

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

SECRETARY OF THE SENATE

14 OCT 15 PM 3:08

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 07/01/2014

through

MM/DD/YYYY 09/30/2014

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 JOHN M. ROBINSON CPA

Date

MM/DD/YYYY 10/14/2014

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

FEC FORM 3 (Revised 02/2003)

14020813964

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**CITIZENS FOR COCHRAN**

Report Covering the Period: From: 

M	M
07	

 / 

D	D
01	

 / 

Y	Y	Y	Y
2014			

 To: 

M	M
09	

 / 

D	D
30	

 / 

Y	Y	Y	Y
2014			

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)) ..	717290.27	6558067.81
(b) Total Contribution Refunds (from Line 20(d)) ..	3000.00	9103.34
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) ...	714290.27	6548964.47
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) ..	732482.28	6626508.69
(b) Total Offsets to Operating Expenditures (from Line 14)...	27.00	9556.48
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) ...	732455.28	6616952.21
<b>8. Cash on Hand at Close of Reporting Period (from Line 27)...</b>	550864.24	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) ..</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) ..</b>	364743.28	

**For further information contact:**

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

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

14020813965

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

**CITIZENS FOR COCHRAN**

Report Covering the Period: From: MM / DD / YYYY 07 / 01 / 2014 To: MM / DD / YYYY 09 / 30 / 2014

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) ...	312028.77	3293553.71
(ii) Unitemized .....	3661.50	98759.48
(iii) TOTAL of contributions from individuals	315690.27	3392313.19
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs) ...	401600.00	3165754.62
(d) The Candidate .....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	717290.27	6558067.81
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..</b>	4604.60	117674.01
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate...	0.00	150000.00
(b) All Other Loans...	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))...	0.00	150000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) ..</b>	27.00	9556.48
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	134.63	7231.03
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...</b>	722056.50	6842529.33

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**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	732482.28	6626508.69
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ..	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...	150000.00	150000.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...	150000.00	150000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees ...	0.00	1853.34
(b) Political Party Committees...	0.00	2000.00
(c) Other Political Committees (such as PACs)...	3000.00	5250.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...	3000.00	9103.34
21. OTHER DISBURSEMENTS ...	0.00	64800.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	885482.28	6850412.03

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	714290.02
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	722056.50
25. SUBTOTAL (add Line 23 and Line 24) ...	1436346.52
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	885482.28
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	550864.24

**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 340	
	(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	

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)  
**AGUA CALIENTE BAND OF CAHUILLA INDIANS**

Mailing Address **5401 DINAH SHORE DRIVE**

City <b>PALM SPRINGS</b>	State <b>CA</b>	Zip Code <b>92264</b>
-----------------------------	--------------------	--------------------------

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

Name of Employer	Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
MM / DD / YYYY  
**09 / 25 / 2014**

Transaction ID : **SA11AI.34211**

Amount of Each Receipt this Period  
**1000.00**

General

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

Mailing Address **P.O. BOX 1567**

City <b>HATTIESBURG</b>	State <b>MS</b>	Zip Code <b>39403</b>
----------------------------	--------------------	--------------------------

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

Name of Employer <b>ALBERT &amp; ASSOCIATES</b>	Occupation <b>ARCHITECT</b>
--	--------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
MM / DD / YYYY  
**09 / 25 / 2014**

Transaction ID : **SA11AI.34325**

Amount of Each Receipt this Period  
**1000.00**

General

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

Mailing Address **P O BOX 1265**

City <b>MERIDIAN</b>	State <b>MS</b>	Zip Code <b>39302</b>
-------------------------	--------------------	--------------------------

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

Name of Employer <b>A &amp; B ELECTRIC CO INC</b>	Occupation <b>PRESIDENT</b>
--	--------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3000.00**

Date of Receipt  
MM / DD / YYYY  
**09 / 11 / 2014**

Transaction ID : **SA11AI.33428**

Amount of Each Receipt this Period  
**1000.00**

General

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

14020813968

**SCHEDULE 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 340	
	<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)  
**MICHAEL ALISE**

Mailing Address 1595 LUCIUS ST.

