIMBER VENTURE, LLC PRESIDENT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

C. Full Name (Last, First, Middle Initial) MARK E. VAN DE WATER		Date of Receipt M M / D D / Y Y Y Y 02 / 06 / 2014	
Mailing Address 7171 LEETON RIDGE RD.		Transaction ID : SA11AI.20331	
City State Zip Code WARRENTON VA 20186	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation BAKER DONELSON SR. PUBLIC POLICY ADVISOR		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00		

SUBTOTAL of Receipts This Page (optional).....	5450.00
TOTAL This Period (last page this line number only).....	

14020103000

**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 346 OF 561	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) GEORGE L. VANLANDINGHAM JR.		Date of Receipt 03 / 10 / 2014
Mailing Address 44 BROWN RD		Transaction ID : SA11AI.21448
City LELAND	State MS	
Zip Code 38756		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer VANLANDINGHAM FARMS	Occupation FARMER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) JONATHAN E. VAN NAMEN		Date of Receipt 03 / 10 / 2014
Mailing Address 280 HWY 448		Transaction ID : SA11AI.21450
City BENOIT	State MS	
Zip Code 38725		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer BENOIT FLYING	Occupation PRESIDENT	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) DAVID VEAL		Date of Receipt 01 / 31 / 2014
Mailing Address 2629 PARK VIEW DR.		Transaction ID : SA11AI.20008
City BILOXI	State MS	
Zip Code 39531		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer AMERICAN SHRIMP PROCESSORS	Occupation EXECUTIVE DIRECTOR	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

14020103000

**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 347 OF 561
	<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)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) CHARLES R. VEAZEY III		Date of Receipt MM DD / YY 03 10 / 2014
Mailing Address 1 MORNINGSIDE DR		Transaction ID : SA11AI.21446
City INDIANOLA	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer WRT, LLC	Occupation MEMBER	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

B. Full Name (Last, First, Middle Initial) GERALD VERNON		Date of Receipt MM DD / YY 03 13 / 2014
Mailing Address 108 GREENRIDGE DR		Transaction ID : SA11AI.21584
City MADISON	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer VERNON COMMERCIAL PROPERTIES	Occupation PRESIDENT	Election Cycle-to-Date 250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

C. Full Name (Last, First, Middle Initial) D. FREDERICK VIAL		Date of Receipt MM DD / YY 03 25 / 2014
Mailing Address 35 SOLVER LEAF CT		Transaction ID : SA11AI.22225
City LAUREL	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer RADIOLOGY ASSOCIATES	Occupation RADIOLOGIST	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	

14020103070

**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 348 OF 561	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) LEE VOULTERS		Date of Receipt MM / DD / YYYY 01 / 31 / 2014	
Mailing Address 927 E. SCENIC DR		Transaction ID : SA11AI.19934	
City PASS CHRISTIAN	State MS	Zip Code 39571	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer SELF	Occupation NEUROLOGIST		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) JOE A. WAGGONER		Date of Receipt MM / DD / YYYY 01 / 31 / 2014	
Mailing Address 100 CHERRY LAUREL LN		Transaction ID : SA11AI.19766	
City RIDGELAND	State MS	Zip Code 39157	Amount of Each Receipt this Period 1100.00
FEC ID number of contributing federal political committee. C			
Name of Employer WAGGONER ENGINEERING, INC	Occupation PRESIDENT/CEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) JOE A. WAGGONER		Date of Receipt MM / DD / YYYY 01 / 31 / 2014	
Mailing Address 100 CHERRY LAUREL LN		Transaction ID : SA11AI.19767	
City RIDGELAND	State MS	Zip Code 39157	Amount of Each Receipt this Period 1500.00
FEC ID number of contributing federal political committee. C			
Name of Employer WAGGONER ENGINEERING, INC	Occupation PRESIDENT/CEO		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4100.00		

SUBTOTAL of Receipts This Page (optional).....	3600.00
TOTAL This Period (last page this line number only).....	

14020103071

**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 349 OF 561
	<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) MICHAEL WAGNER			Date of Receipt MM / DD / YYYY 03 / 10 / 2014	
Mailing Address P.O. BOX 456			Transaction ID : SA11AI.21428	
City SUMNER	State MS	Zip Code 38957	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Name of Employer SELF		
Occupation FARMER		Election Cycle-to-Date 2000.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				

Full Name (Last, First, Middle Initial) MITCHELL WALDMAN			Date of Receipt MM / DD / YYYY 03 / 31 / 2014	
Mailing Address 7414 DOROTHY COURT			Transaction ID : SA11AI.22069	
City SPRINGFIELD	State VA	Zip Code 22153	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Name of Employer HUNTINGTON INGALLS INDUSTRIES		
Occupation ASSOCIATE		Election Cycle-to-Date 1500.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				

Full Name (Last, First, Middle Initial) ANDREW WALKER			Date of Receipt MM / DD / YYYY 01 / 31 / 2014	
Mailing Address 108 CHANTILLY DRIVE			Transaction ID : SA11AI.19654	
City MADISON	State MS	Zip Code 39110	Amount of Each Receipt this Period 2600.00	
FEC ID number of contributing federal political committee. C		Name of Employer SELF		
Occupation INVESTOR		Election Cycle-to-Date 2600.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				

SUBTOTAL of Receipts This Page (optional).....	4100.00
TOTAL This Period (last page this line number only).....	

14020103072

**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 350 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) CHARLES WALKER		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2014	
Mailing Address 300 7TH STREET		Transaction ID : SA11AI.21456	
City MARKS	State MS	Zip Code 38646	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer WALKER FARMS	Occupation FARMER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) GEORGE R. WALKER III		Date of Receipt M M / D D / Y Y Y Y 01 / 31 / 2014	
Mailing Address 2000 CULLEYWOOD RD.		Transaction ID : SA11AI.19659	
City JACKSON	State MS	Zip Code 39211	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C			
Name of Employer HERITAGE PROPERTIES	Occupation CEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) HARRY M. WALKER		Date of Receipt M M / D D / Y Y Y Y 01 / 31 / 2014	
Mailing Address 148 ST. ANDREWS DR		Transaction ID : SA11AI.19765	
City JACKSON	State MS	Zip Code 39211	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer TRUSTMARK NATIONAL BANK	Occupation BANKER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	4600.00
TOTAL This Period (last page this line number only).....	

14020193073

**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 351 OF 561
	<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) JAMES A. WALKER		Date of Receipt MM / DD / YYYY 03 / 12 / 2014
Mailing Address 337 WESTOVER DRIVE		Transaction ID : SA11AI.20775
City CLARKSDALE	State MS	
Zip Code 38614		Amount of Each Receipt this Period 1100.00
FEC ID number of contributing federal political committee. C		
Name of Employer WALKER PROPERTIES	Occupation OWNER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1100.00	

Full Name (Last, First, Middle Initial) JIMMY B. WALKER		Date of Receipt MM / DD / YYYY 03 / 12 / 2014
Mailing Address 198 WRIGHT AVE		Transaction ID : SA11AI.20779
City ROLLING FORK	State MS	
Zip Code 39159		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer WALKER AGRICULTURAL SERVICES	Occupation CONSULTANT	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) MARTIN H. WALKER		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 310 SW DEER CREEK DR		Transaction ID : SA11AI.21131
City LELAND	State MS	
Zip Code 38756		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer MARTIN WALKER FARMS	Occupation FARMER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	1850.00
TOTAL This Period (last page this line number only).....	

14020103074

**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 352 OF 561
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) EDWARD WALL		Date of Receipt MM / DD / YYYY 03 / 31 / 2014
Mailing Address 129 ST. ANDREWS DR		Transaction ID : SA11AI.22038
City JACKSON	State MS	
Zip Code 39211	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Name of Employer RETIREED	
Occupation RETIREED		Election Cycle-to-Date 250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) MICHAEL B. WALLACE		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 318 HILLVIEW DR		Transaction ID : SA11AI.19764
City RIDGELAND	State MS	
Zip Code 39157	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Name of Employer PHELPS DUNBAR	
Occupation LAWYER		Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) DON WALLER		Date of Receipt MM / DD / YYYY 01 / 28 / 2014
Mailing Address 136 COUNTY ROAD 313		Transaction ID : SA11AI.19463
City OXFORD	State MS	
Zip Code 38655	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Name of Employer SELF	
Occupation FARMER		Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	

14029183975

**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 353 OF 561	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) CHRISTOPHER M. WALTERS		Date of Receipt M M / D D / Y Y - Y Y Y Y 03 / 03 / 2014
Mailing Address 123 PINNACLE CIR		Transaction ID : SA11AI.20717
City BRANDON	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer WILLIAM MORRIS GROUP, P.A.	Occupation PRINCIPAL	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

B. Full Name (Last, First, Middle Initial) W.L. WALTERS		Date of Receipt M M / D D / Y Y - Y Y Y Y 03 / 25 / 2014
Mailing Address P.O. BOX 896		Transaction ID : SA11AI.22248
City CLARKSDALE	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SELF	Occupation CPA	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

C. Full Name (Last, First, Middle Initial) GILES K. WARD		Date of Receipt M M / D D / Y Y - Y Y Y Y 03 / 25 / 2014
Mailing Address 114 JORDAN CIR		Transaction ID : SA11AI.21818
City LOUISVILLE	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer MS SENATE	Occupation SENATOR	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

14020103076

**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 354 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. ROBERT R. WARD			Date of Receipt MM / DD / YYYY 01 / 31 / 2014	
Mailing Address 4230 QUAIL RUN ROAD			Transaction ID : SA11AI.19631	
City JACKSON	State MS	Zip Code 39211	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer SELF		Occupation BUSINESS INVESTOR		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) B. DAVE J. WARE II			Date of Receipt MM / DD / YYYY 01 / 31 / 2014	
Mailing Address 402 REBECCA AVE.			Transaction ID : SA11AI.19752	
City HATTIESBURG	State MS	Zip Code 39401	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer SOUTHERN ANESTHESIA		Occupation CRNA		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) C. GREG WARNOCK			Date of Receipt MM / DD / YYYY 03 / 03 / 2014	
Mailing Address 803 S. CLEVELAND EXT			Transaction ID : SA11AI.21574	
City BROOKHAVEN	State MS	Zip Code 39601	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer FIRST BAPTIST CHURCH BROOKHAVE		Occupation PASTOR		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

14020103077

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 355 OF 561
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
JOSEPH F. WASHBURNE

Mailing Address 152 WILD MEADOWS

City HATTIESBURG	State MS	Zip Code 39402
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer WOMEN'S PAVILLION	Occupation PHYSICIAN
---------------------------------------	-------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2014

Transaction ID : SA11AI.22254

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
WAYNE WASHINGTON

Mailing Address 2311 COUNTRY CLUB ROAD

City TUPELO	State MS	Zip Code 38804
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer WASHINGTON INSURANCE	Occupation PRESIDENT
--	-------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
MM / DD / YYYY
01 / 31 / 2014

Transaction ID : SA11AI.19874

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
ROBERT H. WATSON

Mailing Address 6130 I-55 N.

City JACKSON	State MS	Zip Code 39211
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer WATSON QUALITY FORD	Occupation PRESIDENT
---	-------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
MM / DD / YYYY
01 / 31 / 2014

Transaction ID : SA11AI.19661

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3750.00

140201830703

**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 356 OF 561
	<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. ROBERT T. WATTS Jr.		Date of Receipt 01 / 31 / 2014	
Mailing Address 2559 S. SHORE DR.		Transaction ID : SA11AI.20010	
City BILOXI	State MS	Zip Code 39532	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer GULF COAST ORAL AND FACIAL SUR	Occupation PHYSICIAN		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) B. ROBERT J. WATTS		Date of Receipt 03 / 18 / 2014	
Mailing Address 206 W. MEADOWBROOK DR		Transaction ID : SA11AI.21524	
City BROOKHAVEN	State MS	Zip Code 39601	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer SELF	Occupation PHARMACIST		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) C. RICHARD B. WAX		Date of Receipt 02 / 04 / 2014	
Mailing Address POST OFFICE BOX 60		Transaction ID : SA11AI.20428	
City AMORY	State MS	Zip Code 38821	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer THE WAX COMPANY, LLC	Occupation PRESIDENT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

SUBTOTAL of Receipts This Page (optional)	3850.00
TOTAL This Period (last page this line number only)	3850.00

14020103079

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 357 OF 561			
	(check only one)			
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	
<input type="checkbox"/> 15				

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) RICHARD B. WAX			Date of Receipt MM / DD / YYYY 02 / 04 / 2014	
Mailing Address POST OFFICE BOX 60			Transaction ID : SA11AI.20429	
City AMORY	State MS	Zip Code 38821	Amount of Each Receipt this Period 2600.00	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 5200.00	
Name of Employer THE WAX COMPANY, LLC		Occupation PRESIDENT	Election Cycle-to-Date 5200.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				

Full Name (Last, First, Middle Initial) JACK WEBB III			Date of Receipt MM / DD / YYYY 03 / 10 / 2014	
Mailing Address 206 CASSIDY ST			Transaction ID : SA11AI.21442	
City SUMNER	State MS	Zip Code 38957	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 1000.00	
Name of Employer WEBB AND WEBB FARMS		Occupation FARMER	Election Cycle-to-Date 1000.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				

Full Name (Last, First, Middle Initial) SCOTT WELCH III			Date of Receipt MM / DD / YYYY 01 / 31 / 2014	
Mailing Address 6223 WATERFORD DR.			Transaction ID : SA11AI.19762	
City JACKSON	State MS	Zip Code 39211	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 250.00	
Name of Employer BAKER DONELSON		Occupation ATTORNEY	Election Cycle-to-Date 250.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				

SUBTOTAL of Receipts This Page (optional).....	3850.00
TOTAL This Period (last page this line number only).....	

14020193000

**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 358 OF 561
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
SCOTT WELCH III

Mailing Address **6223 WATERFORD DR.**

City JACKSON	State MS	Zip Code 39211
------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer BAKER DONELSON	Occupation ATTORNEY
---	-------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2014

Transaction ID : **SA11AI.22429**

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
W.R. WELCH

Mailing Address **2467 WILDWOOD DRIVE**

City MONTGOMERY	State AL	Zip Code 36111
---------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer FORBES-TATE	Occupation SR VP
--	----------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 13 / 2014

Transaction ID : **SA11AI.20609**

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
ROB WELLS

Mailing Address **226 WESTFIELD RD**

City RIDGELAND	State MS	Zip Code 39157
--------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer YOUNG WILLIAMS	Occupation ATTORNEY
---	-------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 03 / 2014

Transaction ID : **SA11AI.20289**

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2100.00

14020103001

**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 359 OF 561
	<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) NOTT WHEELER Jr.		Date of Receipt M M / D D / Y Y Y Y 03 10 2014
Mailing Address 1306 COLLEGE STREET		Transaction ID : SA11AI.21441
City CLEVELAND	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer SELF	Occupation FARMER	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) J. RALPH WHITE		Date of Receipt M M / D D / Y Y Y Y 01 31 2014
Mailing Address 105 GLEN EAGLE RD.		Transaction ID : SA11AI.19873
City OXFORD	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer WHITE LAW FIRM	Occupation ATTORNEY	Election Cycle-to-Date 250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) PAMELA BARRETT WHITE		Date of Receipt M M / D D / Y Y Y Y 03 28 2014
Mailing Address 2300 OLD RIDGE RD		Transaction ID : SA11AI.22374
City HUNSTVILLE	State AL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer SYSTEM DYNAMICS INT'L	Occupation CEO	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	

14029103992

**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 360 OF 561	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) W. M. WHITTINGTON III		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 73000 CR 518		Transaction ID : SA11AI.21440
City GREENWOOD	State MS	Zip Code 38930
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer WHITTINGTON & SUMMER FARMS	Occupation FARMER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) WILMER H. WHITTLE		Date of Receipt MM / DD / YYYY 02 / 03 / 2014
Mailing Address 608 S MAIN ST		Transaction ID : SA11AI.20291
City NEWTON	State MS	Zip Code 39345
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer NEWTON COUNTY BANK	Occupation BANKER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) WILMER H. WHITTLE		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address 608 S MAIN ST		Transaction ID : SA11AI.22337
City NEWTON	State MS	Zip Code 39345
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer NEWTON COUNTY BANK	Occupation BANKER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

14020183003

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 361 OF 561	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) ANDREW WICKER		Date of Receipt 03 / 10 / 2014	
Mailing Address 100 SOUTH BRANCH ST		Transaction ID : SA11AI.21438	
City MADISON	State MS	Zip Code 39110	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer HELENA CHEMICAL CO	Occupation BRANCH MGR		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

B. Full Name (Last, First, Middle Initial) TOM WICKER		Date of Receipt 01 / 31 / 2014	
Mailing Address 128 ROAD 1836		Transaction ID : SA11AI.19870	
City TUPELO	State MS	Zip Code 38804	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer HOLLAND, RAY, UPCHURCH & HILLEN	Occupation ATTORNEY AT LAW		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 225.00		

C. Full Name (Last, First, Middle Initial) JEFF WIGGINS		Date of Receipt 01 / 21 / 2014	
Mailing Address 1206 VELMA AVE.		Transaction ID : SA11AI.20076	
City HATTIESBURG	State MS	Zip Code 39402	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C			
Name of Employer USM	Occupation DIRECTOR OF POLYMER SCIENCE		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

SUBTOTAL of Receipts This Page (optional).....	3800.00
TOTAL This Period (last page this line number only).....	

14020193994

**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 362 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) DAVID J. WILLIAMS			Date of Receipt 03 / 03 / 2014		
Mailing Address 620 N LAMAR BLVD			Transaction ID : SA11AI.20649		
City OXFORD	State MS	Zip Code 38655	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee.		C			
Name of Employer SELF		Occupation PHYSICIAN			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00			

Full Name (Last, First, Middle Initial) H. L. WILLIAMS Jr.			Date of Receipt 01 / 28 / 2014		
Mailing Address P.O. BOX 239			Transaction ID : SA11AI.19517		
City CORINTH	State MS	Zip Code 38835	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee.		C			
Name of Employer CORINTH COCA COLA		Occupation CHAIRMAN			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00			

Full Name (Last, First, Middle Initial) KENNETH H. WILLIAMS			Date of Receipt 01 / 28 / 2014		
Mailing Address P.O. BOX 239			Transaction ID : SA11AI.19514		
City CORINTH	State MS	Zip Code 38835	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee.		C			
Name of Employer REFRESHMENTS, INC.		Occupation EXECUTIVE			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00			

SUBTOTAL of Receipts This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 363 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) PETER JENSEN WILLIAMS		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2014	
Mailing Address 1595 HWY 436		Transaction ID : SA11AI.21434	
City HOLLANDALE	State MS	Zip Code 38748	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer LAKELAND PLANTING CO	Occupation FARMER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

B. Full Name (Last, First, Middle Initial) PHILIP C. WILLIAMS		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2014	
Mailing Address P.O. BOX 600		Transaction ID : SA11AI.21432	
City YAZOO CITY	State MS	Zip Code 39194	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer BANK OF YAZOO	Occupation CHAIRMAN		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

C. Full Name (Last, First, Middle Initial) ROBERT P. WILLIAMS		Date of Receipt M M / D D / Y Y Y Y 01 / 31 / 2014	
Mailing Address P.O. BOX 113		Transaction ID : SA11AI.19667	
City BATESVILLE	State MS	Zip Code 38606	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee.		C	
Name of Employer SELF	Occupation ATTORNEY		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	2250.00

140201030000

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 364 OF 561	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
LEO WILLIAMS II

Mailing Address **109 LEO WILLIAMS RD**

City HOLLANDALE	State MS	Zip Code 38748
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FEC ID number of contributing federal political committee. **C**

Name of Employer LAKELAND PLANTING CO.	Occupation FARMER
--	-----------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D D / Y Y Y Y
03 / 10 / 2014

Transaction ID : **SA11AI.21438**

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
BOB WILSON

Mailing Address **P.O. BOX 2700**

City OXFORD	State MS	Zip Code 38655
-----------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer WILSON LAW OFFICE	Occupation ATTORNEY
--	-------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D D / Y Y Y Y
03 / 21 / 2014

Transaction ID : **SA11AI.21570**

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
WOODIE J. WILSON Jr.

Mailing Address **20 MONTCLAIRE**

City HATTIESBURG	State MS	Zip Code 39402
----------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer HATTIESBURG CLINIC	Occupation PHYSICIAN
---	--------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D D / Y Y Y Y
01 / 31 / 2014

Transaction ID : **SA11AI.19563**

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4500.00

14020103007

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 365 OF 561
	(check only one)	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. KENNETH E WINDHAM		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 94 GRANDVIEW CIR		Transaction ID : SA11AI.19760
City BRANDON	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer CLEAR CHANNEL MEDIA	Occupation MARKET MGR	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. ANGELA WINGFIELD		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 915 E. SCENIC DRIVE		Transaction ID : SA11AI.20015
City PASS CHRISTIAN	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer PHYSICIAN	Occupation VIVIFY SPA	Election Cycle-to-Date 2600.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. WILLIAM S. WINGFIELD		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 915 E. SCENIC DR		Transaction ID : SA11AI.20012
City PASS CHRISTIAN	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer OMNICELL	Occupation VP/GENERAL MGR	Election Cycle-to-Date 2600.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	6200.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 366 OF 561
	<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)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
WILLIAM S. WINGFIELD

Mailing Address **915 E. SCENIC DR**

City **PASS CHRISTIAN** State **MS** Zip Code **39571**

FEC ID number of contributing federal political committee. **C**

Name of Employer **OMNICELL** Occupation **VP/GENERAL MGR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2800.00**

Date of Receipt **01 / 31 / 2014**
Transaction ID : **SA11AI.20014**

Amount of Each Receipt this Period **200.00**

B. Full Name (Last, First, Middle Initial)
CHRIS B. WINSTEAD

Mailing Address **13 DORNACH ST.**

City **HATTIESBURG** State **MS** Zip Code **39401**

FEC ID number of contributing federal political committee. **C**

Name of Employer **UNIV OF SOUTHERN MS** Occupation **INTERIM ASSOCIATE DEAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **01 / 31 / 2014**
Transaction ID : **SA11AI.19567**

Amount of Each Receipt this Period **250.00**

C. Full Name (Last, First, Middle Initial)
HENRY G. WINSTEAD

Mailing Address **13 DORNACH ST.**

City **HATTIESBURG** State **MS** Zip Code **39401**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **01 / 31 / 2014**
Transaction ID : **SA11AI.19565**

Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional) **700.00**

TOTAL This Period (last page this line number only)

14029103

**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 367 OF 561
	<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) DANA S. WOOD		Date of Receipt MM / DD / YYYY 03 / 21 / 2014
Mailing Address 2208 WINDSOR RD		Transaction ID : SA11AI.21554
City ALEXANDRIA	State VA	Zip Code 22307
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer KELLEY DRYE	Occupation DIR OF GOVT RELATIONS	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) LARRY WOODRUFF		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 1502 HWY 82 E		Transaction ID : SA11AI.21429
City INDIANOLA	State MS	Zip Code 38751
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer SELF EMPLOYED	Occupation FARMER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) THOMAS WOOLDRIDGE		Date of Receipt MM / DD / YYYY 03 / 03 / 2014
Mailing Address 1848 NORTHWOOD DR		Transaction ID : SA11AI.20647
City TUPELO	State MS	Zip Code 38804
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer NEPHROLOGY & HYPERTENSION ASSO	Occupation PHYSICIAN	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	3500.00
TOTAL This Period (last page this line number only).....	

14029183999

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 368 OF 561
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
DUDLEY WOOLEY

Mailing Address **4260 EASTRIDGE DRIVE**

City **JACKSON** State **MS** Zip Code **39211**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ROSS AND YERGER** Occupation **CEO/COO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **01 / 31 / 2014**
Transaction ID : **SA11AI.19677**

Amount of Each Receipt this Period **1000.00**

B. Full Name (Last, First, Middle Initial)
STEPHEN A. WORREL

Mailing Address **915 ADELIN ST**

City **HATTIESBURG** State **MS** Zip Code **39401**

FEC ID number of contributing federal political committee. **C**

Name of Employer **HATTIESBURG MEDICAL PARK MGMT** Occupation **TREASURER/CFO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **03 / 25 / 2014**
Transaction ID : **SA11AI.21794**

Amount of Each Receipt this Period **1000.00**

C. Full Name (Last, First, Middle Initial)
Dr. BENNIE WRIGHT

Mailing Address **P.O. BOX 26**

City **CLEVELAND** State **MS** Zip Code **38732**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF** Occupation **PHYSICIAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **03 / 03 / 2014**
Transaction ID : **SA11AI.20651**

Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **3000.00**

TOTAL This Period (last page this line number only).....

14020183091

**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 369 OF 561
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) W.M. YANDELL JR.		Date of Receipt MM / DD / YYYY 03 / 18 / 2014	
Mailing Address 5350 POPLAR AVE STE 875		Transaction ID : SA11AI.21546	
City MEMPHIS	State TN	Zip Code 38119	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer SELF	Occupation INVESTOR		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) WIRT A. YERGER III		Date of Receipt MM / DD / YYYY 01 / 31 / 2014	
Mailing Address 300 CONCOURSE BLVD SUITE 101		Transaction ID : SA11AI.19640	
City RIDGELAND	State MS	Zip Code 39157	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer SELF-EMPLOYED	Occupation INVESTOR		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) WIRT A. YERGER JR		Date of Receipt MM / DD / YYYY 03 / 28 / 2014	
Mailing Address 129 WOODLAND CIR		Transaction ID : SA11AI.22121	
City JACKSON	State MS	Zip Code 39216	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer ROSS & YERGER	Occupation CHAIRMAN EMERITUS		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

140201030002

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 370 OF 561

(check only one)

11a 11b 11c 11d

12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
LEW YODER

Mailing Address **P.O. BOX 1842**

City **LAUREL** State **MS** Zip Code **39441**

FEC ID number of contributing federal political committee. **C**

Name of Employer **GILCHRIST SUMRALL YODER** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
M M / D D / Y Y - Y Y
03 / 25 / 2014

Transaction ID : **SA11AI.22271**

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
RICHARD L. YODER

Mailing Address **1642 LAKE PARK DR**

City **LAUREL** State **MS** Zip Code **39440**

FEC ID number of contributing federal political committee. **C**

Name of Employer **GILCHRIST SUMRALL YODER** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
M M / D D / Y Y - Y Y
03 / 25 / 2014

Transaction ID : **SA11AI.22275**

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
SCOTT YOUNG

Mailing Address **9601 SOLDIER CREEK RD**

City **LILLIAN** State **AL** Zip Code **36549**

FEC ID number of contributing federal political committee. **C**

Name of Employer **LOST BAY RENTALS, LLC** Occupation **OFFICER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
M M M / D D D / Y Y Y - Y Y Y
01 / 31 / 2014

Transaction ID : **SA11AI.20017**

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

14020103003

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 371 OF 561

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) RICHARD YUSE		Date of Receipt MM / DD / YYYY 03 / 29 / 2014
Mailing Address 440 6TH STREET		Transaction ID : SA11A1.21889
City MANHATTAN BEACH	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer RAYTHEON	Occupation ENGINEER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) ANDREW ZOGG		Date of Receipt MM / DD / YYYY 03 / 24 / 2014
Mailing Address 2801 FIRETHORN CIR		Transaction ID : SA11A1.21839
City PLANO	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer RAYTHEON	Occupation VP	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	1182425.00

14020103994

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 372 OF 561

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
ACADEMY OF NUTRITION AND DIETETICS POLITICAL ACTION COMMITTEE

Mailing Address **1120 CONNECTICUT AVE. NW
SUITE 480**

City **WASHINGTON** State **DC** Zip Code **20036**

FEC ID number of contributing federal political committee. **C C00143560**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **MM / DD / YYYY**
03 / 25 / 2014

Transaction ID : **SA11C.21739**

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
ACTION COMMITTEE FOR RURAL ELECTRIFICATION (ACRE)

Mailing Address **4301 WILSON BLVD**

City **ARLINGTON** State **VA** Zip Code **22203**

FEC ID number of contributing federal political committee. **C C00002972**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **10000.00**

Date of Receipt **MM / DD / YYYY**
03 / 10 / 2014

Transaction ID : **SA11C.20746**

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
AEROJET & GENCORP PAC

Mailing Address **P.O. BOX 13222**

City **SACRAMENTO** State **CA** Zip Code **95813**

FEC ID number of contributing federal political committee. **C C00129122**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt **MM / DD / YYYY**
02 / 06 / 2014

Transaction ID : **SA11C.20337**

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional)..... **5000.00**

TOTAL This Period (last page this line number only).....

