



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**CLAITOR FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	16324.00	237268.11
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	16324.00	237268.11
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	65635.84	157962.53
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	65635.84	157962.53
8. Cash on Hand at Close of Reporting Period (from Line 27).....	79305.58	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**CLAITOR FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	12850.00	197386.82
(ii) Unitemized.....	400.00	11321.64
(iii) TOTAL of contributions from individuals ▶	13250.00	208708.46
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	15601.14
(d) The Candidate.....	2074.00	12958.51
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	16324.00	237268.11
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	16324.00	237268.11

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	65635.84	157962.53
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	65635.84	157962.53

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	128617.42
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	16324.00
25. SUBTOTAL (add Line 23 and Line 24).....	144941.42
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	65635.84
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	79305.58

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 23
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**CLAITOR FOR CONGRESS**

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

Mailing Address 18312 N. Mission Hill Avenue

City Baton Rouge State LA Zip Code 70810

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

Name of Employer REQUESTED Occupation REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.5662**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address PO Box 1549

City Ruston State LA Zip Code 71273

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

Name of Employer Bromell Agency, Inc Occupation Insurance

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.5652**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 12154 Highway 23

City Belle Chasse State LA Zip Code 70037

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.5663**

Amount of Each Receipt this Period  
 2000.00

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

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

3250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 23
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**CLAITOR FOR CONGRESS**

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

Mailing Address 15671 Malvern Hill Avenue

City State Zip Code  
Baton Rouge LA 70817

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

Name of Employer Occupation  
Ochsner Medical Center Purchasing Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11AI.5679**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 209 Hector Avenue

City State Zip Code  
Metairie LA 70005

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

Name of Employer Occupation  
REQUESTED REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11AI.5656**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1 Rue Sorbonne

City State Zip Code  
Baton Rouge LA 70808

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

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

**Transaction ID : SA11AI.5664**

Amount of Each Receipt this Period  
2600.00

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

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

3100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 23
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**CLAITOR FOR CONGRESS**

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

Mailing Address P.O.Box 3668

City State Zip Code  
Lafayette LA 70502

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

Name of Employer Occupation  
Domengeaux Wright Roy & Edwards LLC Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11AI.5676**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 219 Blue Bush Road

City State Zip Code  
Oakdale LA 71463

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

Name of Employer Occupation  
REQUESTED Optometrist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11AI.5668**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1395 Bellaire St

City State Zip Code  
Denver CO 80220

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

Name of Employer Occupation  
Corona Associates Capital Management, Investor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11AI.5678**

Amount of Each Receipt this Period  
1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 23
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**CLAITOR FOR CONGRESS**

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

Mailing Address 6 Live Oak Drive

City Leesville State LA Zip Code 71446

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

Name of Employer REQUESTED Occupation REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.5674**

Amount of Each Receipt this Period  
 2500.00

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

Mailing Address 1316 N Cicero

City Baton Rouge State LA Zip Code 70816

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

Name of Employer Self Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.5670**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 1312 Applewood Road

City Baton Rouge State LA Zip Code 70808

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

Name of Employer Self Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.5658**

Amount of Each Receipt this Period  
 500.00

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

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

3500.00

12850.00



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

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

FOR LINE NUMBER: PAGE 9 OF 23  
(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)  
**CLAITOR FOR CONGRESS**

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

Mailing Address 643 MAGAZINE ST

City State Zip Code  
NEW ORLEANS LA 70130

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

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

**Transaction ID : SA11C.5684**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

1000.00

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 23
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**CLAITOR FOR CONGRESS**

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

Mailing Address 7520 PERKINS RD  
SUITE 70808

City State Zip Code  
BATON ROUGE LA 70808

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

Name of Employer Occupation  
SELF EMPLOYED ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**19515.13**

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

**Transaction ID : SA11D.5784**

Amount of Each Receipt this Period  
**2074.00**

In-kind - Rent and Utilities for Campaign Office Space

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

**2074.00**

**2074.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 23		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**CLAITOR FOR CONGRESS**