City BILOXI	State MS	Zip Code 39532
----------------	-------------	-------------------

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

Name of Employer GULF COAST PRODUCE DISTRIBUTOR	Occupation VP
--	------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  

MM	DD	YYYY
09	26	2014

Transaction ID : SA11AI.33963

Amount of Each Receipt this Period  

500.00
--------

General

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

Mailing Address 2401 BLUE VALLEY DRIVE

City SILVER SPRING	State MD	Zip Code 20904
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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  
550.00

Date of Receipt  

MM	DD	YYYY
09	17	2014

Transaction ID : SA11AI.33710

Amount of Each Receipt this Period  

50.00
-------

General

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

Mailing Address 2508 SAVERY DRIVE

City TUPELO	State MS	Zip Code 38804
----------------	-------------	-------------------

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

Name of Employer MS Development Authority	Occupation State Director
--	------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  

MM	DD	YYYY
09	11	2014

Transaction ID : SA11AI.33455

Amount of Each Receipt this Period  

150.00
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General

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

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

700.00
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14020813969

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

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

FOR LINE NUMBER: PAGE 7 OF 340  
(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)  
**STEVEN ASHER**

Mailing Address 1709 MORNINGSIDE DR

City State Zip Code  
ORLANDO FL 32806

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

Name of Employer Occupation  
DON ASHER & ASSOCIATES REALTOR

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
09 / 29 / 2014

Transaction ID : SA11AI.34234

Amount of Each Receipt this Period  
500.00

VoteSane PAC

**[MEMO ITEM]**

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

Mailing Address 8312 COVINGTON WOODS CT

City State Zip Code  
SPRINGFIELD VA 22153

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

Name of Employer Occupation  
BOEING VP-LEGISLATIVE AFFAIRS

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
09 / 10 / 2014

Transaction ID : SA11AI.33291

Amount of Each Receipt this Period  
1000.00

General

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

Mailing Address P.O. BOX 991

City State Zip Code  
VICKSBURG MS 39181

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

Name of Employer Occupation  
WHEELS, SHAPPLEY, BAILESS ATTORNEY

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
09 / 25 / 2014

Transaction ID : SA11AI.33919

Amount of Each Receipt this Period  
500.00

General

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

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

1500.00

14020813970

**SCHEDULE 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 340
	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>LEON BAILEY</b>		Date of Receipt MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 8281 HIGHWAY 493		Transaction ID : SA11AI.32709	
City BAILEY	State MS	Zip Code 39320	Amount of Each Receipt this Period 200.00 General
FEC ID number of contributing federal political committee.		C	
Name of Employer BAILEY PROPERTIES	Occupation PARTNER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

<b>B.</b> Full Name (Last, First, Middle Initial) <b>JAN BAKER</b>		Date of Receipt MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 5402 GOLF CLUB DR		Transaction ID : SA11AI.34232	
City BRASELTON	State GA	Zip Code 30517	Amount of Each Receipt this Period 1000.00 VoteSane PAC <b>[MEMO ITEM]</b>
FEC ID number of contributing federal political committee.		C	
Name of Employer PRUDENTIAL GEORGIA REALTY	Occupation REALTOR		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

<b>C.</b> Full Name (Last, First, Middle Initial) <b>HALEY BARBOUR</b>		Date of Receipt MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 1275 PENNSYLVANIA AVE NW		Transaction ID : SA11AI.33258	
City WASHINGTON	State DC	Zip Code 20004	Amount of Each Receipt this Period 1000.00 Legal Fund
FEC ID number of contributing federal political committee.		C	
Name of Employer BARBOUR GRIFFITH & ROGERS, INC	Occupation PRESIDENT/CEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)   Other-Legal Fund	Election Cycle-to-Date 6200.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1200.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020813971