14020103005

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 373 OF 561

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)
AEROSPACE INDUSTRIES ASSOCIATION OF AMERICA INC POLITICAL ACTION COMMITTEE (AIAPAC)

Mailing Address 1000 WILSON BOULEVARD SUITE 1700

City State Zip Code
ARLINGTON VA 22209

FEC ID number of contributing federal political committee. **C00464453**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 25 2014

Transaction ID : SA11C.21737

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
AFLAC INCORPORATED POLITICAL ACTION COMMITTEE AFLAC PAC

Mailing Address 1932 WYNNTON ROAD

City State Zip Code
COLUMBUS GA 31999

FEC ID number of contributing federal political committee. **C00034157**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y
02 28 2014

Transaction ID : SA11C.20513

Amount of Each Receipt this Period
3000.00

Full Name (Last, First, Middle Initial)
AIRBUS GROUP, INC. PAC

Mailing Address 2550 WASSER TERRACE
SUITE 9000

City State Zip Code
HERNDON VA 20171

FEC ID number of contributing federal political committee. **C00421230**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
02 13 2014

Transaction ID : SA11C.20363

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5000.00

14020103000

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 374 OF 561
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
AIRBUS GROUP, INC. PAC

Mailing Address **2550 WASSER TERRACE**
SUITE 9000

City **HERNDON** State **VA** Zip Code **20171**

FEC ID number of contributing federal political committee. **C00421230**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **3500.00**

Date of Receipt **03 / 31 / 2014**
Transaction ID : **SA11C.22060**

Amount of Each Receipt this Period **2500.00**

B. Full Name (Last, First, Middle Initial)
AIRCRAFT OWNERS AND PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address **421 AVIATION WAY**

City **FREDERICK** State **MD** Zip Code **21701**

FEC ID number of contributing federal political committee. **C00131185**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt **03 / 10 / 2014**
Transaction ID : **SA11C.20745**

Amount of Each Receipt this Period **1000.00**

C. Full Name (Last, First, Middle Initial)
AKIN, GUMP, STRAUSS, HAUER & FELD LLP CIVIC ACTION COMMITTEE

Mailing Address **1333 NEW HAMPSHIRE AVE/NW STE 400**

City **WASHINGTON** State **DC** Zip Code **20036**

FEC ID number of contributing federal political committee. **C00104901**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **3500.00**

Date of Receipt **03 / 17 / 2014**
Transaction ID : **SA11C.21166**

Amount of Each Receipt this Period **1500.00**

SUBTOTAL of Receipts This Page (optional) **5000.00**

TOTAL This Period (last page this line number only)

14020103097

**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 375 OF 561			
	<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)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
ALLIANT TECHSYSTEMS INC EMPLOYEE CITIZENSHIP FUND

Mailing Address **600 SECOND ST. NE**

City **HOPKINS** State **MN** Zip Code **55343**

FEC ID number of contributing federal political committee. **C00250209**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **8500.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 31 2014

Transaction ID : **SA11C.22056**

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
ALSTON & BIRD PAC

Mailing Address **THE ATLANTIC BUILDING
950 F STREET, NW**

City **WASHINGTON** State **DC** Zip Code **20004**

FEC ID number of contributing federal political committee. **C00395723**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 17 2014

Transaction ID : **SA11C.21176**

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
AMERICAN ACADEMY OF DERMATOLOGY ASSOCIATION POLITICAL ACTION COMMITTEE (SKINPAC)

Mailing Address **1445 NEW YORK AVENUE NW
STE 800**

City **WASHINGTON** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C00359539**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 31 2014

Transaction ID : **SA11C.22625**

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

8500.00

14020193000

**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 376 OF 561
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. AMERICAN ASSOCIATION OF AIRPORT EXECUTIVES		Date of Receipt M - M / D - D / Y - Y - Y 02 / 06 / 2014
Mailing Address 601 MADISON ST. SUITE 400		Transaction ID : SA11C.20311
City ALEXANDRIA	State VA	
Zip Code 22314		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00176727		
Name of Employer	Occupation	Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) B. AMERICAN BANKERS ASSOCIATION BANKPAC		Date of Receipt M - M / D - D / Y - Y - Y 01 / 31 / 2014
Mailing Address 1120 CONN. AVE., NW SUITE 851		Transaction ID : SA11C.20031
City WASHINGTON	State DC	
Zip Code 20036		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00004275		
Name of Employer	Occupation	Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) C. AMERICAN BANKERS ASSOCIATION BANKPAC		Date of Receipt M - M / D - D / Y - Y - Y 03 / 03 / 2014
Mailing Address 1120 CONN. AVE., NW SUITE 851		Transaction ID : SA11C.20640
City WASHINGTON	State DC	
Zip Code 20036		Amount of Each Receipt this Period 4000.00
FEC ID number of contributing federal political committee. C C00004275		
Name of Employer	Occupation	Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Election Cycle-to-Date 5000.00		

SUBTOTAL of Receipts This Page (optional).....	6000.00
TOTAL This Period (last page this line number only).....	

14020103099

**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)

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<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) AMERICAN BUS ASSOCIATION-BUSPAC POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address 111 K STREET NE 9TH FLOOR		Transaction ID : SA11C.21751
City WASHINGTON	State DC	Zip Code 20002
FEC ID number of contributing federal political committee. C00004879		Amount of Each Receipt this Period 2500.00
Name of Employer Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2500.00

Full Name (Last, First, Middle Initial) AMERICAN COLLEGE OF CARDIOLOGY POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 2400 N ST NW		Transaction ID : SA11C.22004
City WASHINGTON	State DC	Zip Code 20037
FEC ID number of contributing federal political committee. C00375360		Amount of Each Receipt this Period 2500.00
Name of Employer Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2500.00

Full Name (Last, First, Middle Initial) AMERICAN COUNCIL OF ENGINEERING COMPANIES (ACEC/PAC)		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 1015 15TH STREET, NW #802		Transaction ID : SA11C.21977
City WASHINGTON	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C00010868		Amount of Each Receipt this Period 5000.00
Name of Employer Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5000.00

SUBTOTAL of Receipts This Page (optional).....	10000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)

A. AMERICAN DENTAL POLITICAL ACTION COMMITTEE

Mailing Address 1111 14TH STREET, NW
SUITE 1100

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00000729

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 6500.00

Date of Receipt

MM / DD / YY
03 / 12 / 2014

Transaction ID : SA11C.20760

Amount of Each Receipt this Period

1500.00

B. AMERICAN DENTAL POLITICAL ACTION COMMITTEE

Mailing Address 1111 14TH STREET, NW
SUITE 1100

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00000729

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 7000.00

Date of Receipt

MM / DD / YY
03 / 12 / 2014

Transaction ID : SA11C.20761

Amount of Each Receipt this Period

500.00

C. AMERICAN EXPRESS COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 801 PENNSYLVANIA AVE. NW SUITE 650

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00040535

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt

MM / DD / YY
01 / 27 / 2014

Transaction ID : SA11C.19414

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4000.00

14020103991

**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 379 OF 561
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) AMERICAN FOREST & PAPER ASSOC PAC (AF&PAPAC) FKA FOREST INDUSTRIES PAC (FIPAC)		Date of Receipt MM/DD/YYYY 03/31/2014
Mailing Address 1111 19TH STREET NW SUITE 800		Transaction ID : SA11C.21948
City WASHINGTON	State DC	
FEC ID number of contributing federal political committee. C C00029348		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 10000.00	

Full Name (Last, First, Middle Initial) AMERICAN GAS ASSOCIATION POLITICAL ACTION COMMITTEE		Date of Receipt MM/DD/YYYY 03/31/2014
Mailing Address 400 N. CAPITOL ST., NW		Transaction ID : SA11C.22058
City WASHINGTON	State DC	
FEC ID number of contributing federal political committee. C C00007450		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE (AHCA-PAC)		Date of Receipt MM/DD/YYYY 03/25/2014
Mailing Address 1201 L STREET NW		Transaction ID : SA11C.21729
City WASHINGTON	State DC	
FEC ID number of contributing federal political committee. C C00006080		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

SUBTOTAL of Receipts This Page (optional).....	9500.00
TOTAL This Period (last page this line number only).....	

14020183902

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 380 OF 561		
	(check only one)	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
AMERICAN HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE (AHAPAC)

Mailing Address **325 SEVENTH STREET NW SUITE 700**

City WASHINGTON	State DC	Zip Code 20004
---------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C00106146**

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date **4500.00**

Date of Receipt **03 18 2014**
Transaction ID : **SA11C.21197**

Amount of Each Receipt this Period **1000.00**

B. Full Name (Last, First, Middle Initial)
AMERICAN KENNEL CLUB INC POLITICAL ACTION COMMITTEE (AKC PAC)

Mailing Address **260 MADISON AVENUE 4TH FLOOR**

City NEW YORK	State NY	Zip Code 10016
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FEC ID number of contributing federal political committee. **C00441808**

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date **1000.00**

Date of Receipt **03 31 2014**
Transaction ID : **SA11C.21978**

Amount of Each Receipt this Period **1000.00**

C. Full Name (Last, First, Middle Initial)
AMERICAN SENIORS HOUSING ASSOCIATION (SENIORS HOUSING PAC)

Mailing Address **5225 WISCONSIN AVE., NW SUITE 502**

City WASHINGTON	State DC	Zip Code 20015
---------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C00325332**

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date **2000.00**

Date of Receipt **03 31 2014**
Transaction ID : **SA11C.21980**

Amount of Each Receipt this Period **2000.00**

SUBTOTAL of Receipts This Page (optional) **4000.00**

TOTAL This Period (last page this line number only)

14020183003

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 381 OF 561
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
AMERICAN SUGAR CANE LEAGUE POLITICAL ACTION COMMITTEE

Mailing Address P O BOX 938

City State Zip Code
THIBODAUX LA 70302

FEC ID number of contributing federal political committee. **C** C00081414

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
8000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2014

Transaction ID : SA11C.21720

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
ANADARKO PETROLEUM CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 1201 Lake Robbins Drive

City State Zip Code
The Woodlands TX 77380

FEC ID number of contributing federal political committee. **C** C00231951

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11C.21983

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
ARENT FOX LLP PAC (AFPAC)

Mailing Address ARENT FOX LLP
1717 K STREET NW

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00241380

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 17 / 2014

Transaction ID : SA11C.21168

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

7000.00

14020183904

**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)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) AREVA INC. PAC		Date of Receipt MM / DD / YYYY 03 / 12 / 2014
Mailing Address 1155 F STREET, NW SUITE 800		Transaction ID : SA11C.20727
City WASHINGTON	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C C00395285		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) ARPAC		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 451 FLORIDA STREET BANK ONE CENTRE N TOWER 19TH FLOOR		Transaction ID : SA11C.20030
City BATON ROUGE	State LA	Zip Code 70801
FEC ID number of contributing federal political committee. C C00226472		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) ASSOCIATED BUILDERS & CONTRACTORS PAC		Date of Receipt MM / DD / YYYY 03 / 03 / 2014
Mailing Address 1300 NORTH 17TH STREET		Transaction ID : SA11C.20634
City ROSSLYN	State VA	Zip Code 22209
FEC ID number of contributing federal political committee. C C70003355		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

SUBTOTAL of Receipts This Page (optional).....	8000.00
TOTAL This Period (last page this line number only).....	

14020103905

**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 383 OF 561
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
ASSOCIATED GENERAL CONTRACTORS OF AMERICA POLITICAL ACTION COMMITTEE

Mailing Address 323 CARLYLE STREET
SUTIE 200

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00082917

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt 03 / 31 / 2014
Transaction ID : SA11C.22057
Amount of Each Receipt this Period 5000.00

B. Full Name (Last, First, Middle Initial)
ASSOCIATION OF AMERICAN RAILROADS POLITICAL ACTION COMMITTEE (RAILPAC)

Mailing Address 425 3RD STREET, S.W.
SUITE 1000

City WASHINGTON State DC Zip Code 20024

FEC ID number of contributing federal political committee. **C** C00280743

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt 03 / 31 / 2014
Transaction ID : SA11C.21984
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
ASSOCIATION OF PRIVATE SECTOR COLLEGES AND UNIVERSITIES POLITICAL ACTION COMMITTEE

Mailing Address 1101 Connecticut Avenue, NW
Suite 900

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00213066

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 3500.00

Date of Receipt 02 / 24 / 2014
Transaction ID : SA11C.20423
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) 7000.00

TOTAL This Period (last page this line number only)

14028103999

**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 384 OF 561
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)		Date of Receipt MM / DD / YYYY 01 / 22 / 2014
Mailing Address 208 S. AKARD STREET SUITE 2701		Transaction ID : SA11C.19409
City DALLAS	State TX	
Zip Code 75202		Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C00109017		
Name of Employer	Occupation	Election Cycle-to-Date 2000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)		Date of Receipt MM / DD / YYYY 03 / 31 / 2014
Mailing Address 208 S. AKARD STREET SUITE 2701		Transaction ID : SA11C.22606
City DALLAS	State TX	
Zip Code 75202		Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C00109017		
Name of Employer	Occupation	Election Cycle-to-Date 4000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) ATMOSENERGYCORPORATIONPAC		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 5430 LBJ Freeway Suite 160		Transaction ID : SA11C.20032
City Dallas	State TX	
Zip Code 75240		Amount of Each Receipt this Period 3000.00
FEC ID number of contributing federal political committee. C00381954		
Name of Employer	Occupation	Election Cycle-to-Date 3000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	7000.00
TOTAL This Period (last page this line number only).....	

14020183907

**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 385 OF 561
	<input type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a
	<input checked="" type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) AUTOMOTIVE FREE INTERNATIONAL TRADE PAC		Date of Receipt M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 1625 Prince Street		Transaction ID : SA11C.20303
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. C C00250399	Amount of Each Receipt this Period 5000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) BABCOCK & WILCOX COMPANY GOOD GOVERNMENT FUND; THE		Date of Receipt M M / D D / Y Y Y Y 02 / 04 / 2014
Mailing Address 2016 MT ATHOS ROAD		Transaction ID : SA11C.20297
City LYNCHBURG	State VA	Zip Code 24504
FEC ID number of contributing federal political committee. C C00063461	Amount of Each Receipt this Period 3000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00	

Full Name (Last, First, Middle Initial) BAE SYS NORTH AMER INC PAC (BAE SYS USA PAC) FKA MARCONI N-AMER INC PAC (MARCONI USA PAC)		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 1215 JEFFERSON DAVIS HWY STE 1500		Transaction ID : SA11C.22054
City ARLINGTON	State VA	Zip Code 22202
FEC ID number of contributing federal political committee. C C00281212	Amount of Each Receipt this Period 2000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

SUBTOTAL of Receipts This Page (optional).....	10000.00
TOTAL This Period (last page this line number only).....	

14020183000

**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 386 OF 561
<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) BAKER BOTTS BLUEBONNET FUND		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 910 Louisiana		Transaction ID : SA11C.21170
City Houston	State TX	
Zip Code 77002		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00077552		
Name of Employer	Occupation	Election Cycle-to-Date 3000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) BALCH AND BINGHAM LLP FEDERAL POLITICAL COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address 1275 PENNSYLVANIA AVE NW 10TH FLR		Transaction ID : SA11C.20419
City WASHINGTON	State DC	
Zip Code 20004		Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C C00358440		
Name of Employer	Occupation	Election Cycle-to-Date 5000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) BANCORP SOUTH BANK PAC FKA BANK OF MISSISSIPPI OFFICERS VOLUNTARY POLITICAL COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 01 / 28 / 2014
Mailing Address 201 SOUTH SPRING ST ONE MISSISSIPPI PLAZA		Transaction ID : SA11C.20110
City TUPELO	State MS	
Zip Code 38804		Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C C00183962		
Name of Employer	Occupation	Election Cycle-to-Date 5000.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	8000.00
TOTAL This Period (last page this line number only).....	

14920183999

**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 387 OF 561	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) BANCORP SOUTH BANK PAC FKA BANK OF MISSISSIPPI OFFICERS VOLUNTARY POLITICAL COMMITTEE		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 201 SOUTH SPRING ST ONE MISSISSIPPI PLAZA		Transaction ID : SA11C.19900
City TUPELO	State MS	
FEC ID number of contributing federal political committee. C00183962		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 10000.00	

Full Name (Last, First, Middle Initial) BAYER CORPORATION POLITICAL ACTION COMMITTEE		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address 100 Bayer Road ATTN: W M WEABER		Transaction ID : SA11C.21760
City Pittsburgh	State PA	
FEC ID number of contributing federal political committee. C00281162		Amount of Each Receipt this Period 1500.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) BLANK ROME PAC		Date of Receipt MM / DD / YYYY 02 / 06 / 2014
Mailing Address 600 New Hampshire Avenue NW		Transaction ID : SA11C.20336
City Washington	State DC	
FEC ID number of contributing federal political committee. C00150797		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00	

SUBTOTAL of Receipts This Page (optional).....	7500.00
TOTAL This Period (last page this line number only).....	

14029193910

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 388 OF 561
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
BOEING COMPANY POLITICAL ACTION COMMITTEE (BPAC)

Mailing Address 1200 WILSON BLVD

City ARLINGTON State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00142711

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt 02 / 21 / 2014
Transaction ID : SA11C.20414
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
BOEING COMPANY POLITICAL ACTION COMMITTEE (BPAC)

Mailing Address 1200 WILSON BLVD

City ARLINGTON State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00142711

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 6500.00

Date of Receipt 02 / 21 / 2014
Transaction ID : SA11C.20415
Amount of Each Receipt this Period 1500.00

C. Full Name (Last, First, Middle Initial)
BP CORPORATION NORTH AMERICA INC. POLITICAL ACTION COMMITTEE

Mailing Address 28301 FERRY ROAD
Mail Code 5N

City Warrenville State IL Zip Code 60555

FEC ID number of contributing federal political committee. **C** C00060103

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 7000.00

Date of Receipt 03 / 31 / 2014
Transaction ID : SA11C.22605
Amount of Each Receipt this Period 2000.00

SUBTOTAL of Receipts This Page (optional)..... 4000.00

TOTAL This Period (last page this line number only).....

14020103911

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 389 OF 561

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) BRYAN CAVE LLP POLITICAL ACTION COMMITTEE		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address 700 13th Street N.W. Suite 700		Transaction ID : SA11C.21730
City Washington	State DC	
Zip Code 20005		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00332643		
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2000.00

Full Name (Last, First, Middle Initial) BUILD POLITICAL ACTION COMMITTEE OF THE NATIONAL ASSOCIATION OF HOME BUILDERS		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address 1201 15TH STREET NW		Transaction ID : SA11C.21728
City WASHINGTON	State DC	
Zip Code 20005		Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C C0000901		
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5000.00

Full Name (Last, First, Middle Initial) BURLINGTON NORTHERN SANTA FE CORPORATION RAILPAC (BNSF RAILPAC)		Date of Receipt MM / DD / YYYY 03 / 31 / 2014
Mailing Address POST OFFICE BOX 961039 3017 LOU MENK DRIVE		Transaction ID : SA11C.21986
City FORT WORTH	State TX	
Zip Code 76102		Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C C00235739		
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5000.00

SUBTOTAL of Receipts This Page (optional).....	11000.00
TOTAL This Period (last page this line number only).....	

14020103012

**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 390 OF 561
	<input type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a
	<input checked="" type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) BURSON-MARSTELLER/YOUNG & RUBICAM PAC (B-MY&R PAC) FKA BURSON-MARSTELLER PAC		Date of Receipt MM / DD / YYYY 02 / 06 / 2014
Mailing Address 1801 K STREET NW SUITE 901-L		Transaction ID : SA11C.20313
City WASHINGTON	State DC	Zip Code 20006
FEC ID number of contributing federal political committee. C00201863	Amount of Each Receipt this Period 500.00	
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) BUSINESS-INDUSTRY POLITICAL ACTION COMMITTEE		Date of Receipt MM / DD / YYYY 02 / 24 / 2014
Mailing Address 888 16TH STREET, NW		Transaction ID : SA11C.20425
City WASHINGTON	State DC	Zip Code 20006
FEC ID number of contributing federal political committee. C00001727	Amount of Each Receipt this Period 1000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) BUTLER SNOW POLITICAL ACTION COMMITTEE		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address P. O. Box 22567 17th Floor Amsouth Plaza		Transaction ID : SA11C.20028
City Jackson	State MS	Zip Code 39225
FEC ID number of contributing federal political committee. C00382275	Amount of Each Receipt this Period 3000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

SUBTOTAL of Receipts This Page (optional).....	4500.00
TOTAL This Period (last page this line number only).....	

14020103912

**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 391 OF 561
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) BUTLER SNOW POLITICAL ACTION COMMITTEE		Date of Receipt MM / DD / YY 01 / 31 / 2014
Mailing Address P. O. Box 22567 17th Floor Amsouth Plaza		Transaction ID : SA11C.20029
City Jackson	State MS	Zip Code 39225
FEC ID number of contributing federal political committee. C00382275	Amount of Each Receipt this Period 5000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 10000.00	

Full Name (Last, First, Middle Initial) CALIFORNIA DAIRIES FEDERAL POLITICAL ACTION COMMITTEE		Date of Receipt MM / DD / YY 03 / 31 / 2014
Mailing Address PO BOX 2198		Transaction ID : SA11C.22055
City LOS BANOS	State CA	Zip Code 93635
FEC ID number of contributing federal political committee. C00349746	Amount of Each Receipt this Period 5000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) CATERPILLAR EMPLOYEES POLITICAL ACTION COMMITTEE		Date of Receipt MM / DD / YY 03 / 31 / 2014
Mailing Address 100 N E ADAMS ST		Transaction ID : SA11C.21987
City PEORIA	State IL	Zip Code 61629
FEC ID number of contributing federal political committee. C00148031	Amount of Each Receipt this Period 5000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

SUBTOTAL of Receipts This Page (optional).....	15000.00
TOTAL This Period (last page this line number only).....	

14020103014

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 392 OF 561

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) CHEVRON EMPLOYEES PAC		Date of Receipt M M / D D / Y Y Y Y 02 / 13 / 2014	
Mailing Address P.O. BOX 6016		Transaction ID : SA11C.20367	
City SAN RAMON	State CA	Zip Code 94583-0716	
FEC ID number of contributing federal political committee. <input checked="" type="checkbox"/> C00035006		Amount of Each Receipt this Period 3000.00	
Name of Employer Occupation		Election Cycle-to-Date 5000.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) CHEVRON EMPLOYEES PAC		Date of Receipt M M / D D / Y Y Y Y 02 / 13 / 2014	
Mailing Address P.O. BOX 6016		Transaction ID : SA11C.20368	
City SAN RAMON	State CA	Zip Code 94583-0716	
FEC ID number of contributing federal political committee. <input checked="" type="checkbox"/> C00035006		Amount of Each Receipt this Period 1000.00	
Name of Employer Occupation		Election Cycle-to-Date 6000.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 6000.00	

Full Name (Last, First, Middle Initial) CHEVRON EMPLOYEES PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2014	
Mailing Address P.O. BOX 6016		Transaction ID : SA11C.20739	
City SAN RAMON	State CA	Zip Code 94583-0716	
FEC ID number of contributing federal political committee. <input checked="" type="checkbox"/> C00035006		Amount of Each Receipt this Period 2000.00	
Name of Employer Occupation		Election Cycle-to-Date 8000.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 8000.00	

SUBTOTAL of Receipts This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	6000.00

14020183915

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 393 OF 561
	<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)
CITIZENS FOR COCHRAN

A. CHICAGO BRIDGE & IRON COMPANY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address 1050 K STREET, NW
SUITE 620

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00104885

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
03 12 2014

Transaction ID : SA11C.20732

Amount of Each Receipt this Period
1000.00

B. CHS INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address 5500 CENEX DRIVE

City INVER GROVE HTS State MN Zip Code 55077

FEC ID number of contributing federal political committee. **C** C00149104

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
03 03 2014

Transaction ID : SA11C.20641

Amount of Each Receipt this Period
1000.00

C. CLEAR CHANNEL COMMUNICATIONS INC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address 200 E. Basse Road.

City San Antonio State TX Zip Code 78209

FEC ID number of contributing federal political committee. **C** C00279216

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt
03 31 2014

Transaction ID : SA11C.21988

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4500.00

14020183916

**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)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) CME/PAC CHICAGO MERCANTILE EXCHANGE PAC		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address 30 SOUTH WACKER DRIVE		Transaction ID : SA11C.21717
City CHICAGO	State IL	Zip Code 60606
FEC ID number of contributing federal political committee. <input checked="" type="checkbox"/> C00076299		Amount of Each Receipt this Period 1500.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) CME/PAC CHICAGO MERCANTILE EXCHANGE PAC		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address 30 SOUTH WACKER DRIVE		Transaction ID : SA11C.21718
City CHICAGO	State IL	Zip Code 60606
FEC ID number of contributing federal political committee. <input checked="" type="checkbox"/> C00076299		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5500.00	

Full Name (Last, First, Middle Initial) CME/PAC CHICAGO MERCANTILE EXCHANGE PAC		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address 30 SOUTH WACKER DRIVE		Transaction ID : SA11C.21759
City CHICAGO	State IL	Zip Code 60606
FEC ID number of contributing federal political committee. <input checked="" type="checkbox"/> C00076299		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 8000.00	

SUBTOTAL of Receipts This Page (optional).....	4500.00
TOTAL This Period (last page this line number only).....	

14020183017

**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 395 OF 561	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) COBHAM HOLDINGS INC POLITICAL ACTION COMMITTEE 'COBHAM PAC'		Date of Receipt MM DD YY 03 18 2014
Mailing Address 2121 Crystal Drive		Transaction ID : SA11C.21193
City Arlington	State VA	Zip Code 22202
FEC ID number of contributing federal political committee. C C00457051	Amount of Each Receipt this Period 1500.00	
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) COBHAM HOLDINGS INC POLITICAL ACTION COMMITTEE 'COBHAM PAC'		Date of Receipt MM DD YY 03 18 2014
Mailing Address 2121 Crystal Drive		Transaction ID : SA11C.21194
City Arlington	State VA	Zip Code 22202
FEC ID number of contributing federal political committee. C C00457051	Amount of Each Receipt this Period 1000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 6000.00	

Full Name (Last, First, Middle Initial) COMCAST CORPORATION & NBCUNIVERSAL POLITICAL ACTION COMMITTEE - FEDERAL		Date of Receipt MM DD YY 02 03 2014
Mailing Address 1701 JFK BLVD, 49TH FLOOR		Transaction ID : SA11C.20265
City PHILADELPHIA	State PA	Zip Code 19103
FEC ID number of contributing federal political committee. C C00248716	Amount of Each Receipt this Period 1500.00	
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

SUBTOTAL of Receipts This Page (optional).....	4000.00
TOTAL This Period (last page this line number only).....	

14020183919

**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 396 OF 561
	<input type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) COMCAST CORPORATION & NBCUNIVERSAL POLITICAL ACTION COMMITTEE - FEDERAL		Date of Receipt MM / DD / YYYY 02 / 03 / 2014
Mailing Address 1701 JFK BLVD, 49TH FLOOR		Transaction ID : SA11C.20266
City PHILADELPHIA	State PA	
FEC ID number of contributing federal political committee. C00248716		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5500.00	

Full Name (Last, First, Middle Initial) COMMITTEE ORGANIZED FOR THE TRADING OF COTTON - PAC OF THE AMERICAN COTTON SHIPPERS ASS'N		Date of Receipt M - M / D - D D / - Y Y - 03 / 31 / 2014
Mailing Address 1725 K STREET NW SUITE 1404		Transaction ID : SA11C.22062
City WASHINGTON	State DC	
FEC ID number of contributing federal political committee. C00014019		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 6000.00	

Full Name (Last, First, Middle Initial) COMMONWEALTH-ALTADIS, INC. EMPLOYEE PAC		Date of Receipt M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address 5900 N ANDREWS AVE SUITE 1100		Transaction ID : SA11C.20339
City FORT LAUDERDALE	State FL	
FEC ID number of contributing federal political committee. C00455600		Amount of Each Receipt this Period 1500.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

14929193919

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. COMPUTER SCIENCES CORPORATION PAC

Full Name (Last, First, Middle Initial)
COMPUTER SCIENCES CORPORATION PAC

Mailing Address 2100 East Grand

City State Zip Code
El Segundo CA 90245

FEC ID number of contributing federal political committee. **C00101410**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M D D Y Y
02 21 2014

Transaction ID : SA11C.20416

Amount of Each Receipt this Period
5000.00

B. CROPLIFE AMERICA POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
CROPLIFE AMERICA POLITICAL ACTION COMMITTEE

Mailing Address 1156 15TH STREET NW SUITE 400

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C00248849**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M D D Y Y
03 17 2014

Transaction ID : SA11C.21171

Amount of Each Receipt this Period
4000.00

C. CROPLIFE AMERICA POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
CROPLIFE AMERICA POLITICAL ACTION COMMITTEE

Mailing Address 1156 15TH STREET NW SUITE 400

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C00248849**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
M M D D Y Y
03 17 2014

Transaction ID : SA11C.21172

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... 10000.00

TOTAL This Period (last page this line number only).....

14020103920

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE 398 OF 561	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) DAVITA INC POLITICAL ACTION COMMITTEE ('DAVITA')		Date of Receipt M M M / D D D / Y Y Y Y Y Y 02 / 13 / 2014	
Mailing Address 601 HAWAII STREET		Transaction ID : SA11C.20365	
City EL SEGUNDO	State CA	Zip Code 90245	
FEC ID number of contributing federal political committee. C C00340943		Amount of Each Receipt this Period 1000.00	
Name of Employer Occupation			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) DEALERS ELECTION ACTION COMMITTEE OF THE NATIONAL AUTOMOBILE DEALERS ASSOCIATION (NADA)		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2014	
Mailing Address 8400 WESTPARK DRIVE		Transaction ID : SA11C.21994	
City MCLEAN	State VA	Zip Code 22102	
FEC ID number of contributing federal political committee. C C00040998		Amount of Each Receipt this Period 5000.00	
Name of Employer Occupation			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) DENBURY RESOURCES INC POLITICAL COMMITTEE		Date of Receipt M M M / D D D / Y Y Y Y Y Y 01 / 31 / 2014	
Mailing Address 5100 TENNYSON PARKWAY SUITE 1200		Transaction ID : SA11C.19866	
City PLANO	State TX	Zip Code 75024	
FEC ID number of contributing federal political committee. C C00440651		Amount of Each Receipt this Period 5000.00	
Name of Employer Occupation			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5000.00	

SUBTOTAL of Receipts This Page (optional).....	11000.00
TOTAL This Period (last page this line number only).....	