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

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	74.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 23			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**CLAITOR FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Authnet Gateway Billing</b>		Date of Disbursement
Mailing Address PO Box 8999		M M / D D / Y Y Y Y 07 / 02 / 2014
City	State	Zip Code
San Francisco	LA	94128
Purpose of Disbursement Credit Card Fee		Amount of Each Disbursement this Period
	Category/ Type	72.00
Candidate Name		<b>Transaction ID : SB17.5696</b>
Office Sought:	Disbursement For: 2014	
<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>B. Axiom Strategies</b>		Date of Disbursement
Mailing Address 1251 NW Briarcliff Pkwy, Ste 85		M M / D D / Y Y Y Y 07 / 07 / 2014
City	State	Zip Code
Kansas City	MO	64116
Purpose of Disbursement Consultant - General Campaign Consulting		Amount of Each Disbursement this Period
	Category/ Type	5000.00
Candidate Name		<b>Transaction ID : SB17.5698</b>
Office Sought:	Disbursement For: 2014	
<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>c. Axiom Strategies</b>		Date of Disbursement
Mailing Address 1251 NW Briarcliff Pkwy, Ste 85		M M / D D / Y Y Y Y 07 / 16 / 2014
City	State	Zip Code
Kansas City	MO	64116
Purpose of Disbursement Consultant - General Campaign Consulting		Amount of Each Disbursement this Period
	Category/ Type	5000.00
Candidate Name		<b>Transaction ID : SB17.5699</b>
Office Sought:	Disbursement For: 2014	
<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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10072.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 23			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**CLAITOR FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CHELSEA BONNECAZE</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014	
Mailing Address 7520 PERKINS RD SUITE 170			Amount of Each Disbursement this Period 1146.05	
City BATON ROUGE	State LA	Zip Code 70808	Transaction ID : SB17.5711	
Purpose of Disbursement Payroll		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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>B. CHELSEA BONNECAZE</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014	
Mailing Address 7520 PERKINS RD SUITE 170			Amount of Each Disbursement this Period 1146.05	
City BATON ROUGE	State LA	Zip Code 70808	Transaction ID : SB17.5712	
Purpose of Disbursement Payroll		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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. Candelwood Suites</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014	
Mailing Address 11396 US Hwy 98			Amount of Each Disbursement this Period 222.89	
City Destin	State FL	Zip Code 32550	Transaction ID : SB17.5703	
Purpose of Disbursement Lodging		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2514.99
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 23			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**CLAITOR FOR CONGRESS**

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

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4874.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 23		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**CLAITOR FOR CONGRESS**

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

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8290.12
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 23			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**CLAITOR FOR CONGRESS**

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

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1545.57
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 23	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**CLAITOR FOR CONGRESS**

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

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1451.95
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 23			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**CLAITOR FOR CONGRESS**

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

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5739.99
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 23			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**CLAITOR FOR CONGRESS**

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

Full Name (Last, First, Middle Initial) <b>B. Louisiana District UPC</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014
Mailing Address PO Box 248		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.5751</b>
City Tioga	State LA	
Zip Code 71477	Purpose of Disbursement Charitable Contribution	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>c. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address 7074 Siegen Lane		Amount of Each Disbursement this Period 86.04 <b>Transaction ID : SB17.5757</b>
City Baton Rouge	State LA	
Zip Code 70809	Purpose of Disbursement Office Supplies	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1586.04
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 23	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**CLAITOR FOR CONGRESS**

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

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1855.46
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 23	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**CLAITOR FOR CONGRESS**

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

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

Full Name (Last, First, Middle Initial) <b>C. Cody Wells</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 15949 Highland Road		Amount of Each Disbursement this Period 149.52
City Baton Rouge	State LA	
Zip Code 70810	Purpose of Disbursement Mileage	<b>Transaction ID : SB17.5718</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	391.69
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 23		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**CLAITOR FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Cody Wells</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014
Mailing Address 15949 Highland Road		Amount of Each Disbursement this Period 1253.37
City Baton Rouge	State LA	
Zip Code 70810	Purpose of Disbursement Payroll	Transaction ID : SB17.5719
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Cody Wells</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address 15949 Highland Road		Amount of Each Disbursement this Period 48.16
City Baton Rouge	State LA	
Zip Code 70810	Purpose of Disbursement Mileage	Transaction ID : SB17.5720
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Cody Wells</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014
Mailing Address 15949 Highland Road		Amount of Each Disbursement this Period 202.72
City Baton Rouge	State LA	
Zip Code 70810	Purpose of Disbursement Mileage	Transaction ID : SB17.5721
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1504.25
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 23	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**CLAITOR FOR CONGRESS**

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

Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code		
Purpose of Disbursement		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code		
Purpose of Disbursement		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	23800.00
<b>TOTAL</b> This Period (last page this line number only).....	63700.06