**SCHEDULE 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 340
	<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"/> 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)  
**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  
1300.00

Date of Receipt  
MM / DD / YYYY  
09 / 09 / 2014

Transaction ID : SA11AI.33770

Amount of Each Receipt this Period  
300.00  
General

**B.** 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  
3000.00

Date of Receipt  
MM / DD / YYYY  
09 / 11 / 2014

Transaction ID : SA11AI.33431

Amount of Each Receipt this Period  
1000.00  
General

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

Mailing Address 400 E CURLING DR

City BOISE State ID Zip Code 83702

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

Name of Employer KELLER WILLIAMS REALTY Occupation REALTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
MM / DD / YYYY  
07 / 08 / 2014

Transaction ID : SA11AI.32679

Amount of Each Receipt this Period  
500.00  
VoteSane PAC

**[MEMO ITEM]**

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

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

1300.00

14020813972

**SCHEDULE 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 340
	<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) <b>WALTER J. BLESSEY IV</b>			Date of Receipt MM / DD / YYYY 09 / 25 / 2014		
Mailing Address P.O. BOX 183			Transaction ID : SA11AI.34327		
City BILOXI	State MS	Zip Code 39533	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			General		
Name of Employer BLESSEY MARINE SERVICES, INC		Occupation CHAIRMAN/CEO	Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Receipt For: 2014		Election Cycle-to-Date 450.00			

Full Name (Last, First, Middle Initial) <b>BUFORD BLOUNT</b>			Date of Receipt MM / DD / YYYY 09 / 18 / 2014		
Mailing Address 11 SAINT MARTIN RD.			Transaction ID : SA11AI.33716		
City HATTIESBURG	State MS	Zip Code 39402	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			General		
Name of Employer RETIRED		Occupation RETIRED	Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Receipt For: 2014		Election Cycle-to-Date 400.00			

Full Name (Last, First, Middle Initial) <b>BUFORD BLOUNT</b>			Date of Receipt MM / DD / YYYY 09 / 29 / 2014		
Mailing Address 11 SAINT MARTIN RD.			Transaction ID : SA11AI.34067		
City HATTIESBURG	State MS	Zip Code 39402	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			General		
Name of Employer RETIRED		Occupation RETIRED	Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Receipt For: 2014		Election Cycle-to-Date 600.00			

SUBTOTAL of Receipts This Page (optional).....			450.00		
TOTAL This Period (last page this line number only).....					

14020813973

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 OF 340
	(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>DAVID ALAN BOCKORNY</b>		Date of Receipt MM / DD / YYYY 09 / 25 / 2014
Mailing Address 3101 S. BISHOP JONES PL		Transaction ID : SA11AI.33903
City SIOUX FALLS	State SD	Zip Code 57103
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer BOCKORNY GROUP	Occupation CONSULTANT	General
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

B. Full Name (Last, First, Middle Initial) <b>DENISE BODE</b>		Date of Receipt MM / DD / YYYY 09 / 25 / 2014
Mailing Address 28389 CATALPA POINT RD		Transaction ID : SA11AI.33910
City EASTON	State MD	Zip Code 21601
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer EAST CAPITOL PARTNERS	Occupation PRINCIPAL	General
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) <b>DONALD T BOLLINGER</b>		Date of Receipt MM / DD / YYYY 09 / 11 / 2014
Mailing Address P.O. BOX 250		Transaction ID : SA11AI.33438
City LOCKPORT	State LA	Zip Code 70374
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer BOLLINGER SHIPYARDS	Occupation CEO	General
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3600.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020813974

**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 340
	(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)  
**DAVID BOTSFORD**

Mailing Address **4725 CHERRYWOOD PARK**

City <b>WEST BLOOMFIELD</b>	State <b>MI</b>	Zip Code <b>48323</b>
--------------------------------	--------------------	--------------------------