14020183921

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 399 OF 561
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
DEPOSITORY TRUST AND CLEARING CORPORATION PAC - DTCC PAC; THE

Mailing Address **601 13TH ST NW SUITE 580 SOUTH**

City **WASHINGTON** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00497917**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 03 / 2014

Transaction ID : **SA11C.20638**

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
DOMINION POLITICAL ACTION COMMITTEE

Mailing Address **One James River Plaza 20th Floor
P.O. BOX 26666**

City **Richmond** State **VA** Zip Code **23261**

FEC ID number of contributing federal political committee. **C C00108209**

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
03 / 12 / 2014

Transaction ID : **SA11C.20758**

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
DOW CHEMICAL COMPANY AGRICULTURAL EXECUTIVE POLITICAL ACTION COMMITTEE

Mailing Address **9330 ZIONSVILLE RD**

City **INDIANAPOLIS** State **IN** Zip Code **46268**

FEC ID number of contributing federal political committee. **C C00247981**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 10 / 2014

Transaction ID : **SA11C.20740**

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page, this line number only).....

8000.00

14020103922

**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 400 OF 561
<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) DOW CHEMICAL COMPANY AGRICULTURAL EXECUTIVE POLITICAL ACTION COMMITTEE		Date of Receipt MM/DD/YYYY 03/18/2014
Mailing Address 9330 ZIONSVILLE RD		Transaction ID : SA11C.21196
City INDIANAPOLIS	State IN	
Zip Code 46268		Amount of Each Receipt this Period 1500.00
FEC ID number of contributing federal political committee. C00247981		
Name of Employer	Occupation	Election Cycle-to-Date 2500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) DRS TECHNOLOGIES INC. GOOD GOVERNMENT FUND		Date of Receipt MM/DD/YYYY 03/31/2014
Mailing Address 5 Sylvan Way SUITE 500		Transaction ID : SA11C.22053
City Parsippany	State NJ	
Zip Code 07054		Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C00275123		
Name of Employer	Occupation	Election Cycle-to-Date 2500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) DTE ENERGY CO. PAC - FEDERAL		Date of Receipt MM/DD/YYYY 03/18/2014
Mailing Address 2000 SECOND AVENUE 1079 WCB		Transaction ID : SA11C.21195
City DETROIT	State MI	
Zip Code 48226		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C00081547		
Name of Employer	Occupation	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	5000.00
TOTAL This Period (last page this line number only).....	

14020183923

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
DYNCORP INTERNATIONAL LLC POLITICAL ACTION COMMITTEE

Mailing Address 1700 OLD MEADOW ROAD

City MCLEAN State VA Zip Code 22102

FEC ID number of contributing federal political committee. **C** C00409979

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt 03 25 2014

Transaction ID : SA11C.21753

Amount of Each Receipt this Period 2500.00

B. Full Name (Last, First, Middle Initial)
EMC CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 171 SOUTH STREET

City HOPKINTON State MA Zip Code 01748

FEC ID number of contributing federal political committee. **C** C00385948

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt 02 06 2014

Transaction ID : SA11C.20335

Amount of Each Receipt this Period 2000.00

C. Full Name (Last, First, Middle Initial)
EMERGENT BIOSOLUTIONS INC EMPLOYEES PAC

Mailing Address 2273 RESEARCH BLVD SUITE 400

City ROCKVILLE State MD Zip Code 20850

FEC ID number of contributing federal political committee. **C** C00380303

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt 03 31 2014

Transaction ID : SA11C.22042

Amount of Each Receipt this Period 2500.00

SUBTOTAL of Receipts This Page (optional)..... 7000.00

TOTAL This Period (last page this line number only).....

14020183924

**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 402 OF 561
	<input type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) ENPAC		Date of Receipt MM / DD / YYYY 02 / 28 / 2014
Mailing Address 101 CONSTITUTION AVE., N.W.		Transaction ID : SA11C.20514
City WASHINGTON	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. C C00363879		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 10000.00	

Full Name (Last, First, Middle Initial) EXELIS INC.EMPLOYEES PAC		Date of Receipt MM / DD / YYYY 02 / 06 / 2014
Mailing Address 1650 TYSONS BLVD. SUITE 1700		Transaction ID : SA11C.20307
City MCLEAN	State VA	Zip Code 22102
FEC ID number of contributing federal political committee. C C00141002		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) EXELON CORPORATION POLITICAL ACTION COMMITTEE (EXELON PAC)		Date of Receipt MM / DD / YYYY 03 / 31 / 2014
Mailing Address 101 CONSTITUTION AVENUE NW SUITE 400 EAST		Transaction ID : SA11C.21989
City WASHINGTON	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. C C00141218		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	4500.00
TOTAL This Period (last page this line number only).....	

14020103925

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
EXXON MOBIL CORPORATION POLITICAL ACTION COMMITTEE (EXXONMOBIL PAC)

Mailing Address 325 Pennsylvania Ave SE Suite 280
SUITE 1300

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00121368

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M D D Y Y Y Y
01 27 2014

Transaction ID : SA11C.19420

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
FARM CREDIT COUNCIL POLITICAL ACTION COMMITTEE

Mailing Address 50 F STREET NW SUITE 900

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00193631

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
8500.00

Date of Receipt
M M D D Y Y Y Y
01 31 2014

Transaction ID : SA11C.19867

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
FARM CREDIT COUNCIL POLITICAL ACTION COMMITTEE

Mailing Address 50 F STREET NW SUITE 900

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00193631

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
9000.00

Date of Receipt
M M D D Y Y Y Y
01 31 2014

Transaction ID : SA11C.19869

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... 5500.00

TOTAL This Period (last page this line number only).....

14020103026

**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 404 OF 561
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) FARMERS' RICE COOPERATIVE FUND		Date of Receipt M M / D D / Y Y Y Y 02 21 2014
Mailing Address PO BOX 15223		Transaction ID : SA11C.20412
City SACRAMENTO	State CA	Zip Code 95851
FEC ID number of contributing federal political committee. C C00146605		Amount of Each Receipt this Period 1500.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4500.00	

Full Name (Last, First, Middle Initial) FARMERS GRAIN TERMINAL INC POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 03 10 2014
Mailing Address P O DRAWER 1796		Transaction ID : SA11C.20741
City GREENVILLE	State MS	Zip Code 38702
FEC ID number of contributing federal political committee. C C00200675		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) FLORIDA SUGAR CANE LEAGUE PAC		Date of Receipt M M / D D / Y Y Y Y 03 31 2014
Mailing Address 115 SOUTH LOPEZ DRAWER 1208		Transaction ID : SA11C.21991
City CLEWISTON	State FL	Zip Code 33440
FEC ID number of contributing federal political committee. C C00012328		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5500.00	

SUBTOTAL of Receipts This Page (optional).....	3500.00
TOTAL This Period (last page this line number only).....	

14020103927

**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)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
FLUOR CORPORATION POLITICAL ACTION COMMITTEE (FLUOR PAC)

Mailing Address 6700 LAS COLINAS BOULEVARD

City State Zip Code
IRVING TX 75039

FEC ID number of contributing federal political committee. **C** C00034132

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt

MM/DD/YYYY
03/31/2014

Transaction ID : SA11C.22603

Amount of Each Receipt this Period

5000.00

B. Full Name (Last, First, Middle Initial)
FOREX CAPITAL MARKETS LLC (FXCM) PAC

Mailing Address 55 WATER ST

City State Zip Code
NEW YORK NY 10041

FEC ID number of contributing federal political committee. **C** C00423764

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

MM/DD/YYYY
03/18/2014

Transaction ID : SA11C.21201

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
FRIENDS OF JIM SAXTON

Mailing Address PO BOX 795

City State Zip Code
MOUNT HOLLY NJ 08060

FEC ID number of contributing federal political committee. **C** C00197699

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

MM/DD/YYYY
03/25/2014

Transaction ID : SA11C.21749

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

7000.00

TOTAL This Period (last page this line number only).....

14020103029

**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 406 OF 561
	<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) GENENTECH INC. POLITICAL ACTION COMMITTEE		Date of Receipt MM DD / YYY YYY 02 28 / 2014
Mailing Address 1 DNA WAY		Transaction ID : SA11C.20505
City SO. SAN FRANCISCO	State CA	Zip Code 94080
FEC ID number of contributing federal political committee. C C00199257		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) GENERAL ATOMICS POLITICAL ACTION COMMITTEE		Date of Receipt MM DD / YYY YYY 03 03 / 2014
Mailing Address PO BOX 85608		Transaction ID : SA11C.20635
City SAN DIEGO	State CA	Zip Code 92138
FEC ID number of contributing federal political committee. C C00215285		Amount of Each Receipt this Period 1500.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) GENERAL ATOMICS POLITICAL ACTION COMMITTEE		Date of Receipt MM DD / YYY YYY 03 03 / 2014
Mailing Address PO BOX 85608		Transaction ID : SA11C.20636
City SAN DIEGO	State CA	Zip Code 92138
FEC ID number of contributing federal political committee. C C00215285		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5500.00	

SUBTOTAL of Receipts This Page (optional).....	4000.00
TOTAL This Period (last page this line number only).....	

14020103929

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 407 OF 561
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. GENERAL ATOMICS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 85608

City SAN DIEGO State CA Zip Code 92138

FEC ID number of contributing federal political committee. **C** C00215285

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 6500.00

Date of Receipt 03 18 2014
 Transaction ID : SA11C.21186
 Amount of Each Receipt this Period 1000.00

B. GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address 1299 PENNSYLVANIA AVE NW STE 1100

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 6000.00

Date of Receipt 02 13 2014
 Transaction ID : SA11C.20360
 Amount of Each Receipt this Period 1000.00

C. GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address 1299 PENNSYLVANIA AVE NW STE 1100

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 7000.00

Date of Receipt 03 12 2014
 Transaction ID : SA11C.20724
 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... 3000.00

TOTAL This Period (last page this line number only).....

14020183030

**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)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) GENERIC PHARMACEUTICAL ASSOCIATION POLITICAL ACTION COMMITTEE		Date of Receipt MM / DD / YYYY 02 / 13 / 2014
Mailing Address 777 6TH STREET, NW SUITE 510		Transaction ID : SA11C.20361
City WASHINGTON	State DC	
Zip Code 20001		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C00383463		
Name of Employer	Occupation	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) GGNSC HOLDINGS LLC/GOLDEN HORIZONS CARE PAC		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address 700 13TH STREET, NW 2ND FLOOR		Transaction ID : SA11C.21723
City WASHINGTON	State DC	
Zip Code 20005		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C00346346		
Name of Employer	Occupation	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) GOOGLE INC. NETPAC		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address 1101 NEW YORK AVENUE, NW SECOND FLOOR		Transaction ID : SA11C.21763
City WASHINGTON	State DC	
Zip Code 20005		Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C00428623		
Name of Employer	Occupation	Election Cycle-to-Date 2000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	4000.00
TOTAL This Period (last page this line number only).....	

14020183931

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 409 OF 561
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)
GREENBERG, TRAURIG, HOFFMAN, LIPOFF, ROSEN & QUENTEL, P A POLITICAL ACTION COMMITTEE

A. Mailing Address 1221 BRICKELL AVENUE

City State Zip Code
MIAMI FL 33121

FEC ID number of contributing federal political committee. **C** C00266585

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 28 / 2014

Transaction ID : SA11C.20515

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
GULF STATES TOYOTA INC FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address 1375 ENCLAVE PARKWAY

City State Zip Code
HOUSTON TX 77077

FEC ID number of contributing federal political committee. **C** C00349373

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 21 / 2014

Transaction ID : SA11C.20404

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
HALLIBURTON COMPANY POLITICAL ACTION COMMITTEE (HALPAC)

Mailing Address 4100 CLINTON DRIVE
BLDG 12, ROOM 101

City State Zip Code
HOUSTON TX 77020

FEC ID number of contributing federal political committee. **C** C00035691

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 04 / 2014

Transaction ID : SA11C.20295

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

7000.00

14020103032

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 410 OF 561
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
HCA INC. GOOD GOVERNMENT FUND

Mailing Address **PO BOX 550**
ONE PARK PLAZA

City **NASHVILLE** State **TN** Zip Code **37203**

FEC ID number of contributing federal political committee. **C00067231**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **01 31 2014**
Transaction ID : **SA11C.19734**

Amount of Each Receipt this Period **1000.00**

B. Full Name (Last, First, Middle Initial)
HUMANE SOCIETY LEGISLATIVE FUND POLITICAL ACTION COMMITTEE

Mailing Address **2100 L STREET, NW**
SUITE 310

City **WASHINGTON** State **DC** Zip Code **20037**

FEC ID number of contributing federal political committee. **C00466813**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt **02 21 2014**
Transaction ID : **SA11C.20406**

Amount of Each Receipt this Period **1000.00**

C. Full Name (Last, First, Middle Initial)
HUNTINGTON INGALLS INDUSTRIES POLITICAL ACTION COMMITTEE (SHIPPAC)

Mailing Address **300 M STREET S.E.**
SUITE 350

City **WASHINGTON** State **DC** Zip Code **20003**

FEC ID number of contributing federal political committee. **C00325092**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt **03 31 2014**
Transaction ID : **SA11C.22006**

Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **2500.00**

TOTAL This Period (last page this line number only)..... **2500.00**

14020183033

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 411 OF 561

(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)
INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL ACTION COMMITTEE INC

Mailing Address 1501 K STREET NW

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00084491

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2014

Transaction ID : SA11C.21187

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
INTERSTATE NATURAL GAS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE

Mailing Address 10 G STREET NE SUITE 700

City State Zip Code
WASHINGTON DC 20002

FEC ID number of contributing federal political committee. **C** C00116145

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2014

Transaction ID : SA11C.21748

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
IPAA WILDCATTERS FUND

Mailing Address 1201 15TH STREET, NW
SUITE 300

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00246306

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
MM / DD / YYYY
02 / 24 / 2014

Transaction ID : SA11C.20421

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional).....

8500.00

TOTAL This Period (last page this line number only).....

14020103034

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 412 OF 561
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
K & L GATES LLP POLITICAL ACTION COMMITTEE (NC)

Mailing Address Post Office Box 17047

City Raleigh State NC Zip Code 27619

FEC ID number of contributing federal political committee. **C00395970**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
03 31 2014
Transaction ID : SA11C.22066

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
KANSAS CITY SOUTHERN EMPLOYEE PAC

Mailing Address 427 W 12TH STREET

City KANSAS CITY State MO Zip Code 64105

FEC ID number of contributing federal political committee. **C00139451**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
01 31 2014
Transaction ID : SA11C.19831

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
KELLY PAC

Mailing Address 901 N WASHINGTON STREET
SUITE 700

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C00493411**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
03 31 2014
Transaction ID : SA11C.21950

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional) 6000.00

TOTAL This Period (last page this line number only)

14020103035

**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 413 OF 561
	<input type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a
	<input checked="" type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
KING & SPALDING NONPARTISAN COMMITTEE FOR GOOD GOVERNMENT

Mailing Address **191 PEACHTREE STREET**

City State Zip Code
ATLANTA GA 30303

FEC ID number of contributing federal political committee.
C C00204453

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M D D D Y Y Y Y Y
03 03 2014

Transaction ID : **SA11C.20637**

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
L-3 COMMUNICATIONS CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address **600 Third Avenue**

City State Zip Code
New York NY 10016

FEC ID number of contributing federal political committee.
C C00338087

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
8000.00

Date of Receipt
 M M D D D Y Y Y Y Y
02 24 2014

Transaction ID : **SA11C.20420**

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
LAMAR CORPORATION POLITICAL ACTION COMMITTEE (LAMARPAC)

Mailing Address **PO BOX 66338**

City State Zip Code
BATON ROUGE LA 70896

FEC ID number of contributing federal political committee.
C C00174599

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M D D D Y Y Y Y Y
03 31 2014

Transaction ID : **SA11C.22610**

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional).....

8500.00

TOTAL This Period (last page this line number only).....

14929193036

**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 414 OF 561
	<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) LAND O'LAKES INC/AGRILIANCE LLC PAC (LOL PAC) FKA LAND O'LAKE INC PAC		Date of Receipt M M / D D / Y Y - Y Y 03 / 31 / 2014
Mailing Address BOX 64101		Transaction ID : SA11C.21992
City ST PAUL	State MN	Zip Code 55164
FEC ID number of contributing federal political committee. <input checked="" type="checkbox"/> C00009423		Amount of Each Receipt this Period 3000.00
Name of Employer Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5000.00

Full Name (Last, First, Middle Initial) LAND O'LAKES INC/AGRILIANCE LLC PAC (LOL PAC) FKA LAND O'LAKE INC PAC		Date of Receipt M M / D D / Y Y - Y Y 03 / 31 / 2014
Mailing Address BOX 64101		Transaction ID : SA11C.21993
City ST PAUL	State MN	Zip Code 55164
FEC ID number of contributing federal political committee. <input checked="" type="checkbox"/> C00009423		Amount of Each Receipt this Period 2000.00
Name of Employer Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 7000.00

Full Name (Last, First, Middle Initial) LINCOLN PAC		Date of Receipt M M / D D / Y Y - Y Y 03 / 31 / 2014
Mailing Address PO BOX A3968		Transaction ID : SA11C.22622
City CHICAGO	State IL	Zip Code 60690
FEC ID number of contributing federal political committee. <input checked="" type="checkbox"/> C00491241		Amount of Each Receipt this Period 2500.00
Name of Employer Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 3500.00

SUBTOTAL of Receipts This Page (optional).....	7500.00
TOTAL This Period (last page this line number only).....	7500.00

14020103037

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)
LINDE NORTH AMERICA INC ALLIANCE FOR GOOD GOVERNMENT (LINDE PAC)

Mailing Address **575 MOUNTAIN AVENUE**

City State Zip Code
MURRAY HILL NJ 07974

FEC ID number of contributing federal political committee. **C00471193**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
03 31 2014

Transaction ID : **SA11C.22044**

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
LOCKE LORD BISSELL & LIDDELL LLP PAC

Mailing Address **600 TRAVIS STREET
SUITE 2800**

City State Zip Code
HOUSTON TX 77002

FEC ID number of contributing federal political committee. **C00117861**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
02 21 2014

Transaction ID : **SA11C.20407**

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
LOCKHEED MARTIN EMPLOYEES POLITICAL ACTION COMMITTEE

Mailing Address **1725 JEFFERSON DAVIS HIGHWAY
CRYSTAL SQUARE TWO SUITE 300**

City State Zip Code
ARLINGTON VA 22202

FEC ID number of contributing federal political committee. **C00303024**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
 M M / D D / Y Y Y Y
02 27 2014

Transaction ID : **SA11C.20430**

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... **3000.00**

TOTAL This Period (last page this line number only).....

1 4 9 2 9 1 0 3 6 3 0

**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)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. LOCKHEED MARTIN EMPLOYEES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
LOCKHEED MARTIN EMPLOYEES POLITICAL ACTION COMMITTEE

Mailing Address 1725 JEFFERSON DAVIS HIGHWAY
CRYSTAL SQUARE TWO SUITE 300

City ARLINGTON State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 7000.00

Date of Receipt 03 / 25 / 2014
Transaction ID : SA11C.21721

Amount of Each Receipt this Period 1000.00

B. LOEWS CORPORATION ENERGY PUBLIC AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial)
LOEWS CORPORATION ENERGY PUBLIC AFFAIRS COMMITTEE

Mailing Address 667 MADISON AVENUE

City NEW YORK State NY Zip Code 10065

FEC ID number of contributing federal political committee. **C** C00473082

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt 02 / 10 / 2014
Transaction ID : SA11C.20304

Amount of Each Receipt this Period 1000.00

C. LOUIS DREYFUS COMMODITIES LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
LOUIS DREYFUS COMMODITIES LLC POLITICAL ACTION COMMITTEE

Mailing Address 1200 G STREET NW SUITE 800

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00492363

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt 03 / 31 / 2014
Transaction ID : SA11C.22063

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... 3000.00

TOTAL This Period (last page this line number only).....

14020103030

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
MANUFACTURED HOUSING INSTITUTE POLITICAL ACTION COMMITTEE (MHI PAC)

Mailing Address 2101 WILSON BLVD SUITE 610

City ARLINGTON State VA Zip Code 22201

FEC ID number of contributing federal political committee. **C00043463**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
MM / DD / YY
01 / 31 / 2014

Transaction ID : SA11C.19832

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MARATHON PETROLEUM CORPORATION EMPLOYEES POLITICAL ACTION COMMITTEE (MPAC)

Mailing Address P.O. BOX 75000
MC2250

City DETROIT State MI Zip Code 48275

FEC ID number of contributing federal political committee. **C00496307**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
MM / DD / YY
01 / 27 / 2014

Transaction ID : SA11C.19417

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
MARATHON PETROLEUM CORPORATION EMPLOYEES POLITICAL ACTION COMMITTEE (MPAC)

Mailing Address P.O. BOX 75000
MC2250

City DETROIT State MI Zip Code 48275

FEC ID number of contributing federal political committee. **C00496307**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
MM / DD / YY
02 / 21 / 2014

Transaction ID : SA11C.20417

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... 4500.00

TOTAL This Period (last page this line number only).....

14020103040

**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)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) MARATHON PETROLEUM CORPORATION EMPLOYEES POLITICAL ACTION COMMITTEE (MPAC)		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address P.O. BOX 75000 MC2250		Transaction ID : SA11C.20633
City DETROIT	State Zip Code MI 48275	
FEC ID number of contributing federal political committee. C00496307		Amount of Each Receipt this Period 1500.00
Name of Employer	Occupation	Election Cycle-to-Date 7500.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) MAYNARD COOPER & GALE PC PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 1901 SIXTH AVENUE NORTH 2400 REGIONS/HARBERT PLAZA		Transaction ID : SA11C.22017
City BIRMINGHAM	State Zip Code AL 35203	
FEC ID number of contributing federal political committee. C00272724		Amount of Each Receipt this Period 2400.00
Name of Employer	Occupation	Election Cycle-to-Date 2400.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) MAYNARD COOPER & GALE PC PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 1901 SIXTH AVENUE NORTH 2400 REGIONS/HARBERT PLAZA		Transaction ID : SA11C.22019
City BIRMINGHAM	State Zip Code AL 35203	
FEC ID number of contributing federal political committee. C00272724		Amount of Each Receipt this Period 2600.00
Name of Employer	Occupation	Election Cycle-to-Date 5000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	6500.00
TOTAL This Period (last page this line number only).....	

14020103041

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 419 OF 561

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. MCKESSON CORPORATION EMPLOYEES POLITICAL FUND

Full Name (Last, First, Middle Initial)
MCKESSON CORPORATION EMPLOYEES POLITICAL FUND

Mailing Address ONE POST STREET 29TH FLOOR

City SAN FRANCISCO State CA Zip Code 94104

Date of Receipt
MM/DD/YYYY
03/12/2014

Transaction ID : SA11C.20757

FEC ID number of contributing federal political committee. **C** C00108035

Amount of Each Receipt this Period
5000.00

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

B. MICHIGAN SUGAR COMPANY GROWERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
MICHIGAN SUGAR COMPANY GROWERS POLITICAL ACTION COMMITTEE

Mailing Address 2600 SOUTH EUCLID AVENUE

City BAY CITY State MI Zip Code 48706

Date of Receipt
MM/DD/YYYY
03/31/2014

Transaction ID : SA11C.22618

FEC ID number of contributing federal political committee. **C** C00384354

Amount of Each Receipt this Period
2000.00

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

C. MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

Full Name (Last, First, Middle Initial)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

Mailing Address 7525 RED RIVER ROAD

City WAHPETON State ND Zip Code 58075

Date of Receipt
MM/DD/YYYY
03/31/2014

Transaction ID : SA11C.21995

FEC ID number of contributing federal political committee. **C** C00164939

Amount of Each Receipt this Period
2000.00

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

SUBTOTAL of Receipts This Page (optional)..... 9000.00

TOTAL This Period (last page this line number only).....

14929183942

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 420 OF 561

(check only one)

11a 11b 11c 11d

12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
MONSANTO COMPANY CITIZENSHIP FUND A/K/A MONSANTO CITIZENSHIP FUND

Mailing Address **800 N LINDBERGH BLVD**

City **ST LOUIS** State **MO** Zip Code **63167**

FEC ID number of contributing federal political committee. **C00042069**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **03 18 2014**

Transaction ID : **SA11C.21190**

Amount of Each Receipt this Period **1000.00**

B. Full Name (Last, First, Middle Initial)
MOTOROLA INC. POLITICAL ACTION COMMITTEE

Mailing Address **1455 Pennsylvania Avenue N.W. Suite 900**

City **Washington** State **DC** Zip Code **20004**

FEC ID number of contributing federal political committee. **C00075341**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt **02 28 2014**

Transaction ID : **SA11C.20517**

Amount of Each Receipt this Period **3000.00**

C. Full Name (Last, First, Middle Initial)
MOTOROLA INC. POLITICAL ACTION COMMITTEE

Mailing Address **1455 Pennsylvania Avenue N.W. Suite 900**

City **Washington** State **DC** Zip Code **20004**

FEC ID number of contributing federal political committee. **C00075341**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **7000.00**

Date of Receipt **02 28 2014**

Transaction ID : **SA11C.20518**

Amount of Each Receipt this Period **2000.00**

SUBTOTAL of Receipts This Page (optional)..... **6000.00**

TOTAL This Period (last page this line number only).....

14020103943

**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)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF BROADCASTERS TELEVISION AND RADIO POLITICAL ACTION COMMITTEE

A. Mailing Address 1771 N STREET NW

City WASHINGTON	State DC	Zip Code 20036
FEC ID number of contributing federal political committee. C C00009985		
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Date of Receipt
MM / DD / YYY YYY
03 / 18 / 2014

Transaction ID : SA11C.21203

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF BROADCASTERS TELEVISION AND RADIO POLITICAL ACTION COMMITTEE

Mailing Address 1771 N STREET NW

City WASHINGTON	State DC	Zip Code 20036
FEC ID number of contributing federal political committee. C C00009985		
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4500.00	

Date of Receipt
MM / DD / YYY YYY
03 / 31 / 2014

Transaction ID : SA11C.22624

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF CONVENIENCE STORES POLITICAL ACTION COMMITTEE

Mailing Address 1605 KING STREET

City ALEXANDRIA	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. C C00126763		
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 10000.00	

Date of Receipt
MM / DD / YYY YYY
03 / 10 / 2014

Transaction ID : SA11C.20742

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional).....

9500.00

TOTAL This Period (last page this line number only).....

14920183944

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 422 OF 561
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS POLITICAL ACTION COMMITTEE

Date of Receipt

MM / DD / YYYY
02 / 04 / 2014

Transaction ID : SA11C.20296

Mailing Address 2901 TELESTAR COURT

City State Zip Code
FALLS CHURCH VA 22042

FEC ID number of contributing federal political committee. C C00005249

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)
NATIONAL FEDERATION OF INDEPENDENT BUSINESS/ SAVE AMERICA'S FREE ENTERPRISE TRUST

Date of Receipt

MM / DD / YYYY
03 / 25 / 2014

Transaction ID : SA11C.21762

Mailing Address 1201 F STREET NW SUITE 200

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. C C00101105

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Amount of Each Receipt this Period

4000.00

Full Name (Last, First, Middle Initial)
NATIONAL GROUND WATER ASSOCIATION POLITICAL ACTION COMMITTEE

Date of Receipt

MM / DD / YYYY
02 / 28 / 2014

Transaction ID : SA11C.20507

Mailing Address 601 DEMPSEY RD

City State Zip Code
WESTERVILLE OH 43081

FEC ID number of contributing federal political committee. C C00340836

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

7500.00

TOTAL This Period (last page this line number only).....

14020103045

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 423 OF 561
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
NATIONAL MULTIFAMILY HOUSING COUNCIL POLITICAL ACTION COMMITTEE

Mailing Address **1850 M STREET, NW
SUITE 540**

City **WASHINGTON** State **DC** Zip Code **20036**

FEC ID number of contributing federal political committee. **C00130773**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
MM / DD / YYYY
03 / 14 / 2014

Transaction ID : **SA11C.20721**

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
NATIONAL OCEAN INDUSTRIES ASSOCIATION (NOIA) POLITICAL ACTIO

Mailing Address **1120 G STREET NW
SUITE 900**

City **WASHINGTON** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C00409565**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2014

Transaction ID : **SA11C.20519**

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
NATIONAL PROPANE GAS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address **1899 L STREET, NW
SUITE 350**

City **WASHINGTON** State **DC** Zip Code **20036**

FEC ID number of contributing federal political committee. **C00079681**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2014

Transaction ID : **SA11C.20743**

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional)..... **7000.00**

TOTAL This Period (last page this line number only).....

14020183946

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 424 OF 561
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
NATIONAL STONE SAND & GRAVEL ASSOCIATION ROCKPAC

Mailing Address 1605 KING STREET

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00089458

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt 03 18 2014
Transaction ID : SA11C.21198

Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
NELSON MULLINS RILEY & SCARBOROUGH, LLP FEDERAL POLITICAL COMMITTEE

Mailing Address 1320 MAIN STREET, 17TH FLOOR

City COLUMBIA State SC Zip Code 29201

FEC ID number of contributing federal political committee. **C** C00278895

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt 03 31 2014
Transaction ID : SA11C.22608

Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
NEXT CENTURY FUND

Mailing Address 116 S ROYAL STREET

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00343947

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt 03 25 2014
Transaction ID : SA11C.21741

Amount of Each Receipt this Period 5000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

7000.00

14020183947

**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 425 OF 561
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
NEXTERA ENERGY, INC. POLITICAL ACTION COMMITTEE

Mailing Address **700 UNIVERSE BLVD.**

City **JUNO BEACH** State **FL** Zip Code **33408**

FEC ID number of contributing federal political committee. **C00064774**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt **02 10 2014**

Transaction ID : **SA11C.20306**

Amount of Each Receipt this Period **1000.00**

B. Full Name (Last, First, Middle Initial)
NOMURA HOLDING AMERICA INC, POLITICAL ACTION COMMITTEE (NOMURAPAC)

Mailing Address **1101 PENNSYLVANIA AVENUE, NW SUITE 515**

City **WASHINGTON** State **DC** Zip Code **20004**

FEC ID number of contributing federal political committee. **C00491951**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **03 03 2014**

Transaction ID : **SA11C.20643**

Amount of Each Receipt this Period **1000.00**

C. Full Name (Last, First, Middle Initial)
NORTH AMERICAN COAL CORP. POLITICAL ACTION COMM. NACPAC

Mailing Address **5340 LEGACY DRIVE BLDG. 1, STE. 300**

City **PLANO** State **TX** Zip Code **75024**

FEC ID number of contributing federal political committee. **C00303685**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt **03 25 2014**

Transaction ID : **SA11C.21726**

Amount of Each Receipt this Period **5000.00**

SUBTOTAL of Receipts This Page (optional)..... **7000.00**

TOTAL This Period (last page this line number only).....