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

Name of Employer <b>KELLER WILLIAMS REALTY</b>	Occupation <b>REAL ESTATE BROKER</b>
---	---

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
**08 / 19 / 2014**

Transaction ID : **SA11AI.32781**

Amount of Each Receipt this Period  
**500.00**

VoteSane PAC  
**(MEMO ITEM)**

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

Mailing Address **343 PINEWOD LANE**

City <b>RIDGELAND</b>	State <b>MS</b>	Zip Code <b>39157</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer <b>SELF</b>	Occupation <b>ATTORNEY</b>
---------------------------------	-------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
**09 / 11 / 2014**

Transaction ID : **SA11AI.33426**

Amount of Each Receipt this Period  
**500.00**

General

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

Mailing Address **2034 STONYBROOK COVE**

City <b>TUPELO</b>	State <b>MS</b>	Zip Code <b>38804</b>
-----------------------	--------------------	--------------------------

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

Name of Employer <b>TUPELO EYE CENTER</b>	Occupation <b>OPHTHALMOLOGIST</b>
--	--------------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
**09 / 11 / 2014**

Transaction ID : **SA11AI.33420**

Amount of Each Receipt this Period  
**250.00**

General

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

14020815975

**SCHEDULE 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 340
	<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) <b>DAVID BREVARD</b>			Date of Receipt MM / DD / YYYY 09 / 11 / 2014		
Mailing Address 805 OAK GROVE RD			Transaction ID : SA11AI.33412		
City	State	Zip Code	Amount of Each Receipt this Period		
TUPELO	MS	38804	1000.00		
FEC ID number of contributing federal political committee. C			General		
Name of Employer B & B CONCRETE CO INC		Occupation PRESIDENT			
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 3500.00			

B. Full Name (Last, First, Middle Initial) <b>BARRY BRIDGFORTH</b>			Date of Receipt MM / DD / YYYY 09 / 25 / 2014		
Mailing Address 3606 BRIDGFORTH RD.			Transaction ID : SA11AI.33916		
City	State	Zip Code	Amount of Each Receipt this Period		
OLIVE BRANCH	MS	38654	1000.00		
FEC ID number of contributing federal political committee. C			General		
Name of Employer SELF		Occupation REALTOR			
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 3200.00			

C. Full Name (Last, First, Middle Initial) <b>JOHN BRITTLE</b>			Date of Receipt MM / DD / YYYY 09 / 30 / 2014		
Mailing Address 5474 FRANKLIN PK CIRCLE			Transaction ID : SA11AI.34244		
City	State	Zip Code	Amount of Each Receipt this Period		
BRENTWOOD	TN	37027	500.00		
FEC ID number of contributing federal political committee. C			VoteSane PAC		
Name of Employer VILLAGE REAL ESTATE SERVICES		Occupation REALTOR			
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	[MEMO ITEM]		

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

14020813976

**SCHEDULE 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 14 OF 340
	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>GEORGE BROWER</b>			Date of Receipt MM / DD / YYYY 09 / 11 / 2014		
Mailing Address 1527 THIRD STREET			Transaction ID : SA11A1.33443		
City	State	Zip Code	Amount of Each Receipt this Period 2500.00		
NEW ORLEANS	LA	70130	General		
FEC ID number of contributing federal political committee.		C	Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Name of Employer TAX CREDIT CAPITAL, LLC		Occupation PARTNER	Election Cycle-to-Date 2500.00		

<b>B.</b> Full Name (Last, First, Middle Initial) <b>LYNN BROWN</b>			Date of Receipt MM / DD / YYYY 07 / 03 / 2014		
Mailing Address 386 HIGHWAY 7 SOUTH			Transaction ID : SA11A1.33769		
City	State	Zip Code	Amount of Each Receipt this Period 1000.00		
OXFORD	MS	38655	General		
FEC ID number of contributing federal political committee.		C	Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Name of Employer RETIRED		Occupation RETIRED	Election Cycle-to-Date 2000.00		