14929183949

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 426 OF 561	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) NOVARTIS CORPORATION POLITICAL ACTION COMMITTEE (A.K.A. NOVARTIS PAC)		Date of Receipt MM / DD / YYYY 03 / 03 / 2014
Mailing Address 701 Pennsylvania Ave. NW Suite 725		Transaction ID : SA11C.20645
City Washington	State DC	
FEC ID number of contributing federal political committee. C C00033969		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) NOVARTIS CORPORATION POLITICAL ACTION COMMITTEE (A.K.A. NOVARTIS PAC)		Date of Receipt MM / DD / YYYY 03 / 31 / 2014
Mailing Address 701 Pennsylvania Ave. NW Suite 725		Transaction ID : SA11C.21996
City Washington	State DC	
FEC ID number of contributing federal political committee. C C00033969		Amount of Each Receipt this Period 1500.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 6500.00	

Full Name (Last, First, Middle Initial) NRA POLITICAL VICTORY FUND		Date of Receipt MM / DD / YYYY 03 / 17 / 2014
Mailing Address 11250 WAPLES MILL ROAD		Transaction ID : SA11C.21173
City FAIRFAX	State VA	
FEC ID number of contributing federal political committee. C C00053553		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 7450.00	

SUBTOTAL of Receipts This Page (optional).....	5000.00
TOTAL This Period (last page this line number only).....	

14020103040

**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 427 OF 561	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) NRA POLITICAL VICTORY FUND		Date of Receipt MM / DD / YYYY 03 / 17 / 2014
Mailing Address 11250 WAPLES MILL ROAD		Transaction ID : SA11C.21174
City FAIRFAX	State VA	Zip Code 22030
FEC ID number of contributing federal political committee. C00053553	Amount of Each Receipt this Period 2450.00	
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 9900.00	

Full Name (Last, First, Middle Initial) NUCLEAR ENERGY INSTITUTE FEDERAL POLITICAL ACTION COMMITTEE		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 1201 F ST NW SUITE 1100		Transaction ID : SA11C.20747
City WASHINGTON	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C00239848	Amount of Each Receipt this Period 2500.00	
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) NUCOR CORPORATION POLITICAL ACTION COMMITTEE		Date of Receipt MM / DD / YYYY 03 / 18 / 2014
Mailing Address 1915 Rexford Road		Transaction ID : SA11C.21191
City Charlotte	State NC	Zip Code 28211
FEC ID number of contributing federal political committee. C00379628	Amount of Each Receipt this Period 3000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

SUBTOTAL of Receipts This Page (optional).....	7950.00
TOTAL This Period (last page this line number only).....	

14020103050

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 428 OF 561
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. NUCOR CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address 1915 Rexford Road

City Charlotte	State NC	Zip Code 28211
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00379628

Name of Employer	Occupation
------------------	------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7000.00

Date of Receipt
03 / 18 / 2014

Transaction ID : SA11C.21192

Amount of Each Receipt this Period
2000.00

B. O'MELVENY & MYERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address 1625 EYE STREET, NW

City WASHINGTON	State DC	Zip Code 20006
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FEC ID number of contributing federal political committee. **C** C00159954

Name of Employer	Occupation
------------------	------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
02 / 06 / 2014

Transaction ID : SA11C.20309

Amount of Each Receipt this Period
2000.00

C. OCEAN SPRAY CRANBERRIES INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address One Ocean Spray Drive

City Lakeville-Middlebo	State MA	Zip Code 02349
----------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00114702

Name of Employer	Occupation
------------------	------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
03 / 31 / 2014

Transaction ID : SA11C.22046

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

6000.00

14929183951

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 429 OF 561
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. OLDCASTLE MATERIALS INC. PAC

Full Name (Last, First, Middle Initial)
OLDCASTLE MATERIALS INC. PAC

Mailing Address 101 CONSTITUTION AVENUE
600 W

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C00346353**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D D Y Y Y Y
02 / 28 / 2014

Transaction ID : SA11C.20503

Amount of Each Receipt this Period
1500.00

B. OLDCASTLE MATERIALS INC. PAC

Full Name (Last, First, Middle Initial)
OLDCASTLE MATERIALS INC. PAC

Mailing Address 101 CONSTITUTION AVENUE
600 W

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C00346353**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
M M / D D D Y Y Y Y
02 / 28 / 2014

Transaction ID : SA11C.20523

Amount of Each Receipt this Period
2000.00

C. OLSSON, FRANK AND WEEDA PC FREEDOM PAC

Full Name (Last, First, Middle Initial)
OLSSON, FRANK AND WEEDA PC FREEDOM PAC

Mailing Address 1400 16TH STREET NW SUITE 400

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C00273136**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D D Y Y Y Y
03 / 12 / 2014

Transaction ID : SA11C.20729

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional)..... 5000.00

TOTAL This Period (last page this line number only).....

14020103952

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 430 OF 561
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
OSHKOSH CORPORATION EMPLOYEES POLITICAL ACTION COMMITTEE (OCEPAC)

Mailing Address P.O. Box 2566
2307 Oregon Street

City Oshkosh State WI Zip Code 54903

FEC ID number of contributing federal political committee. **C** C00304477

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
MM/DD/YYYY
02/13/2014

Transaction ID : SA11C.20366

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
OSHKOSH CORPORATION EMPLOYEES POLITICAL ACTION COMMITTEE (OCEPAC)

Mailing Address P.O. Box 2566
2307 Oregon Street

City Oshkosh State WI Zip Code 54903

FEC ID number of contributing federal political committee. **C** C00304477

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
MM/DD/YYYY
03/31/2014

Transaction ID : SA11C.22048

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
PALAZZO FOR CONGRESS

Mailing Address 13155 HIGHWAY 67 SUITE B

City BILOXI State MS Zip Code 39532

FEC ID number of contributing federal political committee. **C** C00477323

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
MM/DD/YYYY
01/13/2014

Transaction ID : SA11C.19398

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional)..... 6000.00

TOTAL This Period (last page this line number only).....

14020103053

**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 431 OF 561
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. PATRIOT POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 13155 HIGHWAY 67 SUITE B		Transaction ID : SA11C.21999
City BILOXI State MS Zip Code 39532	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C C00522318	Name of Employer Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) B. PETROLEUM MARKETERS ASSOCIATION OF AMERICANS SMALL BUSINESS COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 1901 North Fort Myer Drive Suite 500		Transaction ID : SA11C.20749
City Arlington State VA Zip Code 22209	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C C00035204	Name of Employer Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) C. PETROLEUM MARKETERS ASSOCIATION OF AMERICANS SMALL BUSINESS COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 1901 North Fort Myer Drive Suite 500		Transaction ID : SA11C.20750
City Arlington State VA Zip Code 22209	Amount of Each Receipt this Period 3000.00	
FEC ID number of contributing federal political committee. C C00035204	Name of Employer Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 8000.00	

SUBTOTAL of Receipts This Page (optional).....	7500.00
TOTAL This Period (last page this line number only).....	7500.00

14029103054

**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 432 OF 561

<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) PICKERING FOR CONGRESS		Date of Receipt M M / D D / Y Y Y Y 01 / 31 / 2014	
Mailing Address 155 DOMINION PARK WAY		Transaction ID : SA11C.19813	
City BRANDON	State MS	Zip Code 39042	
FEC ID number of contributing federal political committee. C C00308577		Amount of Each Receipt this Period 3750.00	
Name of Employer Occupation		Election Cycle-to-Date 5000.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) PICKERING FOR CONGRESS		Date of Receipt M M / D D / Y Y Y Y 01 / 31 / 2014	
Mailing Address 155 DOMINION PARK WAY		Transaction ID : SA11C.19814	
City BRANDON	State MS	Zip Code 39042	
FEC ID number of contributing federal political committee. C C00308577		Amount of Each Receipt this Period 1250.00	
Name of Employer Occupation		Election Cycle-to-Date 6250.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 6250.00	

Full Name (Last, First, Middle Initial) PICKERING INC PAC		Date of Receipt M M / D D / Y Y Y Y 01 / 28 / 2014	
Mailing Address 6775 LENOX CENTER COURT #300		Transaction ID : SA11C.19547	
City MEMPHIS	State TN	Zip Code 38115	
FEC ID number of contributing federal political committee. C C00425256		Amount of Each Receipt this Period 200.00	
Name of Employer Occupation		Election Cycle-to-Date 200.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 200.00	

SUBTOTAL of Receipts This Page (optional).....	5200.00
TOTAL This Period (last page this line number only).....	5200.00

14020193955

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE 433 OF 561	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) PINNACLE WEST CAPITAL CORPORATION PAC		Date of Receipt MM / DD / YY 03 / 10 / 2014
Mailing Address 801 Pennsylvania Ave NW Suite 214		Transaction ID : SA11C.20751
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C00015933	Amount of Each Receipt this Period 2000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00	

Full Name (Last, First, Middle Initial) PINNACLE WEST CAPITAL CORPORATION PAC		Date of Receipt MM / DD / YY 03 / 25 / 2014
Mailing Address 801 Pennsylvania Ave NW Suite 214		Transaction ID : SA11C.21747
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C00015933	Amount of Each Receipt this Period 2000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) PISTACHIO PAC		Date of Receipt MM / DD / YY 03 / 12 / 2014
Mailing Address 517 C STREET, NE		Transaction ID : SA11C.20731
City WASHINGTON	State DC	Zip Code 20002
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	5000.00
TOTAL This Period (last page this line number only).....	

14020103050

**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 434 OF 561
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) POWERPAC OF THE EDISON ELECTRIC INSTITUTE		Date of Receipt M M / D D / Y Y Y 03 / 25 / 2014
Mailing Address 701 PENNSYLVANIA AVENUE N W		Transaction ID : SA11C.21755
City WASHINGTON	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C C00095869		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) PPL PEOPLE FOR GOOD GOVERNMENT		Date of Receipt M M / D D / Y Y Y 03 / 25 / 2014
Mailing Address TWO NORTH NINTH STREET GENTW2		Transaction ID : SA11C.21745
City ALLENTOWN	State PA	Zip Code 18101
FEC ID number of contributing federal political committee. C C00228106		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) PRICewaterhouseCOOPERS POLITICAL ACTION COMMITTEE I		Date of Receipt M M / D D / Y Y Y 01 / 27 / 2014
Mailing Address 1900 K STREET NW		Transaction ID : SA11C.19416
City WASHINGTON	State DC	Zip Code 20006
FEC ID number of contributing federal political committee. C C00107235		Amount of Each Receipt this Period 3500.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

SUBTOTAL of Receipts This Page (optional).....	6500.00
TOTAL This Period (last page this line number only).....	

14020103057

**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 435 OF 561	
	<input type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a	<input checked="" type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) PRODUCERS RICE MILL INC PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2014	
Mailing Address 518 EAST HARRISON		Transaction ID : SA11C.20753	
City STUTT GART	State AR	Zip Code 72160	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. <input checked="" type="checkbox"/> C00378083		Amount of Each Receipt this Period 2000.00	
Name of Employer Occupation		Amount of Each Receipt this Period 2000.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 7000.00	

Full Name (Last, First, Middle Initial) REAL ESTATE ROUNDTABLE POLITICAL ACTION COMMITTEE (REALPAC)		Date of Receipt M M / D D / Y Y Y Y 02 / 28 / 2014	
Mailing Address 801 PENNSYLVANIA AVENUE SUITE 720		Transaction ID : SA11C.20521	
City WASHINGTON	State DC	Zip Code 20004	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <input checked="" type="checkbox"/> C00033779		Amount of Each Receipt this Period 1000.00	
Name of Employer Occupation		Amount of Each Receipt this Period 1000.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) REALTORS POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 02 / 21 / 2014	
Mailing Address 430 NORTH MICHIGAN AVE		Transaction ID : SA11C.20409	
City CHICAGO	State IL	Zip Code 60611	Amount of Each Receipt this Period 1990.00
FEC ID number of contributing federal political committee. <input checked="" type="checkbox"/> C00030718		Amount of Each Receipt this Period 1990.00	
Name of Employer Occupation		Amount of Each Receipt this Period 1990.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 4990.00	

SUBTOTAL of Receipts This Page (optional).....	4990.00
TOTAL This Period (last page this line number only).....	4990.00

14920183959

**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 436 OF 561
	<input type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a
	<input checked="" type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) REGIONS FINANCIAL CORPORATION POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address 1015 15TH STREET NW SUITE 920		Transaction ID : SA11C.21733
City WASHINGTON State DC Zip Code 20005		
FEC ID number of contributing federal political committee. C C00432252		Amount of Each Receipt this Period 1000.00
Name of Employer Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

B. Full Name (Last, First, Middle Initial) RENASANT BANK EMPLOYEES' VOLUNTARY POLITICAL COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 01 / 28 / 2014
Mailing Address 209 TROY STREET PO BOX 709		Transaction ID : SA11C.19549
City TUPELO State MS Zip Code 38802		
FEC ID number of contributing federal political committee. C C00191759		Amount of Each Receipt this Period 1000.00
Name of Employer Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

C. Full Name (Last, First, Middle Initial) RENASANT BANK EMPLOYEES' VOLUNTARY POLITICAL COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 209 TROY STREET PO BOX 709		Transaction ID : SA11C.22630
City TUPELO State MS Zip Code 38802		
FEC ID number of contributing federal political committee. C C00191759		Amount of Each Receipt this Period 1000.00
Name of Employer Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	3000.00

14020103055

**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 437 OF 561
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) RICELAND FOODS INC POLITICAL ACTION COMMITTEE (RICELAND PAC)		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address P O BOX 927		Transaction ID : SA11C.20755
City STUTTGART	State AR	
FEC ID number of contributing federal political committee. C00220053		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00	

Full Name (Last, First, Middle Initial) ROCKTENN POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 02 / 13 / 2014
Mailing Address 504 THRASHER STREET		Transaction ID : SA11C.20369
City NORCROSS	State GA	
FEC ID number of contributing federal political committee. C00117424		Amount of Each Receipt this Period 1500.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) ROLLS-ROYCE NORTH AMERICA POLITICAL ACTION COMMITTEE FKA ALLISON ENGINE COMPANY PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 14850 CONFERENCE CTR DR STE 100		Transaction ID : SA11C.22051
City CHANTILLY	State VA	
FEC ID number of contributing federal political committee. C00296822		Amount of Each Receipt this Period 4000.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 10000.00	

SUBTOTAL of Receipts This Page (optional).....	6500.00
TOTAL This Period (last page this line number only).....	

14929193969

**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 438 OF 561
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) SANOFI US SERVICES INC. EMPLOYEES' POLITICAL ACTION COMMITTEE		Date of Receipt MM / DD / YYYY 03 / 31 / 2014
Mailing Address 55 CORPORATE DRIVE		Transaction ID : SA11C.22001
City BRIDGEWATER	State NJ	Zip Code 08807
FEC ID number of contributing federal political committee. C00144345	Amount of Each Receipt this Period 2000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) SECURITIES INDUSTRY AND FINANCIAL MARKETS ASSOCIATION POLITICAL ACTION COMMITTEE		Date of Receipt MM / DD / YYYY 03 / 31 / 2014
Mailing Address 1101 NEW YORK AVENUE, NW 8TH FLOOR		Transaction ID : SA11C.22049
City WASHINGTON	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C00431312	Amount of Each Receipt this Period 2500.00	
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3500.00	

Full Name (Last, First, Middle Initial) SIEMENS CORPORATION POLITICAL ACTION COMMITTEE		Date of Receipt MM / DD / YYYY 03 / 14 / 2014
Mailing Address 701 PENNSYLVANIA AVENUE NW SUITE 720		Transaction ID : SA11C.20723
City WASHINGTON	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C00353797	Amount of Each Receipt this Period 2000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

SUBTOTAL of Receipts This Page (optional).....	6500.00
TOTAL This Period (last page this line number only).....	

14020183001

**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 439 OF 561
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) SMITHS GROUP SERVICES CORPORATION POLITICAL ACTION COMMITTEE (SMITHS PAC)		Date of Receipt MM / DD / YY 02 / 06 / 2014
Mailing Address 425 THIRD STREET SW SUITE 875		Transaction ID : SA11C.20333
City WASHINGTON	State DC	
FEC ID number of contributing federal political committee. C C00448324		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00

Full Name (Last, First, Middle Initial) SMITHS GROUP SERVICES CORPORATION POLITICAL ACTION COMMITTEE (SMITHS PAC)		Date of Receipt MM / DD / YY 03 / 18 / 2014
Mailing Address 425 THIRD STREET SW SUITE 875		Transaction ID : SA11C.21204
City WASHINGTON	State DC	
FEC ID number of contributing federal political committee. C C00448324		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2000.00

Full Name (Last, First, Middle Initial) SOCIETY OF INDEPENDENT GASOLINE MARKETERS OF AMERICA		Date of Receipt MM / DD / YY 03 / 10 / 2014
Mailing Address 11911 FREEDOM DRIVE SUITE 590		Transaction ID : SA11C.20756
City RESTON	State VA	
FEC ID number of contributing federal political committee. C C00120030		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5000.00

SUBTOTAL of Receipts This Page (optional).....	7000.00
TOTAL This Period (last page this line number only).....	

14020183662

**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 440 OF 561
<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) SOUTHEASTERN LUMBER MANUFACTURERS ASSOC POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 02 21 2014
Mailing Address 671 FOREST PARKWAY PO BOX 1788		Transaction ID : SA11C.20410
City FOREST PARK	State GA	
FEC ID number of contributing federal political committee. C00128678		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 6000.00	

Full Name (Last, First, Middle Initial) SOUTHERN MINNESOTA BEET SUGAR COOPERATIVE POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 03 25 2014
Mailing Address P O BOX 500		Transaction ID : SA11C.21743
City RENVILLE	State MN	
FEC ID number of contributing federal political committee. C00166348		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4000.00	

Full Name (Last, First, Middle Initial) SOUTHERN MINNESOTA BEET SUGAR COOPERATIVE POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 03 31 2014
Mailing Address P O BOX 500		Transaction ID : SA11C.22607
City RENVILLE	State MN	
FEC ID number of contributing federal political committee. C00166348		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

SUBTOTAL of Receipts This Page (optional).....	4500.00
TOTAL This Period (last page this line number only).....	

14020103063

**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 441 OF 561
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) SPECTRA ENERGY CORP POLITICAL ACTION COMMITTEE (SPECTRA-DCP PAC)		Date of Receipt MM / DD / YYYY 02 / 06 / 2014
Mailing Address 5400 Westheimer Court		Transaction ID : SA11C.20332
City Houston	State TX	
FEC ID number of contributing federal political committee. C00429662		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) SPRINT CORPORATION PAC		Date of Receipt MM / DD / YYYY 01 / 27 / 2014
Mailing Address 5454 WEST 110TH STREET		Transaction ID : SA11C.19412
City OVERLAND PARK	State KS	
FEC ID number of contributing federal political committee. C00089342		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) STATE STREET BANK AND TRUST COMPANY VOLUNTARY POLITICAL ACTION COMMITTEE		Date of Receipt MM / DD / YYYY 03 / 31 / 2014
Mailing Address BOX 5351		Transaction ID : SA11C.21951
City BOSTON	State MA	
FEC ID number of contributing federal political committee. C00072751		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

14928183964

**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 442 OF 561
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) SYNGENTA CORPORATION POLITICAL ACTION COMMITTEE (SYNGENTA PAC)		Date of Receipt M M D D Y Y Y Y 02 21 2014
Mailing Address 1201 F STREET NW SUITE 875		Transaction ID : SA11C.20411
City WASHINGTON	State DC	
FEC ID number of contributing federal political committee. C C00363945		Amount of Each Receipt this Period
Name of Employer		2000.00
Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 4500.00

Full Name (Last, First, Middle Initial) T-MOBILE USA INC. POLITICAL ACTION COMMITTEE (T-PAC)		Date of Receipt M M D D Y Y Y Y 03 31 2014
Mailing Address 401 9th STREET NW SUITE 550		Transaction ID : SA11C.22041
City WASHINGTON	State DC	
FEC ID number of contributing federal political committee. C C00361758		Amount of Each Receipt this Period
Name of Employer		1000.00
Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2000.00

Full Name (Last, First, Middle Initial) TALLATCHEE CREEK INC. PAC		Date of Receipt M M D D Y Y Y Y 03 31 2014
Mailing Address P.O. BOX 29576		Transaction ID : SA11C.22601
City WASHINGTON	State DC	
FEC ID number of contributing federal political committee. C C00363689		Amount of Each Receipt this Period
Name of Employer		2500.00
Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5000.00

SUBTOTAL of Receipts This Page (optional).....	5500.00
TOTAL This Period (last page this line number only).....	

14020103005

**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 443 OF 561
	<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) TALLATCHEE CREEK INC. PAC		Date of Receipt MM / DD / YYYY 03 / 31 / 2014
Mailing Address P.O. BOX 29576		Transaction ID : SA11C.22602
City WASHINGTON	State DC	Zip Code 20017
FEC ID number of contributing federal political committee. C C00363689	Amount of Each Receipt this Period 2500.00	
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 7500.00	

Full Name (Last, First, Middle Initial) TELAPEX INC PAC		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 1018 HIGHLAND COLONY PARKWAY STE 330		Transaction ID : SA11C.19778
City RIDGELAND	State MS	Zip Code 39157
FEC ID number of contributing federal political committee. C C00408500	Amount of Each Receipt this Period 2500.00	
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) TELAPEX INC PAC		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 1018 HIGHLAND COLONY PARKWAY STE 330		Transaction ID : SA11C.19779
City RIDGELAND	State MS	Zip Code 39157
FEC ID number of contributing federal political committee. C C00408500	Amount of Each Receipt this Period 200.00	
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

SUBTOTAL of Receipts This Page (optional).....	5200.00
TOTAL This Period (last page this line number only).....	

14020103966

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 444 OF 561
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
TEXTRON INC POLITICAL ACTION COMMITTEE

Mailing Address **40 WESTMINSTER STREET**

City **PROVIDENCE** State **RI** Zip Code **02903**

FEC ID number of contributing federal political committee. **C00123612**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **4500.00**

Date of Receipt **03 / 31 / 2014**

Transaction ID : **SA11C.21949**

Amount of Each Receipt this Period
4500.00

B. Full Name (Last, First, Middle Initial)
THE CHUBB CORPORATION POLITICAL ACTION COMMITTEE-CHUBBPAC

Mailing Address **15 Mountain View Road
PO BOX 1651**

City **Warren** State **NJ** Zip Code **07059**

FEC ID number of contributing federal political committee. **C00229203**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt **03 / 25 / 2014**

Transaction ID : **SA11C.21757**

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
THE WILLIAMS COMPANIES, INC. POLITICAL ACTION COMMITTEE

Mailing Address **1627 EYE STREET NW SUITE 900**

City **WASHINGTON** State **DC** Zip Code **20006**

FEC ID number of contributing federal political committee. **C00040394**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt **03 / 25 / 2014**

Transaction ID : **SA11C.21719**

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional)..... **8500.00**

TOTAL This Period (last page this line number only).....

14020103967

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 445 OF 561

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
TIME WARNER CABLE INC. FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address **901 F STREET, NW
SUITE 800**

City **WASHINGTON** State **DC** Zip Code **20004**

FEC ID number of contributing federal political committee. **C00431551**

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
02 / 04 / 2014

Transaction ID : **SA11C.20292**

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
TORCH TECHNOLOGIES INC POLITICAL ACTION COMMITTEE

Mailing Address **4035 CHRIS DRIVE SUITE C**

City **HUNTSVILLE** State **AL** Zip Code **35802**

FEC ID number of contributing federal political committee. **C00400424**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2014

Transaction ID : **SA11C.22110**

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
TOYOTA MOTOR NORTH AMERICA INC PAC AKA TOYOTA/LEXUS PAC

Mailing Address **601 THIRTEENTH STREET NW
STE 910 S**

City **WASHINGTON** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C00542365**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 12 / 2014

Transaction ID : **SA11C.20725**

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

8000.00

TOTAL This Period (last page this line number only).....

14920103069

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 446 OF 561
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
TOYOTA MOTOR NORTH AMERICA INC PAC AKA TOYOTA/LEXUS PAC

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Mailing Address **601 THIRTEENTH STREET NW
STE 910 S.**

Transaction ID : **SA11C.22065**

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C C00542365**

Amount of Each Receipt this Period
1000.00

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

B. Full Name (Last, First, Middle Initial)
TROUTMAN SANDERS LLP POLITICAL ACTION COMMITTEE INC

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Mailing Address **600 PEACHTREE ST NE SUITE 5200**

Transaction ID : **SA11C.22040**

City State Zip Code
ATLANTA GA 30308

FEC ID number of contributing federal political committee. **C C00311142**

Amount of Each Receipt this Period
500.00

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

C. Full Name (Last, First, Middle Initial)
UNION PACIFIC CORP FUND FOR EFFECTIVE GOVERNMENT

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2014

Mailing Address **600 13TH STREET NW SUITE 340**

Transaction ID : **SA11C.21744**

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C C00010470**

Amount of Each Receipt this Period
5000.00

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

SUBTOTAL of Receipts This Page (optional).....

6500.00

TOTAL This Period (last page this line number only).....

14020103966

**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 447 OF 561
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) UNITED PARCEL SERVICE INC. POLITICAL ACTION COMMITTEE		Date of Receipt MM / DD / YYYY 03 / 31 / 2014
Mailing Address 55 Glenlake Parkway N.E.		Transaction ID : SA11C.22067
City Atlanta	State GA	Zip Code 30328
FEC ID number of contributing federal political committee. C C00064766		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00	

Full Name (Last, First, Middle Initial) UNITED STATES BEET SUGAR ASSOCIATION POLITICAL ACTION COMMITTEE		Date of Receipt MM / DD / YYYY 03 / 31 / 2014
Mailing Address 1156 15TH STREET NW SUITE 1019		Transaction ID : SA11C.22061
City WASHINGTON	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C C00063586		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00	

Full Name (Last, First, Middle Initial) UNITED STATES PEANUT POLITICAL ACTION COMMITTEE (US PEANUT PAC)		Date of Receipt MM / DD / YYYY 03 / 31 / 2014
Mailing Address 313 MASSACHUSETTS AVENUE NE		Transaction ID : SA11C.22627
City WASHINGTON	State DC	Zip Code 20002
FEC ID number of contributing federal political committee. C C00502807		Amount of Each Receipt this Period 1500.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4500.00	

SUBTOTAL of Receipts This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	

14020103070

**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 448 OF 561
	<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) UNITED TECHNOLOGIES CORPORATION POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 1401 I Street NW Suite 600		Transaction ID : SA11C.22342
City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C C00035683		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4500.00	

Full Name (Last, First, Middle Initial) USA RICE FEDERATION POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 4301 NORTH FAIRFAX DRIVE SUITE 305		Transaction ID : SA11C.20752
City ARLINGTON State VA Zip Code 22203	Amount of Each Receipt this Period 4000.00	
FEC ID number of contributing federal political committee. C C00308478		Amount of Each Receipt this Period 4000.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 10000.00	

Full Name (Last, First, Middle Initial) VIRGINIA VICTORY PAC		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 17 / 2014
Mailing Address 215 EAST ALEXANDRIA AVENUE		Transaction ID : SA11C.21164
City ALEXANDRIA State VA Zip Code 22301	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00387860		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	7500.00
TOTAL This Period (last page this line number only).....	

14020103971

**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 449 OF 561
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) VT HALTER MARINE INC POLITICAL ACTION COMMITTEE		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address 900 BAYOU CASOTTE PARKWAY		Transaction ID : SA11C.21735
City PASCAGOULA	State MS	
FEC ID number of contributing federal political committee. C C00321802		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) VT HALTER MARINE INC POLITICAL ACTION COMMITTEE		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address 900 BAYOU CASOTTE PARKWAY		Transaction ID : SA11C.21736
City PASCAGOULA	State MS	
FEC ID number of contributing federal political committee. C C00321802		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 7500.00	

Full Name (Last, First, Middle Initial) WAL-MART STORES INC. PAC FOR RESPONSIBLE GOVERNMENT		Date of Receipt MM / DD / YYYY 03 / 31 / 2014
Mailing Address 702 S.W. 8th Street		Transaction ID : SA11C.22003
City Bentonville	State AR	
FEC ID number of contributing federal political committee. C C00093054		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00	

SUBTOTAL of Receipts This Page (optional).....	7000.00
TOTAL This Period (last page this line number only).....	493840.00

14020183972

**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 450 OF 561	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) RENASANT BANK		Date of Receipt M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address P.O. BOX 709		Transaction ID : SA15.19396
City TUPELO	State MS	Zip Code 38802
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 227.83	
Name of Employer	Occupation	Interest Income
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5778.97	

Full Name (Last, First, Middle Initial) RENASANT BANK		Date of Receipt M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address P.O. BOX 709		Transaction ID : SA15.20608
City TUPELO	State MS	Zip Code 38802
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 277.95	
Name of Employer	Occupation	INTEREST INCOME
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 6056.92	

Full Name (Last, First, Middle Initial) RENASANT BANK		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address P.O. BOX 709		Transaction ID : SA15.22582
City TUPELO	State MS	Zip Code 38802
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 296.93	
Name of Employer	Occupation	Interest Income
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 6353.85	

SUBTOTAL of Receipts This Page (optional).....	802.71
TOTAL This Period (last page this line number only).....	802.71

1402010397 N

**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)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)

A. A DAISY A DAY FLOWERS & GIFTS

Date of Disbursement

M M / D D / Y Y / Y Y
02 / 11 / 2014

Mailing Address 1220 EAST NORTHSIDE DRIVE
SUITE 180

Amount of Each Disbursement this Period

37.45

City JACKSON State MS Zip Code 39211-5503

Purpose of Disbursement
Hospitality - Fundraiser Hosts

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Transaction ID : SB17.21936

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. AIA PINE BELT PROMOS

Date of Disbursement

M M / D D / Y Y / Y Y
03 / 18 / 2014

Mailing Address 800 WINNECONNE AVE

Amount of Each Disbursement this Period

1088.01

City NEENAH State WI Zip Code 54956

Purpose of Disbursement
Printing - Promotional Material

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Transaction ID : SB17.21678

Full Name (Last, First, Middle Initial)

C. RACHEL ALLEN

Date of Disbursement

M M / D D / Y Y / Y Y
01 / 15 / 2014

Mailing Address 5247 SUFFOLK CIRCLE

Amount of Each Disbursement this Period

2421.90

City JACKSON State MS Zip Code 39211

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Transaction ID : SB17.20138

SUBTOTAL of Disbursements This Page (optional).....