<b>C.</b> Full Name (Last, First, Middle Initial) <b>BILL BUFFINGTON</b>			Date of Receipt MM / DD / YYYY 09 / 28 / 2014		
Mailing Address 12 ASHTON GARDEN			Transaction ID : SA11A1.34139		
City	State	Zip Code	Amount of Each Receipt this Period 2600.00		
JACKSON	MS	39211	General		
FEC ID number of contributing federal political committee.		C	Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Name of Employer SELF		Occupation WIRELESS CONSULTANT	Election Cycle-to-Date 5200.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	6100.00
<b>TOTAL</b> This Period (last page this line number only) .....	

14020813977

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 15 OF 340	
	(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**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>HEATH BUMGARDNER</b>		Date of Receipt 09 / 12 / 2014
Mailing Address 2608 N. POTOMAC STREET		Transaction ID : SA11AI.33537
City ARLINGTON	State VA Zip Code 22207	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer THE BOEING COMPANY	Occupation GOV'T AFFAIRS	General
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) <b>DOUGLAS BURNETT</b>		Date of Receipt 07 / 14 / 2014
Mailing Address 291 SOPHIA TER		Transaction ID : SA11AI.32653
City SAINT AUGUSTINE	State FL Zip Code 32095	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer ST. JOHNS LAW GROUP	Occupation MANAGING PARTNER	General
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) <b>WALLACE D. BURNETT</b>		Date of Receipt 09 / 18 / 2014
Mailing Address 6218 BERKELEY ROAD		Transaction ID : SA11AI.33754
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 DENNY MILLER ASSOCIATES	Occupation CEO & GENERAL COUNSEL	General
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00	

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

14020813978

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 OF 340				
	(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) <b>RAY BURTON</b>			Date of Receipt MM / DD / YYYY 09 / 11 / 2014		
Mailing Address 704 CYPRESS ST			Transaction ID : SA11AI.33553		
City GREENSBORO	State NC	Zip Code 27405	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			VoteSane PAC		
Name of Employer TRIAD INVESTORS REALTY		Occupation REALTOR	[MEMO ITEM]		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00			

Full Name (Last, First, Middle Initial) <b>VIRGINIA BUTLER</b>			Date of Receipt MM / DD / YYYY 09 / 12 / 2014		
Mailing Address 2125 VIA RIVERA			Transaction ID : SA11AI.33781		
City PALOS VERDES ESTATES	State CA	Zip Code 90274	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			VoteSane PAC		
Name of Employer COLDWELL BANKER		Occupation REALTOR	[MEMO ITEM]		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00			

Full Name (Last, First, Middle Initial) <b>PAUL F. CAMBON</b>			Date of Receipt MM / DD / YYYY 09 / 18 / 2014		
Mailing Address 908 CROTON DR.			Transaction ID : SA11AI.33752		
City ALEXANDRIA	State VA	Zip Code 22308	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			General		
Name of Employer THE LIVINGSTON 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 1250.00			

SUBTOTAL of Receipts This Page (optional).....			250.00		
TOTAL This Period (last page this line number only).....					

14020813979



**SCHEDULE 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 340	
	<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)  
**ART CAMERON**

Mailing Address **5829 GOVERNORS HILL DR**

City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22310</b>
---------------------------	--------------------	--------------------------

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

Name of Employer <b>THE BOEING COMPANY</b>	Occupation <b>VP GOV'T OPERATIONS</b>
---	--

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  

MM	DD	YYYY
09	18	2014

Transaction ID : **SA11AI.33750**

Amount of Each Receipt this Period  

1000.00
---------

General

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

Mailing Address **7075 HWY 1 SOUTH**

City <b>BELLE ROSE</b>	State <b>LA</b>	Zip Code <b>70341</b>
---------------------------	--------------------	--------------------------