3509.91

TOTAL This Period (last page this line number only).....

14920183674

**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 452 OF 561	
	<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. RACHEL ALLEN		Date of Disbursement M M D D Y Y 01 31 2014
Mailing Address 5247 SUFFOLK CIRCLE		Amount of Each Disbursement this Period 584.15 Transaction ID : SB17.20174
City JACKSON State MS Zip Code 39211	Purpose of Disbursement Expense Reimbursement - Fundraising Supplies	
Candidate Name	001 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. RACHEL ALLEN		Date of Disbursement M M D D Y Y 01 31 2014
Mailing Address 5247 SUFFOLK CIRCLE		Amount of Each Disbursement this Period 2421.90 Transaction ID : SB17.20177
City JACKSON State MS Zip Code 39211	Purpose of Disbursement Payroll	
Candidate Name	001 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. RACHEL ALLEN		Date of Disbursement M M D D Y Y 01 31 2014
Mailing Address 5247 SUFFOLK CIRCLE		Amount of Each Disbursement this Period 584.15 Transaction ID : SB17.22635
City JACKSON State MS Zip Code 39211	Purpose of Disbursement Expense Reimbursement - Fundraising Supplies	
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3590.20
TOTAL This Period (last page this line number only).....	

14020103975

**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 453 OF 561
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. RACHEL ALLEN		Date of Disbursement MM / DD / YYYY 02 / 13 / 2014
Mailing Address 5247 SUFFOLK CIRCLE		Amount of Each Disbursement this Period 2421.90 Transaction ID : SB17.20579
City JACKSON State MS Zip Code 39211	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type 001	
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. RACHEL ALLEN		Date of Disbursement MM / DD / YYYY 02 / 26 / 2014
Mailing Address 5247 SUFFOLK CIRCLE		Amount of Each Disbursement this Period 448.37 Transaction ID : SB17.20488
City JACKSON State MS Zip Code 39211	Purpose of Disbursement Expense Reimbursement - Event Expenses	
Candidate Name	Category/Type 001	
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. RACHEL ALLEN		Date of Disbursement MM / DD / YYYY 02 / 26 / 2014
Mailing Address 5247 SUFFOLK CIRCLE		Amount of Each Disbursement this Period 448.38 Transaction ID : SB17.22637
City JACKSON State MS Zip Code 39211	Purpose of Disbursement Reimbursed Expenses - Event Expenses	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3318.65
TOTAL This Period (last page this line number only).....	

14020103979

**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 454 OF 561	
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. RACHEL ALLEN		Date of Disbursement MM / DD / YYYY 02 / 28 / 2014
Mailing Address 5247 SUFFOLK CIRCLE		Amount of Each Disbursement this Period 2421.90 Transaction ID : SB17.20590
City JACKSON State MS Zip Code 39211	Purpose of Disbursement PAYROLL	
Candidate Name	001 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. RACHEL ALLEN		Date of Disbursement MM / DD / YYYY 03 / 14 / 2014
Mailing Address 5247 SUFFOLK CIRCLE		Amount of Each Disbursement this Period 2421.90 Transaction ID : SB17.21708
City JACKSON State MS Zip Code 39211	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. ALLIANCE BUSINESS SERVICES		Date of Disbursement MM / DD / YYYY 01 / 21 / 2014
Mailing Address 109 E. STATE STREET		Amount of Each Disbursement this Period 1200.50 Transaction ID : SB17.20153
City RIDGELAND State MS Zip Code 39157	Purpose of Disbursement Printing - Invitations	
Candidate Name	003 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).....	6044.30
TOTAL This Period (last page this line number only).....	

14829183977

**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 455 OF 561

<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)

A. ALLIANCE BUSINESS SERVICES

Mailing Address 109 E. STATE STREET

City RIDGELAND State MS Zip Code 39157

Purpose of Disbursement
Printing - Envelopes

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 21 / 2014

Amount of Each Disbursement this Period

927.97

Transaction ID : SB17.20155

003
Category/
Type

B. ALLIANCE BUSINESS SERVICES

Mailing Address 109 E. STATE STREET

City RIDGELAND State MS Zip Code 39157

Purpose of Disbursement
Printing - Reply Cards

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 21 / 2014

Amount of Each Disbursement this Period

2827.88

Transaction ID : SB17.20156

003
Category/
Type

C. ALLIANCE BUSINESS SERVICES

Mailing Address 109 E. STATE STREET

City RIDGELAND State MS Zip Code 39157

Purpose of Disbursement
Printing - Invitations

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 21 / 2014

Amount of Each Disbursement this Period

1200.51

Transaction ID : SB17.22639

Category/
Type

SUBTOTAL of Disbursements This Page (optional).....

4956.36

TOTAL This Period (last page this line number only).....

14020103979

**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 456 OF 561

<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)

A. ALLIANCE BUSINESS SERVICES

Mailing Address 109 E. STATE STREET

City RIDGELAND State MS Zip Code 39157

Purpose of Disbursement
Printing - Envelopes

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM/DD/YYYY
01/21/2014

Amount of Each Disbursement this Period

927.97

Transaction ID : SB17.22640

Category/
Type

B. ALLIANCE BUSINESS SERVICES

Mailing Address 109 E. STATE STREET

City RIDGELAND State MS Zip Code 39157

Purpose of Disbursement
Printing - Reply Cards

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM/DD/YYYY
01/21/2014

Amount of Each Disbursement this Period

2827.89

Transaction ID : SB17.22641

Category/
Type

C. ALLIANCE BUSINESS SERVICES

Mailing Address 109 E. STATE STREET

City RIDGELAND State MS Zip Code 39157

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM/DD/YYYY
03/03/2014

Amount of Each Disbursement this Period

224.55

Transaction ID : SB17.21638

Category/
Type

SUBTOTAL of Disbursements This Page (optional).....

3980.41

TOTAL This Period (last page this line number only).....

14020183979

**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 457 OF 561
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. ALPHA GOLF AVIATION		Date of Disbursement MM / DD / YYYY 02 / 26 / 2014
Mailing Address P.O. BOX 8370		Amount of Each Disbursement this Period 1451.99 Transaction ID : SB17.20499
City COLUMBUS	State MS	
Zip Code 39705	Purpose of Disbursement Travel - Air travel	Category/ Type 002
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. BENCH COACHES, LLC		Date of Disbursement MM / DD / YYYY 02 / 07 / 2014
Mailing Address 245 HURDLE ROAD		Amount of Each Disbursement this Period 2003.15 Transaction ID : SB17.20451
City PELAHATCHIE	State MS	
Zip Code 39145	Purpose of Disbursement BUS TOUR EXPENSES	Category/ Type 002
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. BENCH COACHES, LLC		Date of Disbursement MM / DD / YYYY 02 / 07 / 2014
Mailing Address 245 HURDLE ROAD		Amount of Each Disbursement this Period 2003.15 Transaction ID : SB17.22642
City PELAHATCHIE	State MS	
Zip Code 39145	Purpose of Disbursement BUS TOUR EXPENSES	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

SUBTOTAL of Disbursements This Page (optional).....	5458.29
TOTAL This Period (last page this line number only).....	

14929183999

**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 458 OF 561	
	<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. BENCH COACHES, LLC		Date of Disbursement MM DD YY 03 03 2014
Mailing Address 245 HURDLE ROAD		Amount of Each Disbursement this Period 4593.75 Transaction ID : SB17.21634
City PELAHATCHIE	State MS	
Purpose of Disbursement BUS TOUR EXPENSES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. BENCH COACHES, LLC		Date of Disbursement MM DD YY 03 31 2014
Mailing Address 245 HURDLE ROAD		Amount of Each Disbursement this Period 4959.76 Transaction ID : SB17.21923
City PELAHATCHIE	State MS	
Purpose of Disbursement Bus Tour Expenses	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) C. BEN NELSON GOLF & UTILITY VEHICLES, LLC		Date of Disbursement MM DD YY 02 06 2014
Mailing Address 401 COUNTY PLACE PKWY		Amount of Each Disbursement this Period 160.50 Transaction ID : SB17.22644
City PEARL	State MS	
Purpose of Disbursement Event Expenses - Golf Cart Rental	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	9714.01
TOTAL This Period (last page this line number only).....	

14020103991

**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. RICKY BISHOP		Date of Disbursement MM / DD / YYYY 03 / 31 / 2014
Mailing Address 413-B SANTA ANITA DR		Amount of Each Disbursement this Period 526.01 Transaction ID : SB17.21924
City STARKVILLE	State MS	
Zip Code 39759		Category/ Type
Purpose of Disbursement Reimbursed Expenses - Mileage/Meal		
Candidate Name		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. BOSTON COACH		Date of Disbursement MM / DD / YYYY 12 / 09 / 2013
Mailing Address 69 NORMAN STREET		Amount of Each Disbursement this Period 570.77 Transaction ID : SB17.20185 [MEMO ITEM]
City EVERETT	State MA	
Zip Code 02149		Category/ Type 001
Purpose of Disbursement Car Service		
Candidate Name		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) C. BOSTON COACH		Date of Disbursement MM / DD / YYYY 12 / 09 / 2013
Mailing Address 69 NORMAN STREET		Amount of Each Disbursement this Period 917.09 Transaction ID : SB17.20186 [MEMO ITEM]
City EVERETT	State MA	
Zip Code 02149		Category/ Type 001
Purpose of Disbursement Car Service		
Candidate Name		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	526.01
TOTAL This Period (last page this line number only).....	

14020103992

**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)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. BOSTON COACH		Date of Disbursement M M D D Y Y Y Y 12 18 2013
Mailing Address 69 NORMAN STREET		Amount of Each Disbursement this Period 570.77
City EVERETT	State MA	
Zip Code 02149	Purpose of Disbursement Car service	Transaction ID : SB17.20188 [MEMO ITEM]
Candidate Name	Category/ Type 001	
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. BOSTON COACH		Date of Disbursement M M D D Y Y Y Y 01 27 2014
Mailing Address 69 NORMAN STREET		Amount of Each Disbursement this Period 700.64
City EVERETT	State MA	
Zip Code 02149	Purpose of Disbursement Car Service	Transaction ID : SB17.20555 [MEMO ITEM]
Candidate Name	Category/ Type 001	
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. BOSTON COACH		Date of Disbursement M M D D Y Y Y Y 01 27 2014
Mailing Address 69 NORMAN STREET		Amount of Each Disbursement this Period 397.61
City EVERETT	State MA	
Zip Code 02149	Purpose of Disbursement Car Service	Transaction ID : SB17.20556 [MEMO ITEM]
Candidate Name	Category/ Type 001	
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).....

0.00

TOTAL This Period (last page this line number only).....

14020103000

**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)

17 18 19a 19b
 20a 20b 20c 21

PAGE 461 OF 561

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. BRAVO ITALIAN RESTAURANT

Full Name (Last, First, Middle Initial)

Mailing Address 4500 I-55 FRONTAGE #244

City JACKSON State MS Zip Code 39211

Purpose of Disbursement Meal

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement 01 21 2014

Amount of Each Disbursement this Period 27.85

Transaction ID : SB17.20538

[MEMO ITEM]

Category/Type 002

B. BREAZEALE, SAUNDERS & O'NEIL, LTD

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 80

City JACKSON State MS Zip Code 39205

Purpose of Disbursement Accounting Services - Payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement 02 21 2014

Amount of Each Disbursement this Period 307.51

Transaction ID : SB17.20474

Category/Type 001

C. BREAZEALE, SAUNDERS & O'NEIL, LTD

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 80

City JACKSON State MS Zip Code 39205

Purpose of Disbursement Accounting Services - Payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement 03 26 2014

Amount of Each Disbursement this Period 230.63

Transaction ID : SB17.21707

Category/Type

SUBTOTAL of Disbursements This Page (optional) 538.14

TOTAL This Period (last page this line number only)

14020103994

**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 462 OF 561			
	<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. BROCK DEATON LAW FIRM		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address P.O. BOX 1726		Amount of Each Disbursement this Period 611.42 Transaction ID : SB17.20120
City TUPELO	State MS	
Purpose of Disbursement Accounting/Administrative Services		Category/ Type 001
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. BROCK DEATON LAW FIRM		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address P.O. BOX 1726		Amount of Each Disbursement this Period 1649.84 Transaction ID : SB17.20442
City TUPELO	State MS	
Purpose of Disbursement Accounting/Administrative Services		Category/ Type 001
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. BROCK DEATON LAW FIRM		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address P.O. BOX 1726		Amount of Each Disbursement this Period 1685.96 Transaction ID : SB17.21653
City TUPELO	State MS	
Purpose of Disbursement Accounting/Administrative Services		Category/ Type 001
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).....	3947.22
TOTAL This Period (last page this line number only).....	

1402010300

**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 463 OF 561
	<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)
CITIZENS FOR COCHRAN

A. C&J PROPERTY MANAGEMENT, LLC

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 231

City JACKSON State MS Zip Code 39205

Purpose of Disbursement RENT - CAMPAIGN OFFICES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 07 / 2014

Amount of Each Disbursement this Period: 1016.44

Transaction ID : SB17.20449

Category/Type: 001

B. C&J PROPERTY MANAGEMENT, LLC

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 231

City JACKSON State MS Zip Code 39205

Purpose of Disbursement Rent - Campaign Office

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 21 / 2014

Amount of Each Disbursement this Period: 2032.88

Transaction ID : SB17.20478

Category/Type: 001

C. C&J PROPERTY MANAGEMENT, LLC

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 231

City JACKSON State MS Zip Code 39205

Purpose of Disbursement Rent - Campaign Office

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 24 / 2014

Amount of Each Disbursement this Period: 2032.88

Transaction ID : SB17.21693

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional)..... 5082.20

TOTAL This Period (last page this line number only).....

14029193000

**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 464 OF 561	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. CABOT LODGE MILLSAPS		Date of Disbursement MM / DD / YYYY 02 / 18 / 2014
Mailing Address 2375 NORTH STATE STREET		Amount of Each Disbursement this Period 247.98
City JACKSON	State MS Zip Code 39202	
Purpose of Disbursement Travel - Lodging	Candidate Name	Transaction ID : SB17.21938
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. CABOT LODGE MILLSAPS		Date of Disbursement MM / DD / YYYY 02 / 21 / 2014
Mailing Address 2375 NORTH STATE STREET		Amount of Each Disbursement this Period 121.74
City JACKSON	State MS Zip Code 39202	
Purpose of Disbursement Travel - Lodging	Candidate Name	Transaction ID : SB17.21939
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. CARDMEMBER SERVICE		Date of Disbursement MM / DD / YYYY 01 / 13 / 2014
Mailing Address P.O. BOX 790408		Amount of Each Disbursement this Period 14.00
City ST. LOUIS	State MO Zip Code 63179-0408	
Purpose of Disbursement See Credit Memos	Candidate Name	Transaction ID : SB17.20135
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type 001	

SUBTOTAL of Disbursements This Page (optional).....	14.00
TOTAL This Period (last page this line number only).....	

14920103997

**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)

<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. CARDMEMBER SERVICE		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2014
Mailing Address P.O. BOX 790408		Amount of Each Disbursement this Period 2521.35 Transaction ID : SB17.20136
City ST. LOUIS	State MO	
Zip Code 63179-0408	Purpose of Disbursement See Credit Memos	Category/ Type 001
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. CARDMEMBER SERVICE		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2014
Mailing Address P.O. BOX 790408		Amount of Each Disbursement this Period 2688.79 Transaction ID : SB17.20468
City ST. LOUIS	State MO	
Zip Code 63179-0408	Purpose of Disbursement See Credit Memos	Category/ Type 001
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. CARDMEMBER SERVICE		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2014
Mailing Address P.O. BOX 790408		Amount of Each Disbursement this Period 1244.24 Transaction ID : SB17.20469
City ST. LOUIS	State MO	
Zip Code 63179-0408	Purpose of Disbursement See Credit Memos	Category/ Type 001
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)..... 6454.38
TOTAL This Period (last page this line number only).....

14020103000

**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 466 OF 561			
	<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. CARDMEMBER SERVICE		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2014
Mailing Address P.O. BOX 790408		Amount of Each Disbursement this Period 2754.69 Transaction ID : SB17.20470
City ST. LOUIS	State MO	
Purpose of Disbursement See Credit Memos	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. CARDMEMBER SERVICE		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2014
Mailing Address P.O. BOX 790408		Amount of Each Disbursement this Period 1866.47 Transaction ID : SB17.20471
City ST. LOUIS	State MO	
Purpose of Disbursement See Credit Memos	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) C. CARDMEMBER SERVICE		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address P.O. BOX 790408		Amount of Each Disbursement this Period 58.93 Transaction ID : SB17.21680
City ST. LOUIS	State MO	
Purpose of Disbursement SEE CREDIT MEMOS	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4680.09
TOTAL This Period (last page this line number only).....	

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**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 467 OF 561	
	<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. CARDMEMBER SERVICE		Date of Disbursement MM / DD / YYYY 03 / 18 / 2014
Mailing Address P.O. BOX 790408		Amount of Each Disbursement this Period 2513.42 Transaction ID : SB17.21681
City ST. LOUIS	State MO	
Zip Code 63179-0408	Purpose of Disbursement SEE CREDIT MEMOS	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. CARDMEMBER SERVICE		Date of Disbursement MM / DD / YYYY 03 / 18 / 2014
Mailing Address P.O. BOX 790408		Amount of Each Disbursement this Period 271.55 Transaction ID : SB17.21682
City ST. LOUIS	State MO	
Zip Code 63179-0408	Purpose of Disbursement SEE CREDIT MEMOS	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. CARDMEMBER SERVICE		Date of Disbursement MM / DD / YYYY 03 / 18 / 2014
Mailing Address P.O. BOX 790408		Amount of Each Disbursement this Period 470.32 Transaction ID : SB17.21683
City ST. LOUIS	State MO	
Zip Code 63179-0408	Purpose of Disbursement SEE CREDIT MEMOS	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).....	3255.29
TOTAL This Period (last page this line number only).....	

14020103090

**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)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. DAVID CLANTON		Date of Disbursement MM / DD / YYYY 03 / 06 / 2014
Mailing Address P.O. BOX 463		Amount of Each Disbursement this Period 994.86 Transaction ID : SB17.21650
City MEADVILLE	State MS	
Zip Code 39653	Purpose of Disbursement Expense Reimbursement-Mileage/Meals	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. DAVID CLANTON		Date of Disbursement MM / DD / YYYY 03 / 18 / 2014
Mailing Address P.O. BOX 463		Amount of Each Disbursement this Period 1495.58 Transaction ID : SB17.21672
City MEADVILLE	State MS	
Zip Code 39653	Purpose of Disbursement Expense Reimbursement - Mileage/Meal	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. DAVID CLANTON		Date of Disbursement MM / DD / YYYY 03 / 20 / 2014
Mailing Address P.O. BOX 463		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.21684
City MEADVILLE	State MS	
Zip Code 39653	Purpose of Disbursement Expense Reimbursement	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).....

3490.44

TOTAL This Period (last page this line number only).....

14020183991

**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 469 OF 561	
	<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. CLOYD & ASSOCIATES, LLC		Date of Disbursement MM / DD / YYYY 02 / 28 / 2014
Mailing Address 433 E. BEACH DR.		Amount of Each Disbursement this Period 7000.00 Transaction ID : SB17.20602
City OCEAN SPRINGS	State MS	
Zip Code 39564	Purpose of Disbursement CONTRACT LABOR	Category/ Type 001
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. THAD COCHRAN		Date of Disbursement MM / DD / YYYY 02 / 13 / 2014
Mailing Address 218-A MARYLAND AVE NE		Amount of Each Disbursement this Period 1501.10 Transaction ID : SB17.20465
City WASHINGTON	State DC	
Zip Code 20002	Purpose of Disbursement Reimbursed Expenses - Travel	Category/ Type 001
Candidate Name	Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MS District: 00	

Full Name (Last, First, Middle Initial) C. THAD COCHRAN		Date of Disbursement MM / DD / YYYY 03 / 03 / 2014
Mailing Address 218-A MARYLAND AVE NE		Amount of Each Disbursement this Period 2883.69 Transaction ID : SB17.21641
City WASHINGTON	State DC	
Zip Code 20002	Purpose of Disbursement Expense Reimbursement	Category/ Type 001
Candidate Name	Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MS District: 00	

SUBTOTAL of Disbursements This Page (optional).....	11384.79
TOTAL This Period (last page this line number only).....	

14929183992

**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 470 OF 561	
	<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. THAD COCHRAN		Date of Disbursement MM / DD / YYYY 03 / 26 / 2014
Mailing Address 218-A MARYLAND AVE NE		Amount of Each Disbursement this Period 159.19
City WASHINGTON	State DC	
Zip Code 20002	Purpose of Disbursement Expense Reimbursement - Meal	Transaction ID : SB17.21701
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input checked="" 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: MS District: 00		

Full Name (Last, First, Middle Initial) B. COMCAST OF JACKSON		Date of Disbursement MM / DD / YYYY 02 / 27 / 2014
Mailing Address 380 S. LAMAR		Amount of Each Disbursement this Period 400.00
City JACKSON	State MS	
Zip Code 39201	Purpose of Disbursement Internet/Phone Service - Campaign Office	Transaction ID : SB17.21942
Candidate Name	Category/ Type	[MEMO ITEM]
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. COMMUNITY FOUNDATION OF NORTHWEST MS		Date of Disbursement MM / DD / YYYY 01 / 13 / 2014
Mailing Address 315 LOSHER STREET		Amount of Each Disbursement this Period 1500.00
City HERNANDO	State MS	
Zip Code 38632	Purpose of Disbursement Sponsor - Crystal Ball XIV	Transaction ID : SB17.20133
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).....	1659.19
TOTAL This Period (last page this line number only).....	

14029183993

**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 471 OF 561
	<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. COURTYARD BY MARRIOTT		Date of Disbursement MM / DD / YYYY 01 / 23 / 2014
Mailing Address 1600 E. BEACH BLVD.		Amount of Each Disbursement this Period 122.08
City GULFPORT	State MS	
Purpose of Disbursement Lodging	Zip Code 39501	Transaction ID : SB17.20542
Candidate Name	Category/ Type 002	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. COURTYARD BY MARRIOTT		Date of Disbursement MM / DD / YYYY 01 / 23 / 2014
Mailing Address 1600 E. BEACH BLVD.		Amount of Each Disbursement this Period 122.08
City GULFPORT	State MS	
Purpose of Disbursement Lodging	Zip Code 39501	Transaction ID : SB17.20544
Candidate Name	Category/ Type 002	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. COURTYARD BY MARRIOTT		Date of Disbursement MM / DD / YYYY 01 / 23 / 2014
Mailing Address 1600 E. BEACH BLVD.		Amount of Each Disbursement this Period 114.38
City GULFPORT	State MS	
Purpose of Disbursement Lodging	Zip Code 39501	Transaction ID : SB17.20545
Candidate Name	Category/ Type 002	
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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

14929193994

**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 472 OF 561			
	<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. COURTYARD BY MARRIOTT		Date of Disbursement M M D D Y Y Y Y 01 23 2014
Mailing Address 1600 E. BEACH BLVD.		Amount of Each Disbursement this Period 110.88 Transaction ID : SB17.20546
City GULFPORT	State MS	
Zip Code 39501	Purpose of Disbursement Lodging	Category/ Type 002
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:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. COURTYARD BY MARRIOTT		Date of Disbursement M M D D Y Y Y Y 01 23 2014
Mailing Address 1600 E. BEACH BLVD.		Amount of Each Disbursement this Period 110.88 Transaction ID : SB17.20547
City GULFPORT	State MS	
Zip Code 39501	Purpose of Disbursement Lodging	Category/ Type 002
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:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. C SPIRE WIRELESS		Date of Disbursement M M D D Y Y Y Y 01 09 2014
Mailing Address P.O. BOX 519		Amount of Each Disbursement this Period 696.88 Transaction ID : SB17.20125
City MEADVILLE	State MS	
Zip Code 39653	Purpose of Disbursement Telephone	Category/ Type 001
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).....	696.88
TOTAL This Period (last page this line number only).....	

14020193995

**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)

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<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. C SPIRE WIRELESS		Date of Disbursement MM / DD / YYYY 02 / 26 / 2014
Mailing Address P.O. BOX 519		Amount of Each Disbursement this Period 731.75 Transaction ID : SB17.20496
City MEADVILLE	State MS	
Purpose of Disbursement Telephone	Candidate Name	Category/ Type 001
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. C SPIRE WIRELESS		Date of Disbursement MM / DD / YYYY 03 / 12 / 2014
Mailing Address P.O. BOX 519		Amount of Each Disbursement this Period 470.64 Transaction ID : SB17.21658
City MEADVILLE	State MS	
Purpose of Disbursement TELEPHONE	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. WINDLE DAVIS		Date of Disbursement MM / DD / YYYY 02 / 15 / 2014
Mailing Address 600 S. ADAMS ST.		Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.20195
City FULTON	State MS	
Purpose of Disbursement In-kind -	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

SUBTOTAL of Disbursements This Page (optional).....	2002.39
TOTAL This Period (last page this line number only).....	

14929183996

**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)

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<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. WINDLE DAVIS		Date of Disbursement MM / DD / YYYY 03 / 15 / 2014
Mailing Address 600 S. ADAMS ST.		Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.20632
City FULTON	State MS	
Zip Code 38843	Purpose of Disbursement In-kind -	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. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 01 / 15 / 2014
Mailing Address 100 INTERNATIONAL DRIVE		Amount of Each Disbursement this Period 954.00 Transaction ID : SB17.20563 [MEMO ITEM]
City JACKSON	State MS	
Zip Code 39208	Purpose of Disbursement TRAVEL - AIR FARE	Category/ Type 002
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. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 02 / 14 / 2014
Mailing Address 100 INTERNATIONAL DRIVE		Amount of Each Disbursement this Period 339.00 Transaction ID : SB17.21937 [MEMO ITEM]
City JACKSON	State MS	
Zip Code 39208	Purpose of Disbursement Travel - Airfare	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).....

800.00

TOTAL This Period (last page this line number only).....

14020103097

**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 475 OF 561	
	<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. DESIGN BY TRACY PROCTOR, LLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address P.O. BOX 7301		Amount of Each Disbursement this Period 233.27 Transaction ID : SB17.20440
City TUPELO	State MS	
Zip Code 38802	Purpose of Disbursement Event Expense - Floral	Category/ Type 003
Candidate Name	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. DESIGN BY TRACY PROCTOR, LLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address P.O. BOX 7301		Amount of Each Disbursement this Period 233.27 Transaction ID : SB17.22845
City TUPELO	State MS	
Zip Code 38802	Purpose of Disbursement Event Expenses - Floral	Category/ Type
Candidate Name	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) C. DE SOTO COUNTY REPUBLICAN PARTY		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address 4105 JESSICA DR		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.21675
City SOUTHAVEN	State MS	
Zip Code 38672	Purpose of Disbursement SPONSOR TABLE - BANQUET	Category/ Type
Candidate Name	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	966.54
TOTAL This Period (last page this line number only).....	

14029183699

**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)

<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. DIG SOLUTIONS		Date of Disbursement MM / DD / YYYY 01 / 21 / 2014
Mailing Address 513 LIBERTY RD SUITE 4B		Amount of Each Disbursement this Period 3811.88 Transaction ID : SB17.20157
City FLOWOOD	State MS	
Zip Code 39232	Purpose of Disbursement Graphics For Campaign Bus	Category/ Type 001
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. DRI LOGITECH		Date of Disbursement MM / DD / YYYY 01 / 11 / 2014
Mailing Address 7600 GATEWAY BLVD.		Amount of Each Disbursement this Period 99.99 Transaction ID : SB17.20552 [MEMO ITEM]
City NEWARK	State CA	
Zip Code 94560	Purpose of Disbursement Software	Category/ Type 001
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. WILLIAM FAGGERT		Date of Disbursement MM / DD / YYYY 02 / 28 / 2014
Mailing Address 416 SOUTH OAK AVE		Amount of Each Disbursement this Period 9696.00 Transaction ID : SB17.20591
City HEIDELBERG	State MS	
Zip Code 39439	Purpose of Disbursement PAYROLL	Category/ Type 001
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).....	13507.88
TOTAL This Period (last page this line number only).....	

140201030909

**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 477 OF 561	
	<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. FCCI INSURANCE GROUP		Date of Disbursement MM/DD/YYYY 03/20/2014
Mailing Address 6300 UNIVERSITY PARKWAY		Amount of Each Disbursement this Period 283.00 Transaction ID : SB17.21686
City SARASOTA	State FL	
Zip Code 34240	Purpose of Disbursement Insurance - Campaign Office	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. FEDERAL EXPRESS		Date of Disbursement MM/DD/YYYY 01/07/2014
Mailing Address P.O. BOX 1140		Amount of Each Disbursement this Period 572.20 Transaction ID : SB17.20122
City MEMPHIS	State TN	
Zip Code 38101	Purpose of Disbursement Delivery Expense	Category/ Type 001
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. FEDERAL EXPRESS		Date of Disbursement MM/DD/YYYY 02/13/2014
Mailing Address P.O. BOX 1140		Amount of Each Disbursement this Period 263.35 Transaction ID : SB17.20466
City MEMPHIS	State TN	
Zip Code 38101	Purpose of Disbursement Delivery Expense	Category/ Type 001
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).....	1118.55
TOTAL This Period (last page this line number only).....	

14020184000

**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)

<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)

A. FEDERAL EXPRESS

Mailing Address P.O. BOX 1140

City MEMPHIS State TN Zip Code 38101

Purpose of Disbursement
Delivery Expense

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 12 / 2014

Amount of Each Disbursement this Period

197.31

Transaction ID : SB17.21663

Full Name (Last, First, Middle Initial)

B. FRIENDS OF DELBERT HOSEMANN

Mailing Address P.O. BOX 321286

City FLOWOOD State MS Zip Code 39232

Purpose of Disbursement
Campaign Materials

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 25 / 2014

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.21696

Full Name (Last, First, Middle Initial)

C. FRONTIER STRATEGIES

Mailing Address P.O. BOX 13292

City JACKSON State MS Zip Code 39236

Purpose of Disbursement
Media Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
02 / 06 / 2014

Amount of Each Disbursement this Period

18770.00

Transaction ID : SB17.20436

SUBTOTAL of Disbursements This Page (optional).....

21467.31

TOTAL This Period (last page this line number only).....

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**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 479 OF 561	
	<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. FRONTIER STRATEGIES		Date of Disbursement MM DD YYYY 02 06 2014
Mailing Address P.O. BOX 13292		Amount of Each Disbursement this Period 9444.95 Transaction ID : SB17.20437
City JACKSON State MS Zip Code 39236	Purpose of Disbursement Media Consulting /Expenses	
Candidate Name	Category/Type 001	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. FRONTIER STRATEGIES		Date of Disbursement MM DD YYYY 03 12 2014
Mailing Address P.O. BOX 13292		Amount of Each Disbursement this Period 15869.20 Transaction ID : SB17.21657
City JACKSON State MS Zip Code 39236	Purpose of Disbursement Media Consulting	
Candidate Name	Category/Type	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) C. GOBER HILGERS, PLLC		Date of Disbursement MM DD YYYY 02 13 2014
Mailing Address 2101 CEDAR SPRINGS RD SUITE 1050		Amount of Each Disbursement this Period 435.75 Transaction ID : SB17.20456
City DALLAS State TX Zip Code 75201	Purpose of Disbursement Fundraising Consulting	
Candidate Name	Category/Type 003	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	25749.90
TOTAL This Period (last page this line number only).....	

14020184002

**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)

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<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)

A. GOBER HILGERS, PLLC

Date of Disbursement

M M / D D Y Y Y Y
02 / 13 2014

Mailing Address 2101 CEDAR SPRINGS RD
SUITE 1050

Amount of Each Disbursement this Period

City State Zip Code
DALLAS TX 75201

435.75

Purpose of Disbursement
Fundraising Consultant

Transaction ID : SB17.22646

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. GODWIN GROUP

Date of Disbursement

M M / D D Y Y
03 / 12 2014

Mailing Address P.O. BOX 531

Amount of Each Disbursement this Period

City State Zip Code
JACKSON MS 39205

6735.52

Purpose of Disbursement
Media Consulting

Transaction ID : SB17.21656

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. GODWIN GROUP

Date of Disbursement

M M J D Y Y Y Y
03 12 2014

Mailing Address P.O. BOX 531

Amount of Each Disbursement this Period

City State Zip Code
JACKSON MS 39205

6735.53

Purpose of Disbursement
Media Consulting

Transaction ID : SB17.22678

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....

13906.80

TOTAL This Period (last page this line number only).....

14020184003

**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 481 OF 561
	<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. GREENWORKS BY SHANE		Date of Disbursement MM / DD / YYYY 02 / 01 / 2014
Mailing Address 4818 YUMA ST NW		Amount of Each Disbursement this Period 222.07 Transaction ID : SB17.21861
City WASHINGTON	State DC	
Zip Code 20016		Category/ Type
Purpose of Disbursement Hospitality		
Candidate Name		[MEMO ITEM]
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. THOMAS G. GRESHAM		Date of Disbursement MM / DD / YYYY 03 / 03 / 2014
Mailing Address P.O. BOX 690		Amount of Each Disbursement this Period 3497.84 Transaction ID : SB17.21642
City INDIANOLA	State MS	
Zip Code 38751		Category/ Type
Purpose of Disbursement Expense Reimbursement - Fundraiser Expenses		
Candidate Name		[MEMO ITEM]
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. THOMAS G. GRESHAM		Date of Disbursement MM / DD / YYYY 03 / 03 / 2014
Mailing Address P.O. BOX 690		Amount of Each Disbursement this Period 3497.85 Transaction ID : SB17.22671
City INDIANOLA	State MS	
Zip Code 38751		Category/ Type
Purpose of Disbursement Reimbursed Expenses - Fundraiser		
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6995.69
TOTAL This Period (last page this line number only).....	

14020184004

**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 482 OF 561
	<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)
CITIZENS FOR COCHRAN

A. WALTON GRESHAM Full Name (Last, First, Middle Initial)		Date of Disbursement M M / D D Y Y Y Y 03 / 03 2014	
Mailing Address P.O. BOX 690		Amount of Each Disbursement this Period 1058.14	
City INDIANOLA State MS Zip Code 38751	Purpose of Disbursement Expense Reimbursement - Fundraiser		
Candidate Name		Transaction ID : SB17.21648	
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:	Category/ Type		

B. WALTON GRESHAM Full Name (Last, First, Middle Initial)		Date of Disbursement M M / D D Y Y Y Y 03 / 03 2014	
Mailing Address P.O. BOX 690		Amount of Each Disbursement this Period 1058.15	
City INDIANOLA State MS Zip Code 38751	Purpose of Disbursement Expense Reimbursement - Fundraiswer		
Candidate Name		Transaction ID : SB17.22674	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/ Type		

C. DIANE HAWKS Full Name (Last, First, Middle Initial)		Date of Disbursement M M / D D Y Y Y Y 02 / 07 2014	
Mailing Address 6 FONDREN GREEN CIRCLE		Amount of Each Disbursement this Period 225.88	
City JACKSON State MS Zip Code 39216	Purpose of Disbursement Expense Reimbursement - MFRW Legislative Day		
Candidate Name		Transaction ID : SB17.20454	
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:	Category/ Type 001		

SUBTOTAL of Disbursements This Page (optional).....	2342.17
TOTAL This Period (last page this line number only).....	

14020194005

**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)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)

A. DIANE HAWKS

Mailing Address 6 FONDREN GREEN CIRCLE

City JACKSON State MS Zip Code 39216

Purpose of Disbursement
Expense Reimbursement

Candidate Name

002
Category/
Type

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM/DD/YYYY
02/26/2014

Amount of Each Disbursement this Period

37.69

Transaction ID : SB17.20487

Full Name (Last, First, Middle Initial)

B. DIANE HAWKS

Mailing Address 6 FONDREN GREEN CIRCLE

City JACKSON State MS Zip Code 39216

Purpose of Disbursement
PAYROLL

Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM/DD/YYYY
02/28/2014

Amount of Each Disbursement this Period

2346.50

Transaction ID : SB17.20593

Full Name (Last, First, Middle Initial)

C. HEDERMAN BROTHERS

Mailing Address P.O. BOX 6100

City RIDGELAND State MS Zip Code 39158

Purpose of Disbursement
PRINTING

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM/DD/YYYY
03/03/2014

Amount of Each Disbursement this Period

244.22

Transaction ID : SB17.21635

SUBTOTAL of Disbursements This Page (optional).....

2628.41

TOTAL This Period (last page this line number only).....

14929184000

**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 484 OF 561			
	<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. HEDERMAN BROTHERS		Date of Disbursement MM / DD / YYYY 03 / 03 / 2014
Mailing Address P.O. BOX 6100		Amount of Each Disbursement this Period 1163.00 Transaction ID : SB17.21636
City RIDGELAND	State MS	
Zip Code 39158	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:	

Full Name (Last, First, Middle Initial) B. HEDERMAN BROTHERS		Date of Disbursement MM / DD / YYYY 03 / 03 / 2014
Mailing Address P.O. BOX 6100		Amount of Each Disbursement this Period 1112.00 Transaction ID : SB17.21637
City RIDGELAND	State MS	
Zip Code 39158	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:	

Full Name (Last, First, Middle Initial) C. HEDERMAN BROTHERS		Date of Disbursement MM / DD / YYYY 03 / 26 / 2014
Mailing Address P.O. BOX 6100		Amount of Each Disbursement this Period 247.07 Transaction ID : SB17.21704
City RIDGELAND	State MS	
Zip Code 39158	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).....	2522.07
TOTAL This Period (last page this line number only).....	

14020184007

**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 485 OF 561
	<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. WATSON HORNER		Date of Disbursement MM / DD / YYYY 02 / 28 / 2014
Mailing Address 117 EDGEWOOD BLVD		Amount of Each Disbursement this Period 2933.00 Transaction ID : SB17.22688
City OXFORD	State MS	
Zip Code 38655	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:	

Full Name (Last, First, Middle Initial) B. WATSON HORNER		Date of Disbursement MM / DD / YYYY 03 / 18 / 2014
Mailing Address 117 EDGEWOOD BLVD		Amount of Each Disbursement this Period 560.13 Transaction ID : SB17.21676
City OXFORD	State MS	
Zip Code 38655	Purpose of Disbursement Expense Reimbursement - Mileage	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. C. DELBERT HOSEMANN Jr.		Date of Disbursement MM / DD / YYYY 03 / 25 / 2014
Mailing Address P.O. BOX 23066		Amount of Each Disbursement this Period 2400.00 Transaction ID : SB17.22633
City JACKSON	State MS	
Zip Code 39225	Purpose of Disbursement In-kind - Campaign Materials	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional)	5893.13
TOTAL This Period (last page this line number only)	

14020194009

**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 486 OF 561
	<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)
CITIZENS FOR COCHRAN

A. C. DELBERT HOSEMANN JR.

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 23066

City JACKSON State MS Zip Code 39225

Purpose of Disbursement In-kind - Campaign Materials

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 25 / 2014

Amount of Each Disbursement this Period: 2600.00

Transaction ID : SB17.22634

Category/Type

B. iCONTACT CORPORATION

Full Name (Last, First, Middle Initial)

Mailing Address 2450 PERIMETER PARK DR. STE. 105

City MORRISVILLE State NC Zip Code 27560

Purpose of Disbursement Email Distribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 02 / 2014

Amount of Each Disbursement this Period: 14.00

Transaction ID : SB17.20183

[MEMO ITEM]

Category/Type: 001

C. iCONTACT CORPORATION

Full Name (Last, First, Middle Initial)

Mailing Address 2450 PERIMETER PARK DR. STE. 105

City MORRISVILLE State NC Zip Code 27560

Purpose of Disbursement Email Distribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 03 / 2014

Amount of Each Disbursement this Period: 14.00

Transaction ID : SB17.20567

[MEMO ITEM]

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional) 2600.00

TOTAL This Period (last page this line number only)

14029184009

**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 487 OF 561
	<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)
CITIZENS FOR COCHRAN

A. iCONTACT CORPORATION

Full Name (Last, First, Middle Initial)
Mailing Address 2450 PERIMETER PARK DR.
STE. 105

City MORRISVILLE State NC Zip Code 27560

Purpose of Disbursement
Email Distribution Service

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
03 / 03 / 2014

Amount of Each Disbursement this Period
14.00

Transaction ID : SB17.21857

[MEMO ITEM]

B. INDIANOLA FLORAL DESIGNS

Full Name (Last, First, Middle Initial)
Mailing Address 106 MAIN STREET

City INDIANOLA State MS Zip Code 38751

Purpose of Disbursement
Event Expense - Floral

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
03 / 03 / 2014

Amount of Each Disbursement this Period
148.00

Transaction ID : SB17.21649

C. INDIANOLA FLORAL DESIGNS

Full Name (Last, First, Middle Initial)
Mailing Address 106 MAIN STREET

City INDIANOLA State MS Zip Code 38751

Purpose of Disbursement
Event Expenses - Floral

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
03 / 03 / 2014

Amount of Each Disbursement this Period
148.00

Transaction ID : SB17.22676

SUBTOTAL of Disbursements This Page (optional)..... 296.00

TOTAL This Period (last page this line number only).....

104019

**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 488 OF 561			
	<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)
CITIZENS FOR COCHRAN

A. INSIDE OUT

Full Name (Last, First, Middle Initial)

Mailing Address 4500 I-55 NORTH
STE 178

City JACKSON State MS Zip Code 39211

Purpose of Disbursement
Hospitality - Fundraiser Hosts

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
02 / 17 / 2014

Amount of Each Disbursement this Period
64.20

Transaction ID : SB17.21934

[MEMO ITEM]

B. INTERNAL REVENUE SERVICE

Full Name (Last, First, Middle Initial)

Mailing Address

City OGDEN State UT Zip Code 84201

Purpose of Disbursement
PAYROLL TAX

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
02 / 18 / 2014

Amount of Each Disbursement this Period
6482.74

Transaction ID : SB17.20586

C. INTERNAL REVENUE SERVICE

Full Name (Last, First, Middle Initial)

Mailing Address

City OGDEN State UT Zip Code 84201

Purpose of Disbursement
Income Tax Payment - 2013

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
03 / 06 / 2014

Amount of Each Disbursement this Period
245.00

Transaction ID : SB17.22585

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

6727.74

110304011

**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 489 OF 561		
	<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)
A. INTERNAL REVENUE SERVICE

Mailing Address

City: OGDEN State: UT Zip Code: 84201

Purpose of Disbursement: Payroll Tax

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY
03 / 17 / 2014

Amount of Each Disbursement this Period: 10953.92

Transaction ID: SB17.22587

Category/Type

Full Name (Last, First, Middle Initial)
B. JACKSON-ALVAREZ GROUP

Mailing Address: 7777 LEESBURG PIKE SUITE 407N

City: FALLS CHURCH State: VA Zip Code: 22043

Purpose of Disbursement: Consulting - Research Project

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY
01 / 21 / 2014

Amount of Each Disbursement this Period: 11000.00

Transaction ID: SB17.20151

Category/Type: 003

Full Name (Last, First, Middle Initial)
C. JACKSON-ALVAREZ GROUP

Mailing Address: 7777 LEESBURG PIKE SUITE 407N

City: FALLS CHURCH State: VA Zip Code: 22043

Purpose of Disbursement: Consulting - Research

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY
03 / 12 / 2014

Amount of Each Disbursement this Period: 13247.56

Transaction ID: SB17.21662

Category/Type

SUBTOTAL of Disbursements This Page (optional) 35201.48

TOTAL This Period (last page this line number only)

14029184012

**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 490 OF 561			
	<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. JACKSON NEW MEDIA, INC.		Date of Disbursement MM / DD / YYYY 03 / 31 / 2014
Mailing Address P.O. BOX 55914		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.21921
City JACKSON	State MS	
Zip Code 39296	Purpose of Disbursement Media Services	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. JOHN D. FOLDING & ASSOCIATES		Date of Disbursement MM / DD / YYYY 02 / 13 / 2014
Mailing Address 2818 22ND AVE A2		Amount of Each Disbursement this Period 150.00 Transaction ID : SB17.22647
City GULFPORT	State MS	
Zip Code 39501	Purpose of Disbursement Event Expenses - Floral	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. EMILY JONES		Date of Disbursement MM / DD / YYYY 03 / 14 / 2014
Mailing Address 228 S. WASHINGTON ST STE 330		Amount of Each Disbursement this Period 555.95 Transaction ID : SB17.21669
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement Expense Reimbursement - Fundraiser	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).....	2205.95
TOTAL This Period (last page this line number only).....	

10029184013

**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 491 OF 561			
	<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)
CITIZENS FOR COCHRAN

A. EMILY JONES

Full Name (Last, First, Middle Initial)

Mailing Address 228 S. WASHINGTON ST
STE 330

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement Expense Reimbursement - Fundraiser

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 14 / 2014

Amount of Each Disbursement this Period: 555.95

Transaction ID : SB17.22681

Category/Type

B. KATHRYN DAVIS

Full Name (Last, First, Middle Initial)

Mailing Address 4012 Northeast Drive

City Jackson State MS Zip Code 39211

Purpose of Disbursement Event Expense - Catering

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 15 / 2014

Amount of Each Disbursement this Period: 1476.50

Transaction ID : SB17.20132

Category/Type: 003

C. KATHRYN DAVIS

Full Name (Last, First, Middle Initial)

Mailing Address 4012 Northeast Drive

City Jackson State MS Zip Code 39211

Purpose of Disbursement Event Expenses - Catering

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 15 / 2014

Amount of Each Disbursement this Period: 1476.50

Transaction ID : SB17.22649

Category/Type

10 SUBTOTAL of Disbursements This Page (optional)..... 3508.95

11 TOTAL This Period (last page this line number only).....

1020184014

**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 492 OF 561
	<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. KATHRYN DAVIS		Date of Disbursement MM / DD / YYYY 01 / 22 / 2014
Mailing Address 4012 Northeast Drive		Amount of Each Disbursement this Period 103.35 Transaction ID : SB17.20159
City Jackson	State MS	
Zip Code 39211	Purpose of Disbursement Event Expenses - Catering	Category/ Type 003
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. KATHRYN DAVIS		Date of Disbursement MM / DD / YYYY 01 / 22 / 2014
Mailing Address 4012 Northeast Drive		Amount of Each Disbursement this Period 103.36 Transaction ID : SB17.22650
City Jackson	State MS	
Zip Code 39211	Purpose of Disbursement Event Expenses - Catering	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. KIAMIES PACKAGE STORE		Date of Disbursement MM / DD / YYYY 02 / 28 / 2014
Mailing Address 1609 JACKSON AVE. W.		Amount of Each Disbursement this Period 44.93 Transaction ID : SB17.21856 [MEMO ITEM]
City OXFORD	State MS	
Zip Code 38655	Purpose of Disbursement SUPPLIES - FUNDRAISER	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).....	206.71
TOTAL This Period (last page this line number only).....	

140001094015

**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 493 OF 561

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

<p>Full Name (Last, First, Middle Initial) A. KREMP FLORIST</p>		<p>Date of Disbursement MM / DD / YYYY 02 / 12 / 2014</p>	
<p>Mailing Address 220 DAVISVILLE RD</p>		<p>Amount of Each Disbursement this Period 173.25</p>	
<p>City WILLOW GROVE</p>	<p>State PA</p>	<p>Zip Code 11111</p>	<p>Transaction ID : SB17.21862</p>
<p>Purpose of Disbursement Hospitality</p>		<p>Category/ Type</p>	
<p>Candidate Name</p>		<p>[MEMO ITEM]</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		
<p>State: District:</p>	<p>Full Name (Last, First, Middle Initial) B. KROGER #345</p>		
<p>Mailing Address 4910 I-55 NORTH</p>		<p>Date of Disbursement MM / DD / YYYY 02 / 12 / 2014</p>	
<p>City JACKSON</p>	<p>State MS</p>	<p>Zip Code 39206</p>	<p>Amount of Each Disbursement this Period 14.93</p>
<p>Purpose of Disbursement Supplies - Fundraiser</p>		<p>Category/ Type</p>	
<p>Candidate Name</p>		<p>Transaction ID : SB17.21932</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>		<p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	
<p>State: District:</p>	<p>Full Name (Last, First, Middle Initial) C. KROGER #345</p>		
<p>Mailing Address 4910 I-55 NORTH</p>		<p>Date of Disbursement MM / DD / YYYY 02 / 12 / 2014</p>	
<p>City JACKSON</p>	<p>State MS</p>	<p>Zip Code 39206</p>	<p>Amount of Each Disbursement this Period 8.54</p>
<p>Purpose of Disbursement Supplies - Fundraiser</p>		<p>Category/ Type</p>	
<p>Candidate Name</p>		<p>Transaction ID : SB17.21933</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>		<p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	
<p>State: District:</p>	<p>Subtotal of Disbursements This Page (optional).....</p>		
		<p>0.00</p>	
		<p>TOTAL This Period (last page this line number only).....</p>	

184919

**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)

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)

A. BROOKE A LAWYER

Mailing Address 1211 46TH ST

City MERIDIAN State MS Zip Code 39305

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2014

Amount of Each Disbursement this Period

805.50

Transaction ID : SB17.21709

Full Name (Last, First, Middle Initial)

B. LEE COUNTY TAX COLLECTOR

Mailing Address SPRING STREET

City TUPELO State MS Zip Code 38804

Purpose of Disbursement
Campaign Vehicle - Car Tag

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 21 / 2014

Amount of Each Disbursement this Period

1002.13

Transaction ID : SB17.20148

Full Name (Last, First, Middle Initial)

C. IRENE LONG

Mailing Address 65 HOLLY RIDGE

City INDIANOLA State MS Zip Code 38751

Purpose of Disbursement
Expense Reimbursement - Fundraiser

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2014

Amount of Each Disbursement this Period

514.67

Transaction ID : SB17.21646

SUBTOTAL of Disbursements This Page (optional).....

2322.30

TOTAL This Period (last page this line number only).....

14020184017

**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)

<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. IRENE LONG		Date of Disbursement MM / DD / YYYY 03 / 03 / 2014
Mailing Address 65 HOLLY RIDGE		Amount of Each Disbursement this Period 514.68
City INDIANOLA	State MS	
Zip Code 38751		Transaction ID : SB17.22672
Purpose of Disbursement Reimbursed Expenses - Fundraiser		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. MABUS		Date of Disbursement MM / DD / YYYY 01 / 14 / 2014
Mailing Address 320 S. SPRING ST. SUITE B		Amount of Each Disbursement this Period 1400.00
City TUPELO	State MS	
Zip Code 38804		Transaction ID : SB17.20137
Purpose of Disbursement Advertising Services		
Candidate Name		Category/ Type 001
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. MADISON COUNTY REPUBLICAN PARTY		Date of Disbursement MM / DD / YYYY 02 / 24 / 2014
Mailing Address 6360 I-55 NORTH, SUITE 201		Amount of Each Disbursement this Period 800.00
City JACKSON	State MS	
Zip Code 39211		Transaction ID : SB17.20480
Purpose of Disbursement Sponsor - Presidents Day Gala		
Candidate Name		Category/ Type 012
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).....	2714.68
TOTAL This Period (last page this line number only).....	

14020184018

**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 497 OF 561
	<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)
CITIZENS FOR COCHRAN

A. MAGGIE CLARK MEDIA SERVICES

Full Name (Last, First, Middle Initial)
Maggie Clark Media Services

Date of Disbursement: MM/DD/YYYY
03/27/2014

Mailing Address: 139 BENT CREEK

City: BRANDON State: MS Zip Code: 39047

Purpose of Disbursement: Media Services

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: _____ District: _____

Amount of Each Disbursement this Period: 447462.00

Transaction ID: SB17.22382

Category/Type: _____

B. MICHAEL MCCOLLUM

Full Name (Last, First, Middle Initial)
Michael McCollum

Date of Disbursement: MM/DD/YYYY
02/26/2014

Mailing Address: 105 CHIANTI COVE

City: CLINTON State: MS Zip Code: 39056

Purpose of Disbursement: Travel - Pilot

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: _____ District: _____

Amount of Each Disbursement this Period: 278.00

Transaction ID: SB17.20494

Category/Type: 002

C. MISSISSIPPI DEPARTMENT OF REVENUE

Full Name (Last, First, Middle Initial)
Mississippi Department of Revenue

Date of Disbursement: MM/DD/YYYY
02/07/2014

Mailing Address: P.O. BOX 1033

City: JACKSON State: MS Zip Code: 39215

Purpose of Disbursement: PAYROLL TAXES

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: _____ District: _____

Amount of Each Disbursement this Period: 827.00

Transaction ID: SB17.20574

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional) 448567.00

TOTAL This Period (last page this line number only)

14020184020

**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)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. MISSISSIPPI DEPARTMENT OF REVENUE

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 1033

City JACKSON State MS Zip Code 39215

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM	DD	YYYY
03	17	2014

Amount of Each Disbursement this Period

1675.00

Transaction ID : SB17.22586

Category/
Type

B. MISSISSIPPI ECONOMIC DEVELOPMENT COUNCIL

Full Name (Last, First, Middle Initial)

Mailing Address 1675 Lakeland Drive
Suite 502

City Jackson State MS Zip Code 39216

Purpose of Disbursement
Sponsor - Winter Conference

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM	DD	YYYY
01	06	2014

Amount of Each Disbursement this Period

350.00

Transaction ID : SB17.20117

Category/
Type

C. MISSISSIPPI REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 60

City JACKSON State MS Zip Code 39205

Purpose of Disbursement
Candidate Registration Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM	DD	YYYY
02	06	2014

Amount of Each Disbursement this Period

300.00

Transaction ID : SB17.20443

Category/
Type

2018021

SUBTOTAL of Disbursements This Page (optional).....

2325.00

TOTAL This Period (last page this line number only).....

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**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 499 OF 561			
	<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)
CITIZENS FOR COCHRAN

A. SOPHIE NORD

Full Name (Last, First, Middle Initial)
Mailing Address 1755 LELIA DRIVE

City JACKSON State MS Zip Code 39296

Purpose of Disbursement CONTRACT LABOR

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
02 / 28 / 2014

Amount of Each Disbursement this Period
7000.00

Transaction ID : SB17.20605

Category/Type: 001

B. OFFICE DEPOT

Full Name (Last, First, Middle Initial)
Mailing Address 4950 I-55 NORTH

City JACKSON State MS Zip Code 39211

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
01 / 27 / 2014

Amount of Each Disbursement this Period
5.35

Transaction ID : SB17.20559

[MEMO ITEM]

Category/Type: 001

C. OFFICE DEPOT

Full Name (Last, First, Middle Initial)
Mailing Address 4950 I-55 NORTH

City JACKSON State MS Zip Code 39211

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
01 / 31 / 2014

Amount of Each Disbursement this Period
104.86

Transaction ID : SB17.20560

[MEMO ITEM]

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

7000.00

14920184022

**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)

<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)

A. OFFICE DEPOT

Mailing Address 4950 I-55 NORTH

City JACKSON State MS Zip Code 39211

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM 02	DD 07	YYYY 2014
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Amount of Each Disbursement this Period

251.62

Transaction ID : SB17.21927

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. OFFICE DEPOT

Mailing Address 4950 I-55 NORTH

City JACKSON State MS Zip Code 39211

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM 02	DD 07	YYYY 2014
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Amount of Each Disbursement this Period

12.82

Transaction ID : SB17.21928

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. OFFICE DEPOT

Mailing Address 4950 I-55 NORTH

City JACKSON State MS Zip Code 39211

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM 02	DD 11	YYYY 2014
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Amount of Each Disbursement this Period

11.01

Transaction ID : SB17.21931

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

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14020184023

**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)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)

A. OFFICE DEPOT

Mailing Address 4950 I-55 NORTH

City JACKSON State MS Zip Code 39211

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM	DD	YYYY
02	28	2014

Amount of Each Disbursement this Period

22.87

Transaction ID : SB17.21944

[MEMO ITEM]

B. OLIVE BRANCH FLORIST

Mailing Address 9120 PIGEON ROOST

City OLIVE BRANCH State MS Zip Code 38654

Purpose of Disbursement
EVENT EXPENSES - FLORAL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM	DD	YYYY
01	22	2014

Amount of Each Disbursement this Period

151.94

Transaction ID : SB17.20564

[MEMO ITEM]

C. OLIVE BRANCH FLORIST

Mailing Address 9120 PIGEON ROOST

City OLIVE BRANCH State MS Zip Code 38654

Purpose of Disbursement
EVENT EXPENSE - FLORAL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM	DD	YYYY
01	22	2014

Amount of Each Disbursement this Period

26.75

Transaction ID : SB17.20566

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

0.00

TOTAL This Period (last page this line number only).....