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

Name of Employer <b>THE LIVINGSTON GROUP, LLC</b>	Occupation <b>Lobbyist</b>
--	-------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1750.00**

Date of Receipt  

MM	DD	YYYY
09	18	2014

Transaction ID : **SA11AI.33753**

Amount of Each Receipt this Period  

500.00
--------

General

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

Mailing Address **909 POYDRAS STREET  
SUITE 1700**

City <b>NEW ORLEANS</b>	State <b>LA</b>	Zip Code <b>70112</b>
----------------------------	--------------------	--------------------------

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

Name of Employer <b>COLUMBUS PROPERTIES LP</b>	Occupation <b>PRESIDENT</b>
---	--------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3100.00**

Date of Receipt  

MM	DD	YYYY
09	04	2014

Transaction ID : **SA11AI.33472**

Amount of Each Receipt this Period  

2600.00
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General

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

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

4100.00
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14020813980

**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 340	
	(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) <b>A. SUE ELLEN CANIZARO</b>			Date of Receipt MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 909 POYDRAS ST #1700			Transaction ID : SA11AI.33473	
City NEW ORLEANS	State LA	Zip Code 70112	Amount of Each Receipt this Period 2600.00	
FEC ID number of contributing federal political committee.			General	
Name of Employer N/A		Occupation HOMEMAKER	Election Cycle-to-Date 2600.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				

Full Name (Last, First, Middle Initial) <b>B. LYNN CARTLIDGE</b>			Date of Receipt MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 202 PINE RIDGE DR			Transaction ID : SA11AI.34032	
City PETAL	State MS	Zip Code 39465	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee.			General	
Name of Employer SELF		Occupation MERCHANT	Election Cycle-to-Date 250.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				

Full Name (Last, First, Middle Initial) <b>C. JOHN CATTON</b>			Date of Receipt MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 11114 DEVEREUX STATION LANE			Transaction ID : SA11AI.34076	
City FAIRFAX STATION	State VA	Zip Code 22039	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee.			General	
Name of Employer THE BOEING CO		Occupation DEFENSE INDUSTRY	Election Cycle-to-Date 500.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	3350.00
<b>TOTAL</b> This Period (last page this line number only) .....	3350.00

14020813981

**SCHEDULE 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 19 OF 340
	<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"/> 15

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial) <b>CHRIS CHADWICK</b>		Date of Receipt MM / DD / YYYY 09 / 11 / 2014
Mailing Address 482 PINE BEND DRIVE		Transaction ID : SA11AI.33535
City WILDWOOD	State MO	Zip Code 63005
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1500.00 General	
Name of Employer THE BOEING COMPANY	Occupation MANAGEMENT	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

Full Name (Last, First, Middle Initial) <b>DAVID E. CLARKE</b>		Date of Receipt MM / DD / YYYY 09 / 29 / 2014
Mailing Address P.O. BOX 673		Transaction ID : SA11AI.34136
City GREENVILLE	State MS	Zip Code 38702
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00 General	
Name of Employer CLARKE, BRADLEY, BAKER & CO.	Occupation CPA	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) <b>THOMAS BLAISE COLEMAN</b>		Date of Receipt MM / DD / YYYY 09 / 11 / 2014
Mailing Address 321 ST. CHARLES AVE		Transaction ID : SA11AI.33413
City NEW ORLEANS	State LA	Zip Code 70130
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00 General	
Name of Employer INT'L MATEX TANK CO.	Occupation CEO	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3500.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020813982

**SCHEDULE 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 20 OF 340
	<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"/> 15

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial) <b>A. JAMES N. COMPTON</b>		Date of Receipt MM / DD / YYYY 09 / 29 / 2014
Mailing Address 31 ST. ANDREWS		Transaction ID : SA11AI.34132
City HATTIESBURG	State MS	Zip Code 39401
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2000.00	
Name of Employer SOUTH MISSISSIPPI ELECTRIC POW	Occupation GENERAL MGR/CEO	General
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2250.00	