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**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)

<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)

A. PARK HEIGHTS

Mailing Address 335 E. MAIN STREET

City TUPELO State MS Zip Code 38804

Purpose of Disbursement
Event Expenses - Catering

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM 01	DD 24	YYYYYY 2014
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Amount of Each Disbursement this Period

940.42

Transaction ID : SB17.20548

[MEMO ITEM]

B. PARK HEIGHTS

Mailing Address 335 E. MAIN STREET

City TUPELO State MS Zip Code 38804

Purpose of Disbursement
Event Expenses - Catering

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM 01	DD 24	YYYYYY 2014
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Amount of Each Disbursement this Period

940.43

Transaction ID : SB17.22651

[MEMO ITEM]

C. PODESTA GROUP

Mailing Address P.O. BOX 79784

City BALTIMORE State MD Zip Code 21279

Purpose of Disbursement
Event Expenses - Facility Rental Fee

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM 03	DD 31	YYYYYY 2014
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Amount of Each Disbursement this Period

247.50

Transaction ID : SB17.21917

SUBTOTAL of Disbursements This Page (optional)

247.50

TOTAL This Period (last page this line number only)

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14929184925

**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 503 OF 561
	<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. PODESTA GROUP		Date of Disbursement MM / DD / YYYY 03 / 31 / 2014
Mailing Address P.O. BOX 79784		Amount of Each Disbursement this Period 247.50 Transaction ID : SB17.22680
City BALTIMORE	State MD	
Zip Code 21279		Category/ Type
Purpose of Disbursement Event Expense - Facility Rental Fee		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:	

Full Name (Last, First, Middle Initial) B. POLITICAP, LLC		Date of Disbursement MM / DD / YYYY 01 / 24 / 2014
Mailing Address 110 PROVIDENCE DRIVE		Amount of Each Disbursement this Period 1250.00 Transaction ID : SB17.20161
City MADISON	State MS	
Zip Code 39110		Category/ Type 001
Purpose of Disbursement Fundraising Consultant		
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. POLITICAP, LLC		Date of Disbursement MM / DD / YYYY 01 / 24 / 2014
Mailing Address 110 PROVIDENCE DRIVE		Amount of Each Disbursement this Period 1250.00 Transaction ID : SB17.22652
City MADISON	State MS	
Zip Code 39110		Category/ Type
Purpose of Disbursement Fundraising Consultant		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	2747.50
TOTAL This Period (last page this line number only).....	

14020184026

**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 504 OF 561			
	<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)

A. PROGRESSIVE GULF INSURANCE COMPANY

Mailing Address P.O. BOX 94739

City CLEVELAND State OH Zip Code 44101

Purpose of Disbursement Insurance - Campaign Vehicle

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY
01 / 22 / 2014

Amount of Each Disbursement this Period: 1578.00

Transaction ID : SB17.20097

Category/Type

Full Name (Last, First, Middle Initial)

B. PROGRESSIVE GULF INSURANCE COMPANY

Mailing Address P.O. BOX 94739

City CLEVELAND State OH Zip Code 44101

Purpose of Disbursement INSURANCE - CAMPAIGN VEHICLE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY
03 / 12 / 2014

Amount of Each Disbursement this Period: 91.00

Transaction ID : SB17.21664

Category/Type

Full Name (Last, First, Middle Initial)

C. PURPLE PARROT CAFE

Mailing Address 3810 HARDY STREET

City HATTIESBURG State MS Zip Code 39123

Purpose of Disbursement Event Expenses - Catering

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY
01 / 22 / 2014

Amount of Each Disbursement this Period: 863.65

Transaction ID : SB17.20557

[MEMO ITEM]

Category/Type: 003

SUBTOTAL of Disbursements This Page (optional) 1669.00

TOTAL This Period (last page this line number only)

14020184027

**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)

<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)

A. PURPLE PARROT CAFE

Mailing Address 3810 HARDY STREET

City State Zip Code
HATTIESBURG MS 39123

Purpose of Disbursement
Event Expenses - Catering

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM 02	DD 26	YYYY 2014
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Amount of Each Disbursement this Period

863.66

Transaction ID : SB17.22654

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. RANKIN COUNTY REPUBLICAN EXEC COMM

Mailing Address P.O. BOX 97776

City State Zip Code
PEARL MS 39288

Purpose of Disbursement
SPONSOR TABLE - BANQUET

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM 03	DD 03	YYYY 2014
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Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.21639

Full Name (Last, First, Middle Initial)

C. RED OCTOBER PRODUCTIONS, INC.

Mailing Address P.O. BOX 480

City State Zip Code
ARNOLD MD 21012

Purpose of Disbursement
Production Costs

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM 02	DD 26	YYYY 2014
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Amount of Each Disbursement this Period

10794.71

Transaction ID : SB17.20492

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

11794.71

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14020184028

**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 506 OF 561

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)

A. RED OCTOBER PRODUCTIONS, INC.

Mailing Address P.O. BOX 480

Date of Disbursement

MM	DD	YYYY
02	26	2014

City State Zip Code
ARNOLD MD 21012

Amount of Each Disbursement this Period

10794.72

Purpose of Disbursement
Production Costs

Candidate Name

--

Transaction ID : SB17.22655

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. RENASANT BANK

Mailing Address P.O. BOX 709

Date of Disbursement

MM	DD	YYYY
01	17	2014

City State Zip Code
TUPELO MS 38802

Amount of Each Disbursement this Period

252.00

Purpose of Disbursement
Prepaid Visa Card - Campaign Vehicle Fuel

Candidate Name

001

Transaction ID : SB17.20147

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. RENASANT BANK

Mailing Address P.O. BOX 709

Date of Disbursement

MM	DD	YYYY
01	31	2014

City State Zip Code
TUPELO MS 38802

Amount of Each Disbursement this Period

31.85

Purpose of Disbursement
Maintenance Fees

Candidate Name

--

Transaction ID : SB17.20099

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....

11078.57

TOTAL This Period (last page this line number only).....

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14929184929

**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)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. RENASANT BANK

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 709

City TUPELO State MS Zip Code 38802

Purpose of Disbursement WIRE TRANSFER FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement MM/DD/YYYY: 02/27/2014

Amount of Each Disbursement this Period: 25.00

Transaction ID : SB17.20587

Category/Type: 001

B. RENASANT BANK

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 709

City TUPELO State MS Zip Code 38802

Purpose of Disbursement MAINTENANCE FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement MM/DD/YYYY: 02/28/2014

Amount of Each Disbursement this Period: 13.55

Transaction ID : SB17.20607

Category/Type: 001

C. RENASANT BANK

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 709

City TUPELO State MS Zip Code 38802

Purpose of Disbursement Fee - Wire Transfer

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement MM/DD/YYYY: 03/13/2014

Amount of Each Disbursement this Period: 25.00

Transaction ID : SB17.22591

Category/Type:

SUBTOTAL of Disbursements This Page (optional)..... 63.55

TOTAL This Period (last page this line number only).....

14020194030

**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)

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)

A. RENASANT BANK

Mailing Address P.O. BOX 709

City TUPELO State MS Zip Code 38802

Purpose of Disbursement
Fee - Deposit Slips

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 17 / 2014

Amount of Each Disbursement this Period

50.30

Transaction ID : SB17.22594

Full Name (Last, First, Middle Initial)

B. RENASANT BANK

Mailing Address P.O. BOX 709

City TUPELO State MS Zip Code 38802

Purpose of Disbursement
Fee - Wire Transfer

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2014

Amount of Each Disbursement this Period

25.00

Transaction ID : SB17.22592

Full Name (Last, First, Middle Initial)

C. RENASANT BANK

Mailing Address P.O. BOX 709

City TUPELO State MS Zip Code 38802

Purpose of Disbursement
Fee - Wire Transfer

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2014

Amount of Each Disbursement this Period

25.00

Transaction ID : SB17.22593

SUBTOTAL of Disbursements This Page (optional).....

100.30

TOTAL This Period (last page this line number only).....

1600104031

**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)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. RENASANT BANK		Date of Disbursement
Mailing Address P.O. BOX 709		MM / DD / YYYY 03 / 31 / 2014
City	State	Zip Code
TUPELO	MS	38802
Purpose of Disbursement Maintenance Fee	Category/ Type	Amount of Each Disbursement this Period
Candidate Name		88.25
Office Sought:	Disbursement For: 2014	Transaction ID : SB17.22596
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. JULIE REPULT		Date of Disbursement
Mailing Address P.O. BOX 1726		MM / DD / YYYY 02 / 10 / 2014
City	State	Zip Code
TUPELO	MS	38802
Purpose of Disbursement PAYROLL	Category/ Type	Amount of Each Disbursement this Period
Candidate Name		456.75
Office Sought:	Disbursement For: 2014	Transaction ID : SB17.20577
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. JULIE REPULT		Date of Disbursement
Mailing Address P.O. BOX 1726		MM / DD / YYYY 02 / 13 / 2014
City	State	Zip Code
TUPELO	MS	38802
Purpose of Disbursement PAYROLL	Category/ Type	Amount of Each Disbursement this Period
Candidate Name		230.87
Office Sought:	Disbursement For: 2014	Transaction ID : SB17.20580
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....

775.87

TOTAL This Period (last page this line number only).....

14920184032

**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 510 OF 561

<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)

A. JULIE REPULT

Mailing Address P.O. BOX 1726

City TUPELO State MS Zip Code 38802

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM 02	DD 28	YYYYYY 2014
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Amount of Each Disbursement this Period

230.88

Transaction ID : SB17.20596

Full Name (Last, First, Middle Initial)

B. JULIE REPULT

Mailing Address P.O. BOX 1726

City TUPELO State MS Zip Code 38802

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM 03	DD 14	YYYYYY 2014
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Amount of Each Disbursement this Period

230.87

Transaction ID : SB17.21711

Full Name (Last, First, Middle Initial)

C. REVILY, LLC

Mailing Address 621 NORTH AVE., NE

City ATLANTA State GA Zip Code 30308

Purpose of Disbursement
Production Costs

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM 02	DD 26	YYYYYY 2014
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Amount of Each Disbursement this Period

10354.00

Transaction ID : SB17.20501

SUBTOTAL of Disbursements This Page (optional)

10815.75

TOTAL This Period (last page this line number only)

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1 4 0 2 0 1 8 4 0 3 3

**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 511 OF 561
	<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)
CITIZENS FOR COCHRAN

A. REVILY, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 621 NORTH AVE., NE

City ATLANTA State GA Zip Code 30308

Purpose of Disbursement
Production Costs

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
02 / 26 / 2014

Amount of Each Disbursement this Period
10354.00

Transaction ID : SB17.22656

Category/Type

B. RIVER HILLS CLUB OF JACKSON

Full Name (Last, First, Middle Initial)

Mailing Address 3600 RIDGEWOOD ROAD

City JACKSON State MS Zip Code 39211

Purpose of Disbursement
Event Expenses - Catering

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
01 / 09 / 2014

Amount of Each Disbursement this Period
272.03

Transaction ID : SB17.20123

Category/Type
003

C. RIVER HILLS CLUB OF JACKSON

Full Name (Last, First, Middle Initial)

Mailing Address 3600 RIDGEWOOD ROAD

City JACKSON State MS Zip Code 39211

Purpose of Disbursement
Event Expenses - Catering

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
01 / 09 / 2014

Amount of Each Disbursement this Period
272.03

Transaction ID : SB17.22657

Category/Type

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

10898.06

14028184034

**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 512 OF 561

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. JOHN M. ROBINSON CPA		Date of Disbursement MM / DD / YYYY 01 / 07 / 2014
Mailing Address P.O. BOX 7183		Amount of Each Disbursement this Period 150.00 Transaction ID : SB17.20121
City TUPELO	State MS	
Zip Code 38802	Purpose of Disbursement Rent	Category/ Type 001
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. JOHN M. ROBINSON CPA		Date of Disbursement MM / DD / YYYY 02 / 03 / 2014
Mailing Address P.O. BOX 7183		Amount of Each Disbursement this Period 150.00 Transaction ID : SB17.20435
City TUPELO	State MS	
Zip Code 38802	Purpose of Disbursement Rent	Category/ Type 001
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. JOHN M. ROBINSON CPA		Date of Disbursement MM / DD / YYYY 02 / 10 / 2014
Mailing Address P.O. BOX 7183		Amount of Each Disbursement this Period 917.25 Transaction ID : SB17.20576
City TUPELO	State MS	
Zip Code 38802	Purpose of Disbursement PAYROLL	Category/ Type 001
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)	1217.25
TOTAL This Period (last page this line number only)	

14920194035

**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)

<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)
CITIZENS FOR COCHRAN

A. JOHN M. ROBINSON CPA

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 7183

City TUPELO State MS Zip Code 38802

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY
02 / 13 / 2014

Amount of Each Disbursement this Period: 349.62

Transaction ID : SB17.20581

Category/Type: 001

B. JOHN M. ROBINSON CPA

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 7183

City TUPELO State MS Zip Code 38802

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY
02 / 28 / 2014

Amount of Each Disbursement this Period: 349.63

Transaction ID : SB17.20597

Category/Type: 001

C. JOHN M. ROBINSON CPA

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 7183

City TUPELO State MS Zip Code 38802

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY
03 / 14 / 2014

Amount of Each Disbursement this Period: 349.62

Transaction ID : SB17.21712

Category/Type:

SUBTOTAL of Disbursements This Page (optional)..... 1048.87

TOTAL This Period (last page this line number only).....

14020184038

**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 514 OF 561
	<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. RUBBERSTAMPS.COM		Date of Disbursement MM / DD / YYYY 01 / 30 / 2014
Mailing Address P.O. BOX 445		Amount of Each Disbursement this Period 28.95 Transaction ID : SB17.20561
City BUTLER	State WI	
Zip Code 53007		[MEMO ITEM]
Purpose of Disbursement Office Supplies	Category/ Type 001	
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. JORDAN RUSSELL		Date of Disbursement MM / DD / YYYY 01 / 15 / 2014
Mailing Address 2504 EASTOVER RD		Amount of Each Disbursement this Period 784.47 Transaction ID : SB17.20143
City JACKSON	State MS	
Zip Code 39211		Category/ Type
Purpose of Disbursement Payroll		
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. JORDAN RUSSELL		Date of Disbursement MM / DD / YYYY 01 / 31 / 2014
Mailing Address 2504 EASTOVER RD		Amount of Each Disbursement this Period 1935.75 Transaction ID : SB17.20178
City JACKSON	State MS	
Zip Code 39211		Category/ Type 001
Purpose of Disbursement Payroll		
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).....	2720.22
TOTAL This Period (last page this line number only).....	

14028184837

**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)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)

A. JORDAN RUSSELL

Mailing Address 2504 EASTOVER RD

City JACKSON State MS Zip Code 39211

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM	DD	YYYY
02	13	2014

Amount of Each Disbursement this Period

1935.75

Transaction ID : SB17.20582

Category/Type
001

Full Name (Last, First, Middle Initial)

B. JORDAN RUSSELL

Mailing Address 2504 EASTOVER RD

City JACKSON State MS Zip Code 39211

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM	DD	YYYY
02	28	2014

Amount of Each Disbursement this Period

1935.75

Transaction ID : SB17.20598

Category/Type
001

Full Name (Last, First, Middle Initial)

C. JORDAN RUSSELL

Mailing Address 2504 EASTOVER RD

City JACKSON State MS Zip Code 39211

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM	DD	YYYY
03	14	2014

Amount of Each Disbursement this Period

1935.75

Transaction ID : SB17.21713

Category/Type

SUBTOTAL of Disbursements This Page (optional).....

5807.25

TOTAL This Period (last page this line number only).....

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**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 516 OF 561

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. JORDAN RUSSELL

Full Name (Last, First, Middle Initial)

Mailing Address 2504 EASTOVER RD

City JACKSON State MS Zip Code 39211

Purpose of Disbursement Expense Reimbursement - telephone

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 25 / 2014

Amount of Each Disbursement this Period: 308.41

Transaction ID : SB17.21697

Category/Type

B. SCM ASSOCIATES, INC.

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 254

City DUBLIN State NH Zip Code 03444

Purpose of Disbursement Production Costs

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 26 / 2014

Amount of Each Disbursement this Period: 2446.86

Transaction ID : SB17.20489

Category/Type: 004

C. SCM ASSOCIATES, INC.

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 254

City DUBLIN State NH Zip Code 03444

Purpose of Disbursement Production Costs

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 26 / 2014

Amount of Each Disbursement this Period: 2446.86

Transaction ID : SB17.22658

Category/Type

SUBTOTAL of Disbursements This Page (optional).....

5202.13

TOTAL This Period (last page this line number only).....

190403

**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 517 OF 561

<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)

A. SENATE GIFT SHOP

Mailing Address U. S. SENATE

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
Gift

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. AMANDA SHOOK

Mailing Address 214 EAST LAKE DRIVE

City BRANDON State MS Zip Code 39047

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. AMANDA SHOOK

Mailing Address 214 EAST LAKE DRIVE

City BRANDON State MS Zip Code 39047

Purpose of Disbursement
Reimbursed Expense - Moving Truck Rental

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY	MM / DD / YYYY	MM / DD / YYYY
12 / 12 / 2013		

Amount of Each Disbursement this Period

225.00

Transaction ID : SB17.20189

[MEMO ITEM]

Date of Disbursement

MM / DD / YYYY	MM / DD / YYYY	MM / DD / YYYY
01 / 15 / 2014		

Amount of Each Disbursement this Period

1857.19

Transaction ID : SB17.20140

Date of Disbursement

MM / DD / YYYY	MM / DD / YYYY	MM / DD / YYYY
01 / 31 / 2014		

Amount of Each Disbursement this Period

360.00

Transaction ID : SB17.20172

SUBTOTAL of Disbursements This Page (optional).....

2217.19

TOTAL This Period (last page this line number only).....

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14829184040

**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)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)

A. AMANDA SHOOK

Mailing Address 214 EAST LAKE DRIVE

Date of Disbursement

M M	D D	Y Y Y Y
01	31	2014

City BRANDON State MS Zip Code 39047

Amount of Each Disbursement this Period

2135.11

Purpose of Disbursement
Payroll

001
Category/ Type

Transaction ID : SB17.20179

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. AMANDA SHOOK

Mailing Address 214 EAST LAKE DRIVE

Date of Disbursement

M M	D D	Y Y Y Y
02	13	2014

City BRANDON State MS Zip Code 39047

Amount of Each Disbursement this Period

2074.14

Purpose of Disbursement
PAYROLL

001
Category/ Type

Transaction ID : SB17.20583

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. AMANDA SHOOK

Mailing Address 214 EAST LAKE DRIVE

Date of Disbursement

M M	D D	Y Y Y Y
02	28	2014

City BRANDON State MS Zip Code 39047

Amount of Each Disbursement this Period

2074.14

Purpose of Disbursement
PAYROLL

001
Category/ Type

Transaction ID : SB17.20599

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....

6283.39

TOTAL This Period (last page this line number only).....

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184041

**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 519 OF 561

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)

A. AMANDA SHOOK

Mailing Address 214 EAST LAKE DRIVE

Date of Disbursement

M M	D D	Y Y Y Y
03	14	2014

City State Zip Code
BRANDON MS 39047

Amount of Each Disbursement this Period

2074.15

Purpose of Disbursement
PAYROLL

--

Transaction ID : SB17.21714

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. AMANDA SHOOK

Mailing Address 214 EAST LAKE DRIVE

Date of Disbursement

M M	D D	Y Y Y Y
03	24	2014

City State Zip Code
BRANDON MS 39047

Amount of Each Disbursement this Period

98.00

Purpose of Disbursement
Expense Reimbursement - Postage

--

Transaction ID : SB17.21691

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. KIRK SIMS

Mailing Address 4211 BROOKDALE STREET

Date of Disbursement

M M	D D	Y Y Y Y
01	09	2014

City State Zip Code
JACKSON MS 39206

Amount of Each Disbursement this Period

3250.00

Purpose of Disbursement
Payroll

001

Transaction ID : SB17.20127

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....

5422.15

TOTAL This Period (last page this line number only).....

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4029184042

**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 520 OF 561

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)

A. KIRK SIMS

Mailing Address 4211 BROOKDALE STREET

Date of Disbursement

M M	D D	Y Y Y Y
01	15	2014

City JACKSON State MS Zip Code 39206

Amount of Each Disbursement this Period

5246.25

Purpose of Disbursement
Payroll

001

Transaction ID : SB17.20142

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

B. KIRK SIMS

Mailing Address 4211 BROOKDALE STREET

Date of Disbursement

M M	D D	Y Y Y Y
01	17	2014

City JACKSON State MS Zip Code 39206

Amount of Each Disbursement this Period

2868.33

Purpose of Disbursement
Expense Reimbursement - Office Supplies

001

Transaction ID : SB17.20145

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

C. KIRK SIMS

Mailing Address 4211 BROOKDALE STREET

Date of Disbursement

M M	D D	Y Y Y Y
01	31	2014

City JACKSON State MS Zip Code 39206

Amount of Each Disbursement this Period

5246.25

Purpose of Disbursement
Payroll

001

Transaction ID : SB17.20180

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....

13360.83

TOTAL This Period (last page this line number only).....

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14000184043

**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 521 OF 561

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)

A. KIRK SIMS

Mailing Address 4211 BROOKDALE STREET

City JACKSON State MS Zip Code 39206

Purpose of Disbursement
Expense Reimbursement - Campaign Camera

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM	DD	YYYY
02	07	2014

Amount of Each Disbursement this Period

813.17

Transaction ID : SB17.20455

001

Category/
Type

B. KIRK SIMS

Mailing Address 4211 BROOKDALE STREET

City JACKSON State MS Zip Code 39206

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM	DD	YYYY
02	13	2014

Amount of Each Disbursement this Period

5246.25

Transaction ID : SB17.20584

001

Category/
Type

C. KIRK SIMS

Mailing Address 4211 BROOKDALE STREET

City JACKSON State MS Zip Code 39206

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM	DD	YYYY
02	28	2014

Amount of Each Disbursement this Period

5246.25

Transaction ID : SB17.20600

001

Category/
Type

SUBTOTAL of Disbursements This Page (optional).....

11305.67

TOTAL This Period (last page this line number only).....

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4029184944

**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)

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<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)

A. KIRK SIMS

Mailing Address 4211 BROOKDALE STREET

City JACKSON State MS Zip Code 39206

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 14 / 2014

Amount of Each Disbursement this Period

5246.25

Transaction ID : SB17.21715

Category/
Type

Full Name (Last, First, Middle Initial)

B. KIRK SIMS

Mailing Address 4211 BROOKDALE STREET

City JACKSON State MS Zip Code 39206

Purpose of Disbursement
Expense Reimbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 18 / 2014

Amount of Each Disbursement this Period

397.67

Transaction ID : SB17.21671

Category/
Type

Full Name (Last, First, Middle Initial)

C. SOULSHINE PIZZA FACTORY

Mailing Address 308 S. LAMAR

City OXFORD State MS Zip Code 38655

Purpose of Disbursement
MEAL

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
01 / 20 / 2014

Amount of Each Disbursement this Period

44.32

Transaction ID : SB17.20569

Category/
Type

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

5643.92

TOTAL This Period (last page this line number only).....

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14029194045

**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)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)

A. SOUTHERN AIRWAYS

Mailing Address P.O. BOX 3088

City MEMPHIS State TN Zip Code 38173

Purpose of Disbursement
Travel - Airfare

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 27 / 2014

Amount of Each Disbursement this Period

7250.00

Transaction ID : SB17.20163

002
Category/
Type

B. STRATEGIC INFORMATION CONSULTANTS, INC.

Mailing Address 4100 BILTMORE AVE

City TALLAHASSEE State FL Zip Code 32311

Purpose of Disbursement
Consulting - Research

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2014

Amount of Each Disbursement this Period

6000.00

Transaction ID : SB17.21666

Category/
Type

C. STRATEGIC PARTNERS & MEDIA, INC.

Mailing Address P.O. BOX 480

City ARNOLD State MD Zip Code 21012

Purpose of Disbursement
Consulting Fees

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 26 / 2014

Amount of Each Disbursement this Period

10577.97

Transaction ID : SB17.20483

003
Category/
Type

SUBTOTAL of Disbursements This Page (optional).....

23827.97

TOTAL This Period (last page this line number only).....

10000184045

**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 524 OF 561
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b
	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. JENNIFER STRAWBRIDGE

Full Name (Last, First, Middle Initial)
Mailing Address 122 HOLMAR DR

City BRANDON State MS Zip Code 39042

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
03 / 05 / 2014

Amount of Each Disbursement this Period
4827.32

Transaction ID : SB17.22588

Category/Type

B. JENNIFER STRAWBRIDGE

Full Name (Last, First, Middle Initial)
Mailing Address 122 HOLMAR DR

City BRANDON State MS Zip Code 39042

Purpose of Disbursement
Expense Reimbursement - Office Supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
03 / 06 / 2014

Amount of Each Disbursement this Period
5.60

Transaction ID : SB17.21652

Category/Type

C. STRIPE

Full Name (Last, First, Middle Initial)
Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
Processing Fee - Online Contributions

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
01 / 21 / 2014

Amount of Each Disbursement this Period
127.35

Transaction ID : SB17.20093

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... 4960.27

TOTAL This Period (last page this line number only).....

184047

**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)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
Processing Fee - Online Contributions

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
01	23	2014

Amount of Each Disbursement this Period

10.75

Transaction ID : SB17.20094

Category/
Type

B. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
Processing Fee - Online Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
02	04	2014

Amount of Each Disbursement this Period

151.10

Transaction ID : SB17.20427

Category/
Type

C. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
Processing Fee - Online Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
02	13	2014

Amount of Each Disbursement this Period

29.30

Transaction ID : SB17.20625

001
Category/
Type

SUBTOTAL of Disbursements This Page (optional).....

191.15

TOTAL This Period (last page this line number only).....

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1020184048

**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 526 OF 561

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH ST

Date of Disbursement

MM	DD	YYYY
02	14	2014

City SAN FRANCISCO State CA Zip Code 94110

Amount of Each Disbursement this Period

7.55

Purpose of Disbursement
Processing Fee - Online Contribution

001

Category/
Type

Transaction ID : SB17.20626

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH ST

Date of Disbursement

MM	DD	YYYY
02	24	2014

City SAN FRANCISCO State CA Zip Code 94110

Amount of Each Disbursement this Period

1.75

Purpose of Disbursement
Processing Fee - Online Contribution

001

Category/
Type

Transaction ID : SB17.20627

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH ST

Date of Disbursement

MM	DD	YYYY
02	25	2014

City SAN FRANCISCO State CA Zip Code 94110

Amount of Each Disbursement this Period

7.55

Purpose of Disbursement
Processing Fee - Online Contribution

001

Category/
Type

Transaction ID : SB17.20628

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....

16.85

TOTAL This Period (last page this line number only).....

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**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 527 OF 561
	<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)
CITIZENS FOR COCHRAN

A. STRIPE

Full Name (Last, First, Middle Initial) _____

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement Processing Fee - Online Contribution

Candidate Name _____

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement: MM / DD / YYYY
02 / 26 / 2014

Amount of Each Disbursement this Period: 7.55

Transaction ID : SB17.20629

Category/Type: 001

B. STRIPE

Full Name (Last, First, Middle Initial) _____

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement Processing Fee - Online Contributions

Candidate Name _____

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement: MM / DD / YYYY
02 / 27 / 2014

Amount of Each Disbursement this Period: 25.55

Transaction ID : SB17.20630

Category/Type: 001

C. STRIPE

Full Name (Last, First, Middle Initial) _____

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement Processing Fee - Online Contributions

Candidate Name _____

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement: MM / DD / YYYY
03 / 03 / 2014

Amount of Each Disbursement this Period: 7.55

Transaction ID : SB17.21609

Category/Type: _____

SUBTOTAL of Disbursements This Page (optional)..... 40.65

TOTAL This Period (last page this line number only).....

14020184050

**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH ST

Date of Disbursement

M M	D D	Y Y Y Y
03	04	2014

City SAN FRANCISCO State CA Zip Code 94110

Amount of Each Disbursement this Period

29.30

Purpose of Disbursement
Processing Fee - Online Contribution

Candidate Name

Category/
Type

Transaction ID : SB17.21610

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH ST

Date of Disbursement

M M	D D	Y Y Y Y
03	08	2014

City SAN FRANCISCO State CA Zip Code 94110

Amount of Each Disbursement this Period

3.20

Purpose of Disbursement
Processing Fee - Online Contribution

Candidate Name

Category/
Type

Transaction ID : SB17.21611

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH ST

Date of Disbursement

M M	D D	Y Y Y Y
03	11	2014

City SAN FRANCISCO State CA Zip Code 94110

Amount of Each Disbursement this Period

29.30

Purpose of Disbursement
Processing Fee - Online Contribution

Candidate Name

Category/
Type

Transaction ID : SB17.21612

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....

61.80

TOTAL This Period (last page this line number only).....

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**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 529 OF 561
	<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)
CITIZENS FOR COCHRAN

A. STRIPE

Full Name (Last, First, Middle Initial)

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement Processing Fee - Online Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 12 / 2014

Amount of Each Disbursement this Period: 14.80

Transaction ID : SB17.21613

Category/Type

B. STRIPE

Full Name (Last, First, Middle Initial)

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement Processing Fee - Online Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 12 / 2014

Amount of Each Disbursement this Period: 3.20

Transaction ID : SB17.21616

Category/Type

C. STRIPE

Full Name (Last, First, Middle Initial)

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement Processing Fee - Online Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 13 / 2014

Amount of Each Disbursement this Period: 7.55

Transaction ID : SB17.21614

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... 25.55

TOTAL This Period (last page this line number only).....

020184052

**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)

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<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
Processing Fee - Online Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM 03	DD 14	YYYY 2014
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Amount of Each Disbursement this Period

7.55

Transaction ID : SB17.21620

Category/
Type

B. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
Processing Fee - Online Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM 03	DD 14	YYYY 2014
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Amount of Each Disbursement this Period

7.55

Transaction ID : SB17.21621

Category/
Type

C. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
Processing Fee - Online Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM 03	DD 17	YYYY 2014
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Amount of Each Disbursement this Period

6.83

Transaction ID : SB17.21622

Category/
Type

SUBTOTAL of Disbursements This Page (optional).....

21.93

TOTAL This Period (last page this line number only).....

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14929184054

**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
Processing Fee - Online Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Transaction ID : SB17.21623

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
Processing Fee - Online Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Transaction ID : SB17.21625

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
Processing Fee - Online Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Transaction ID : SB17.21626

SUBTOTAL of Disbursements This Page (optional).....

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 533 OF 561

<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)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
Processing Fee - Online Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement

MM 03	DD 20	YYYY 2014
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Amount of Each Disbursement this Period

29.30

Transaction ID : SB17.21627

Category/
Type

B. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
Processing Fee - Online Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement

MM 03	DD 20	YYYY 2014
----------	----------	--------------

Amount of Each Disbursement this Period

14.80

Transaction ID : SB17.21628

Category/
Type

C. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
Processing Fee - Online Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement

MM 03	DD 20	YYYY 2014
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Amount of Each Disbursement this Period

75.70

Transaction ID : SB17.21629

Category/
Type

SUBTOTAL of Disbursements This Page (optional).....

119.80

TOTAL This Period (last page this line number only).....

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14020184050

**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)

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
Processing Fee -Online Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 21 / 2014

Amount of Each Disbursement this Period

29.30

Transaction ID : SB17.21834

Category/
Type

B. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
Processing Fee - Online Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 23 / 2014

Amount of Each Disbursement this Period

14.80

Transaction ID : SB17.21849

Category/
Type

C. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
Processing Fee - Online Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 23 / 2014

Amount of Each Disbursement this Period

14.80

Transaction ID : SB17.21850

Category/
Type

SUBTOTAL of Disbursements This Page (optional).....

58.90

TOTAL This Period (last page this line number only).....

184057

**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 535 OF 561

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH ST

Date of Disbursement

/ /

City SAN FRANCISCO State CA Zip Code 94110

Amount of Each Disbursement this Period

Purpose of Disbursement
Processing Fee - Online Contribution

Candidate Name

Category/
Type

Transaction ID : SB17.21851

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH ST

Date of Disbursement

/ /

City SAN FRANCISCO State CA Zip Code 94110

Amount of Each Disbursement this Period

Purpose of Disbursement
Processing Fee - Online Contribution

Candidate Name

Category/
Type

Transaction ID : SB17.21852

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH ST

Date of Disbursement

/ /

City SAN FRANCISCO State CA Zip Code 94110

Amount of Each Disbursement this Period

Purpose of Disbursement
Processing Fee - Online Contribution

Candidate Name

Category/
Type

Transaction ID : SB17.21853

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		25		2014

City SAN FRANCISCO State CA Zip Code 94110

Amount of Each Disbursement this Period

14.80

Purpose of Disbursement
Processing Fee - Online Contribution

Candidate Name

Category/ Type

Transaction ID : SB17.21854

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		25		2014

City SAN FRANCISCO State CA Zip Code 94110

Amount of Each Disbursement this Period

14.80

Purpose of Disbursement
Processing Fee - Online Contribution

Candidate Name

Category/ Type

Transaction ID : SB17.21855

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		26		2014

City SAN FRANCISCO State CA Zip Code 94110

Amount of Each Disbursement this Period

14.80

Purpose of Disbursement
Processing Fee - Online Contribution

Candidate Name

Category/ Type

Transaction ID : SB17.21897

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....

44.40

TOTAL This Period (last page this line number only).....

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**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)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
Processing Fee - Online Contribution

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 03 / 26 / 2014

Amount of Each Disbursement this Period

14.80

Transaction ID : SB17.21898

Category/
Type

B. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
Processing Fee - Online Contribution

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 03 / 26 / 2014

Amount of Each Disbursement this Period

29.30

Transaction ID : SB17.21899

Category/
Type

C. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
Processing Fee - Online Contribution

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 03 / 26 / 2014

Amount of Each Disbursement this Period

5.38

Transaction ID : SB17.21900

Category/
Type

SUBTOTAL of Disbursements This Page (optional).....

49.48

TOTAL This Period (last page this line number only).....

020184060

**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 538 OF 561

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
Processing Fee - Online Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 26 / 2014

Amount of Each Disbursement this Period

1.32

Transaction ID : SB17.21901

Category/
Type

B. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
Processing Fee - Online Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 26 / 2014

Amount of Each Disbursement this Period

1.75

Transaction ID : SB17.21902

Category/
Type

C. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
Processing Fee - Online Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 26 / 2014

Amount of Each Disbursement this Period

3.20

Transaction ID : SB17.21903

Category/
Type

SUBTOTAL of Disbursements This Page (optional).....

6.27

TOTAL This Period (last page this line number only).....

1020184061

**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 539 OF 561			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)
A. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement Processing Fee - Online Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 26 / 2014

Amount of Each Disbursement this Period: 7.55

Transaction ID : SB17.21904

Full Name (Last, First, Middle Initial)
B. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement Processing Fee - Online Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 27 / 2014

Amount of Each Disbursement this Period: 1.75

Transaction ID : SB17.21905

Full Name (Last, First, Middle Initial)
C. STRIPE

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement Processing Fee - Online Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 27 / 2014

Amount of Each Disbursement this Period: 1.03

Transaction ID : SB17.21906

SUBTOTAL of Disbursements This Page (optional)..... 10.33

TOTAL This Period (last page this line number only).....

194062

**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 540 OF 561			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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)
CITIZENS FOR COCHRAN

A. STRIPE

Full Name (Last, First, Middle Initial)

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
Processing Fee - Online Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement: MM/DD/YYYY 03/27/2014

Amount of Each Disbursement this Period: 14.80

Transaction ID : SB17.21907

B. STRIPE

Full Name (Last, First, Middle Initial)

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
Processing Fee - Online Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement: MM/DD/YYYY 03/28/2014

Amount of Each Disbursement this Period: 29.30

Transaction ID : SB17.21908

C. STRIPE

Full Name (Last, First, Middle Initial)

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
Processing Fee - Online Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement: MM/DD/YYYY 03/28/2014

Amount of Each Disbursement this Period: 29.30

Transaction ID : SB17.21909

SUBTOTAL of Disbursements This Page (optional)..... 73.40

TOTAL This Period (last page this line number only).....

306194963

**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 541 OF 561
	<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)
CITIZENS FOR COCHRAN

A. STRIPE

Full Name (Last, First, Middle Initial)

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
Processing Fee - Online Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY
03 / 28 / 2014

Amount of Each Disbursement this Period: 14.80

Transaction ID : SB17.21910

Category/Type

B. STRIPE

Full Name (Last, First, Middle Initial)

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
Processing Fee - Online Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY
03 / 29 / 2014

Amount of Each Disbursement this Period: 29.30

Transaction ID : SB17.21911

Category/Type

C. STRIPE

Full Name (Last, First, Middle Initial)

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
Processing Fee - Online Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY
03 / 30 / 2014

Amount of Each Disbursement this Period: 29.30

Transaction ID : SB17.21912

Category/Type

SUBTOTAL of Disbursements This Page (optional) 73.40

TOTAL This Period (last page this line number only)

20184084

**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 542 OF 561
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b
	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. STRIPE

Full Name (Last, First, Middle Initial)

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement Processing Fee - Online Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY
03 / 31 / 2014

Amount of Each Disbursement this Period: 6.10

Transaction ID : SB17.21913

Category/Type

B. STRIPE

Full Name (Last, First, Middle Initial)

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement Processing Fee - Online Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY
03 / 31 / 2014

Amount of Each Disbursement this Period: 29.30

Transaction ID : SB17.21914

Category/Type

C. MELISSA SWANEY

Full Name (Last, First, Middle Initial)

Mailing Address 634 N. LAMAR

City OXFORD State MS Zip Code 38655

Purpose of Disbursement Reimbursed Expenses - Fundraiser

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY
01 / 31 / 2014

Amount of Each Disbursement this Period: 337.00

Transaction ID : SB17.20175

Category/Type: 003

SUBTOTAL of Disbursements This Page (optional)..... 372.40

TOTAL This Period (last page this line number only).....

18406

**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 543 OF 561
	<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)
CITIZENS FOR COCHRAN

A. MELISSA SWANEY
Full Name (Last, First, Middle Initial)

Mailing Address 634 N. LAMAR

City OXFORD State MS Zip Code 38655

Purpose of Disbursement Reimbursed Expenses - Fundraiswer

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 31 / 2014

Amount of Each Disbursement this Period: 337.00

Transaction ID : SB17.22660

Category/Type

B. SYNC I.T. SOLUTIONS
Full Name (Last, First, Middle Initial)

Mailing Address 151 PENN RD

City CANTON State MS Zip Code 39046

Purpose of Disbursement Telephone Installation

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 31 / 2014

Amount of Each Disbursement this Period: 615.06

Transaction ID : SB17.20167

Category/Type: 001

C. SYNC I.T. SOLUTIONS
Full Name (Last, First, Middle Initial)

Mailing Address 151 PENN RD

City CANTON State MS Zip Code 39046

Purpose of Disbursement Telephone System Set Up

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 31 / 2014

Amount of Each Disbursement this Period: 1238.96

Transaction ID : SB17.20169

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional)..... 2191.02

TOTAL This Period (last page this line number only).....

14020184066

**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 544 OF 561			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)
A. SYNC I.T. SOLUTIONS

Mailing Address 151 PENN RD

City CANTON State MS Zip Code 39046

Purpose of Disbursement Telephone - Campaign Offices

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY
02 / 26 / 2014

Amount of Each Disbursement this Period: 326.24

Transaction ID : SB17.20486

Category/Type: 001

Full Name (Last, First, Middle Initial)
B. SYNC I.T. SOLUTIONS

Mailing Address 151 PENN RD

City CANTON State MS Zip Code 39046

Purpose of Disbursement Telephone - Campaign Office

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY
03 / 24 / 2014

Amount of Each Disbursement this Period: 329.44

Transaction ID : SB17.21689

Category/Type:

Full Name (Last, First, Middle Initial)
C. TALLAHATCHIE GOURMET

Mailing Address 119 W. MAIN STREET

City NEW ALBANY State MS Zip Code 38652

Purpose of Disbursement Event Expenses - Catering

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY
02 / 13 / 2014

Amount of Each Disbursement this Period: 882.90

Transaction ID : SB17.20460

Category/Type: 003

SUBTOTAL of Disbursements This Page (optional)..... 1538.58

TOTAL This Period (last page this line number only).....

184067

**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)

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)

A. TALLAHATCHIE GOURMET

Mailing Address 119 W. MAIN STREET

City NEW ALBANY State MS Zip Code 38652

Purpose of Disbursement
Event Expenses - Catering

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 13 / 2014

Amount of Each Disbursement this Period

882.90

Transaction ID : SB17.22661

Category/
Type

Full Name (Last, First, Middle Initial)

B. TASTE CATERING

Mailing Address 770 JACKSON STREET

City BILOXI State MS Zip Code 39530

Purpose of Disbursement
Event Expenses - Catering

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 14 / 2014

Amount of Each Disbursement this Period

2507.54

Transaction ID : SB17.20130

Category/
Type

Full Name (Last, First, Middle Initial)

C. TASTE CATERING

Mailing Address 770 JACKSON STREET

City BILOXI State MS Zip Code 39530

Purpose of Disbursement
Event Expenses - Catering

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 14 / 2014

Amount of Each Disbursement this Period

2507.55

Transaction ID : SB17.22662

Category/
Type

SUBTOTAL of Disbursements This Page (optional).....

5897.99

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 546 OF 561
	<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)
CITIZENS FOR COCHRAN

A. THE ALLUVIAN HOTEL

Full Name (Last, First, Middle Initial)

Mailing Address **318 HOWARD STREET**

City **GREENWOOD** State **MS** Zip Code **38930**

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
02 / 14 / 2014

Amount of Each Disbursement this Period
1134.00

Transaction ID : **SB17.20476**

Category/Type
002

B. THE INN AT OLE MISS

Full Name (Last, First, Middle Initial)

Mailing Address **5 GROVE LOOP #C**

City **OXFORD** State **MS** Zip Code **38655**

Purpose of Disbursement
Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
01 / 23 / 2014

Amount of Each Disbursement this Period
116.83

Transaction ID : **SB17.20541**

[MEMO ITEM]

Category/Type
002

C. THE INN AT OLE MISS

Full Name (Last, First, Middle Initial)

Mailing Address **5 GROVE LOOP #C**

City **OXFORD** State **MS** Zip Code **38655**

Purpose of Disbursement
Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
01 / 24 / 2014

Amount of Each Disbursement this Period
116.63

Transaction ID : **SB17.20551**

[MEMO ITEM]

Category/Type
002

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

1134.00

1020194069

**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 547 OF 561
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b
	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)
A. THE INN AT OLE MISS

Mailing Address **5 GROVE LOOP #C**

City **OXFORD** State **MS** Zip Code **38655**

Purpose of Disbursement
Travel - Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
02 / 21 / 2014

Amount of Each Disbursement this Period
116.63

Transaction ID : **SB17.21940**

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. THE INN AT OLE MISS

Mailing Address **5 GROVE LOOP #C**

City **OXFORD** State **MS** Zip Code **38655**

Purpose of Disbursement
Travel - Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
02 / 21 / 2014

Amount of Each Disbursement this Period
116.63

Transaction ID : **SB17.21941**

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. TIMES FLY PRODUCTION

Mailing Address **144 TWELVE OAKS TRACE**

City **CANTON** State **MS** Zip Code **39046**

Purpose of Disbursement
Production of Television Commercial

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
01 / 31 / 2014

Amount of Each Disbursement this Period
21242.00

Transaction ID : **SB17.20165**

Category/Type
004

SUBTOTAL of Disbursements This Page (optional)..... 21242.00

TOTAL This Period (last page this line number only).....

201801184079

**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 548 OF 561
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b
	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)
A. TIMES FLY PRODUCTION

Mailing Address **144 TWELVE OAKS TRACE**

City **CANTON** State **MS** Zip Code **39046**

Purpose of Disbursement **Production Costs** Category/Type **004**

Candidate Name

Office Sought: House Senate President Disbursement For: **2014**
 Primary General
 Other (specify)

State: District:

Date of Disbursement **02 / 26 / 2014**

Amount of Each Disbursement this Period **22678.00**

Transaction ID : **SB17.20491**

Full Name (Last, First, Middle Initial)
B. TWISTERS FROZEN YOGURT

Mailing Address **2311 JACKSON AVE. W #305**

City **OXFORD** State **MS** Zip Code **38655**

Purpose of Disbursement **MEAL** Category/Type **002**

Candidate Name

Office Sought: House Senate President Disbursement For: **2014**
 Primary General
 Other (specify)

State: District:

Date of Disbursement **01 / 20 / 2014**

Amount of Each Disbursement this Period **8.87**

Transaction ID : **SB17.20571**

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. U.S. POSTAL SERVICE

Mailing Address **MAIN STREET**

City **TUPELO** State **MS** Zip Code **38804**

Purpose of Disbursement **Postage/Delivery** Category/Type **001**

Candidate Name

Office Sought: House Senate President Disbursement For: **2014**
 Primary General
 Other (specify)

State: District:

Date of Disbursement **12 / 12 / 2013**

Amount of Each Disbursement this Period **18.22**

Transaction ID : **SB17.20190**

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... **22678.00**

TOTAL This Period (last page this line number only).....

184971

**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 549 OF 561	
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. U.S. POSTAL SERVICE

Full Name (Last, First, Middle Initial)
Mailing Address **MAIN STREET**

City **TUPELO** State **MS** Zip Code **38804**

Purpose of Disbursement
Postage

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
01 / 15 / 2014

Amount of Each Disbursement this Period
46.00

Transaction ID : **SB17.20554**

[MEMO ITEM]

B. U.S. SENATE RESTAURANT

Full Name (Last, First, Middle Initial)
Mailing Address **1ST & C STREET N.E.**

City **WASHINGTON** State **DC** Zip Code **20510**

Purpose of Disbursement
Meal/Meeting

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
12 / 09 / 2013

Amount of Each Disbursement this Period
194.50

Transaction ID : **SB17.20191**

[MEMO ITEM]

C. U.S. SENATE RESTAURANT

Full Name (Last, First, Middle Initial)
Mailing Address **1ST & C STREET N.E.**

City **WASHINGTON** State **DC** Zip Code **20510**

Purpose of Disbursement
Meal/Meeting

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
01 / 03 / 2014

Amount of Each Disbursement this Period
25.00

Transaction ID : **SB17.20192**

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... 0.00

TOTAL This Period (last page this line number only).....

201804072

**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 550 OF 561
	<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)
CITIZENS FOR COCHRAN

A. U.S. SENATE RESTAURANT

Full Name (Last, First, Middle Initial)
Mailing Address 1ST & C STREET N.E.

City WASHINGTON State DC Zip Code 20510

Purpose of Disbursement Meal/Meeting

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY
02 / 10 / 2014

Amount of Each Disbursement this Period: 75.00

Transaction ID : SB17.21860

[MEMO ITEM]

B. US AIRWAYS

Full Name (Last, First, Middle Initial)
Mailing Address 111 W. RIO SALADO PKWY

City TEMPE State AZ Zip Code 85281

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY
02 / 10 / 2014

Amount of Each Disbursement this Period: 374.00

Transaction ID : SB17.21929

[MEMO ITEM]

C. US AIRWAYS

Full Name (Last, First, Middle Initial)
Mailing Address 111 W. RIO SALADO PKWY

City TEMPE State AZ Zip Code 85281

Purpose of Disbursement Travel - Airfare

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY
02 / 10 / 2014

Amount of Each Disbursement this Period: 374.00

Transaction ID : SB17.21930

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... 0.00

TOTAL This Period (last page this line number only).....

194073

**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 551 OF 561
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. VENTURE CAR WASH

Full Name (Last, First, Middle Initial)
Mailing Address 3510 LAKELAND DR

City FLOWOOD State MS Zip Code 39232

Purpose of Disbursement
Car Wash - Campaign Vehicle

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
02 / 16 / 2014

Amount of Each Disbursement this Period
10.00

Transaction ID : SB17.21858

[MEMO ITEM]

B. VERIZON WIRELESS

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 580334

City CHARLOTTE State NC Zip Code 28258

Purpose of Disbursement
Telephone

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
01 / 02 / 2014

Amount of Each Disbursement this Period
106.76

Transaction ID : SB17.20115

C. VERIZON WIRELESS

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 580334

City CHARLOTTE State NC Zip Code 28258

Purpose of Disbursement
Telephone

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
01 / 22 / 2014

Amount of Each Disbursement this Period
106.85

Transaction ID : SB17.20160

SUBTOTAL of Disbursements This Page (optional)..... 213.61

TOTAL This Period (last page this line number only).....

14029184974

**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 552 OF 561
	<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)
CITIZENS FOR COCHRAN

A. VERIZON WIRELESS

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 580334

City CHARLOTTE State NC Zip Code 28258

Purpose of Disbursement Telephone

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY
02 / 24 / 2014

Amount of Each Disbursement this Period: 94.86

Transaction ID : SB17.20479

Category/Type: 001

B. VERIZON WIRELESS

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 580334

City CHARLOTTE State NC Zip Code 28258

Purpose of Disbursement Telephone

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY
03 / 24 / 2014

Amount of Each Disbursement this Period: 94.86

Transaction ID : SB17.21688

Category/Type:

C. VOTESANE PAC

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 2713

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement Processing Fee - Online Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY
03 / 27 / 2014

Amount of Each Disbursement this Period: 350.00

Transaction ID : SB17.21976

Category/Type:

SUBTOTAL of Disbursements This Page (optional)..... 539.72

TOTAL This Period (last page this line number only).....

184075

**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 553 OF 561
	<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)
CITIZENS FOR COCHRAN

A. WALMART

Full Name (Last, First, Middle Initial)

Mailing Address 1733 2ND ST. S.

City MERIDIAN State MS Zip Code 39301

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 21 / 2014

Amount of Each Disbursement this Period: 32.43

Transaction ID : SB17.20536

[MEMO ITEM]

B. KAY WEBBER

Full Name (Last, First, Middle Initial)

Mailing Address 218 MARYLAND AVENUE, N.E.

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement Expense Reimbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 03 / 2014

Amount of Each Disbursement this Period: 1990.00

Transaction ID : SB17.21640

C. WEIDMANN'S

Full Name (Last, First, Middle Initial)

Mailing Address 210 22ND AVE.

City MERIDIAN State MS Zip Code 39301

Purpose of Disbursement Event Expense - Catering

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 07 / 2014

Amount of Each Disbursement this Period: 604.49

Transaction ID : SB17.20445

SUBTOTAL of Disbursements This Page (optional)..... 2594.49

TOTAL This Period (last page this line number only).....

1840761920

**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 554 OF 561
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. WEIDMANN'S

Full Name (Last, First, Middle Initial)

Mailing Address 210 22ND AVE.

City MERIDIAN State MS Zip Code 39301

Purpose of Disbursement
Event Expenses - Catering

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY
02 / 07 / 2014

Amount of Each Disbursement this Period: 604.49

Transaction ID : SB17.22663

Category/Type

B. WHISPERING WOODS HOTEL & CONF CENTER

Full Name (Last, First, Middle Initial)

Mailing Address 11200 EAST GOODMAN RD

City OLIVE BRANCH State MS Zip Code 38654

Purpose of Disbursement
EVENT EXPENSES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY
01 / 21 / 2014

Amount of Each Disbursement this Period: 744.45

Transaction ID : SB17.20568

[MEMO ITEM]

Category/Type: 007

C. WHISPERING WOODS HOTEL & CONF CENTER

Full Name (Last, First, Middle Initial)

Mailing Address 11200 EAST GOODMAN RD

City OLIVE BRANCH State MS Zip Code 38654

Purpose of Disbursement
Event Expenses - Catering

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY
01 / 21 / 2014

Amount of Each Disbursement this Period: 744.46

Transaction ID : SB17.22664

[MEMO ITEM]

Category/Type: 007

SUBTOTAL of Disbursements This Page (optional)..... 604.49

TOTAL This Period (last page this line number only).....

20184977

**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 555 OF 561
	<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)
CITIZENS FOR COCHRAN

A. WHISPERING WOODS HOTEL & CONF CENTER

Full Name (Last, First, Middle Initial)
Mailing Address 11200 EAST GOODMAN RD

City OLIVE BRANCH State MS Zip Code 38654

Purpose of Disbursement
Event Expenses - Catering

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
02 / 13 / 2014

Amount of Each Disbursement this Period
129.47

Transaction ID : SB17.22665

Category/Type
007

B. WINFREY & COMPANY

Full Name (Last, First, Middle Initial)
Mailing Address 228 S. Washington Street Suite B-20

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
Fundraising Consultant

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
01 / 02 / 2014

Amount of Each Disbursement this Period
2649.80

Transaction ID : SB17.20116

Category/Type
001

C. WINFREY & COMPANY

Full Name (Last, First, Middle Initial)
Mailing Address 228 S. Washington Street Suite B-20

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
Fundraising Consultant

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
01 / 02 / 2014

Amount of Each Disbursement this Period
2649.81

Transaction ID : SB17.22666

Category/Type

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

5429.08

00201840700

**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 556 OF 561
	<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)
CITIZENS FOR COCHRAN

A. WINFREY & COMPANY

Full Name (Last, First, Middle Initial)

Mailing Address 228 S. Washington Street
Suite B-20

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
Fundraising Consultant - 4th Qtr Commission

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
01 / 21 / 2014

Amount of Each Disbursement this Period
17363.22

Transaction ID : SB17.20149

Category/Type
001

B. WINFREY & COMPANY

Full Name (Last, First, Middle Initial)

Mailing Address 228 S. Washington Street
Suite B-20

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
Fundraising Consultant - 4th Qtr Commission

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
01 / 21 / 2014

Amount of Each Disbursement this Period
17363.22

Transaction ID : SB17.22667

Category/Type

C. WINFREY & COMPANY

Full Name (Last, First, Middle Initial)

Mailing Address 228 S. Washington Street
Suite B-20

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
Fundraising Consultant

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
02 / 21 / 2014

Amount of Each Disbursement this Period
2273.51

Transaction ID : SB17.20472

Category/Type
001

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

36999.95

1940703

**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 557 OF 561			
	<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)
CITIZENS FOR COCHRAN

A. WINFREY & COMPANY

Full Name (Last, First, Middle Initial)
Mailing Address 228 S. Washington Street
Suite B-20

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement Fundraising Consultant

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY
02 / 21 / 2014

Amount of Each Disbursement this Period: 2273.51

Transaction ID: SB17.22668

Category/Type

B. WINFREY & COMPANY

Full Name (Last, First, Middle Initial)
Mailing Address 228 S. Washington Street
Suite B-20

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement Fundraising Consultant

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY
02 / 25 / 2014

Amount of Each Disbursement this Period: 1364.72

Transaction ID: SB17.20481

Category/Type

C. WINFREY & COMPANY

Full Name (Last, First, Middle Initial)
Mailing Address 228 S. Washington Street
Suite B-20

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement Fundraising Consultant

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY
02 / 25 / 2014

Amount of Each Disbursement this Period: 2625.00

Transaction ID: SB17.20482

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... 6263.23

TOTAL This Period (last page this line number only).....

19029184080

**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 558 OF 561
	<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)
CITIZENS FOR COCHRAN

A. WINFREY & COMPANY

Full Name (Last, First, Middle Initial)

Mailing Address 228 S. Washington Street
Suite B-20

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement Fundraising Consultant

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 25 / 2014

Amount of Each Disbursement this Period: 2625.00

Transaction ID : SB17.22669

B. WINFREY & COMPANY

Full Name (Last, First, Middle Initial)

Mailing Address 228 S. Washington Street
Suite B-20

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement Fundraising Consultant

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 25 / 2014

Amount of Each Disbursement this Period: 1364.72

Transaction ID : SB17.22670

C. WINFREY & COMPANY

Full Name (Last, First, Middle Initial)

Mailing Address 228 S. Washington Street
Suite B-20

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement Event Expense - Catering

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 14 / 2014

Amount of Each Disbursement this Period: 2353.00

Transaction ID : SB17.21668

SUBTOTAL of Disbursements This Page (optional)..... 6342.72

TOTAL This Period (last page this line number only).....

1001094091

**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 559 OF 561
	<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)
CITIZENS FOR COCHRAN

A. WINFREY & COMPANY

Full Name (Last, First, Middle Initial)

Mailing Address 228 S. Washington Street
Suite B-20

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
Event Expenses - Catering

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY
03 / 14 / 2014

Amount of Each Disbursement this Period: 2353.00

Transaction ID : SB17.22679

B. WMOX RADIO

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 5184

City MERIDIAN State MS Zip Code 39302

Purpose of Disbursement
ADVERTISING - RADIO SPOTS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY
03 / 25 / 2014

Amount of Each Disbursement this Period: 750.00

Transaction ID : SB17.21698

C. TIM WOLVERTON

Full Name (Last, First, Middle Initial)

Mailing Address 917 4TH STREET NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
Expense Reimbursement - Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY
02 / 07 / 2014

Amount of Each Disbursement this Period: 254.58

Transaction ID : SB17.20447

SUBTOTAL of Disbursements This Page (optional)..... 3357.58

TOTAL This Period (last page this line number only).....

0104092

**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 560 OF 561
	<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)
CITIZENS FOR COCHRAN

A. TIM WOLVERTON

Full Name (Last, First, Middle Initial)

Mailing Address 917 4TH STREET NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement Expense Reimbursement - Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 21 / 2014

Amount of Each Disbursement this Period: 1703.11

Transaction ID : SB17.20473

Category/Type: 002

B. TIM WOLVERTON

Full Name (Last, First, Middle Initial)

Mailing Address 917 4TH STREET NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement Expense Reimbursement - Mileage/Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 26 / 2014

Amount of Each Disbursement this Period: 1137.76

Transaction ID : SB17.21700

Category/Type:

C. YOUR EXTRA CLOSET

Full Name (Last, First, Middle Initial)

Mailing Address 476 HWY 6 WEST

City OXFORD State MS Zip Code 38655

Purpose of Disbursement Rent - Storage Unit

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 21 / 2014

Amount of Each Disbursement this Period: 55.00

Transaction ID : SB17.20150

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional)..... 2895.87

TOTAL This Period (last page this line number only).....

1103040000

**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)

A. YOUR EXTRA CLOSET

Mailing Address 476 HWY 6 WEST

City OXFORD State MS Zip Code 38655

Purpose of Disbursement
Rent - Storage Unit

Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: 2014 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 21 / 2014

Amount of Each Disbursement this Period

55.00

Transaction ID : SB17.20477

B. YOUR EXTRA CLOSET

Full Name (Last, First, Middle Initial)

Mailing Address 476 HWY 6 WEST

City OXFORD State MS Zip Code 38655

Purpose of Disbursement
Rent - Storage Unit

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2014 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 20 / 2014

Amount of Each Disbursement this Period

55.00

Transaction ID : SB17.21685

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

194000

SUBTOTAL of Disbursements This Page (optional).....

110.00

TOTAL This Period (last page this line number only).....

1289648.70

CY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT
HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-711
PHONE (202) 224-0222

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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4-15-14
Date of Receipt

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Postmark

USPS REGISTERED/CERTIFIED _____

Postmark

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Postmark

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SHIPPING DATE

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FEDERAL EXPRESS _____

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DBL _____

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Date of Receipt

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FAX _____

Date of Receipt

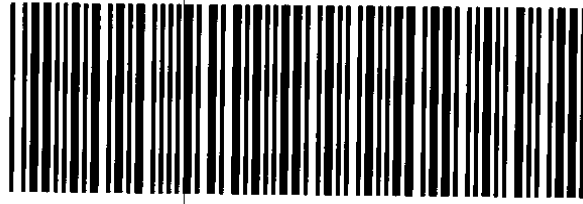
OTHER _____

Date of Receipt or Postmark

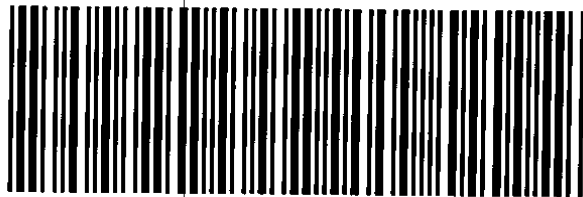
PREPARER **DH**

DATE PREPARED **4-15-14**

14029184085



SEN PATCH



SEN PATCH

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