Full Name (Last, First, Middle Initial) <b>B. RUTH COOK</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014
Mailing Address 263 UNION CHURCH RD		Transaction ID : SA11AI.34170
City SEMINARY	State MS	Zip Code 39479
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer MOLPUS WOODLANDS GROUP	Occupation DIRECTOR OF CLIENT INFO	General
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>C. JOHN D. CORRENTI</b>		Date of Receipt MM / DD / YYYY 09 / 29 / 2014
Mailing Address 808 E. MAIN ST		Transaction ID : SA11AI.34017
City BLYTHEVILLE	State AR	Zip Code 72315
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer STEEL DEVELOPMENT	Occupation CEO	General
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	4850.00
<b>TOTAL</b> This Period (last page this line number only) .....	

14020813983

**SCHEDULE 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 21 OF 340
	<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)  
**STEVEN CORTESE**

Mailing Address **1404 CHRISTA LANE**

City **CROFTON** State **MD** Zip Code **21114**

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

Name of Employer **DRS TECHNOLOGIES** Occupation **EXECUTIVE VP**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3600.00**

Date of Receipt **09 / 23 / 2014**

Transaction ID : **SA11AI.33859**

Amount of Each Receipt this Period  
**1000.00**

General

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

Mailing Address **11990 MARKET STREET #803**

City **RESTON** State **VA** Zip Code **20190**

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

Name of Employer **AIRBUS GROUP** Occupation **PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **09 / 11 / 2014**

Transaction ID : **SA11AI.33475**

Amount of Each Receipt this Period  
**1000.00**

General

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **09 / 18 / 2014**

Transaction ID : **SA11AI.33767**

Amount of Each Receipt this Period  
**500.00**

General

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

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

14020813984

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

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

FOR LINE NUMBER: PAGE 22 OF 340  
(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)  
**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 **3500.00**

Date of Receipt  
**09 / 30 / 2014**

Transaction ID : **SA11AI.34176**

Amount of Each Receipt this Period  
**2000.00**

General

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

Mailing Address **11638 BLUFF LANE**

City **GULFPORT** State **MS** Zip Code **39503**

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

Name of Employer **TRINITY YACHTS, LLC** Occupation **PRES/CEO**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **7800.00**

Date of Receipt  
**09 / 29 / 2014**

Transaction ID : **SA11AI.34012**

Amount of Each Receipt this Period  
**2600.00**

General

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

Mailing Address **11638 BLUFF LANE**

City **GULFPORT** State **MS** Zip Code **39503**

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 **5200.00**

Date of Receipt  
**09 / 29 / 2014**

Transaction ID : **SA11AI.34013**

Amount of Each Receipt this Period  
**2600.00**

General

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

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

**7200.00**

14020813985

**SCHEDULE 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 340	
	<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)  
**JEROME M. DATTEL**

Mailing Address **PO BOX 152**

City **HATTIESBURG** State **MS** Zip Code **39403-0152**

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

Name of Employer **MORGAN KEEGAN & CO** Occupation **EXECUTIVE MANAGING DIRECTOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  

MM	DD	YYYY
09	29	2014

Transaction ID : **SA11AI.34029**

Amount of Each Receipt this Period  

1000.00
---------

General

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

Mailing Address **P.O. BOX 3804**

City **MERIDIAN** State **MS** Zip Code **39303**

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

Name of Employer **SOUTHERN PIPE AND SUPPLY CO** Occupation **OWNER**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Other-Legal Fund**

Election Cycle-to-Date **8600.00**

Date of Receipt  

MM	DD	YYYY
08	20	2014

Transaction ID : **SA11AI.33260**

Amount of Each Receipt this Period  

1000.00
---------

Legal Fund

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

Mailing Address **P.O. BOX 3804**

City **MERIDIAN** State **MS** Zip Code **39303**

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

Name of Employer **SOUTHERN PIPE AND SUPPLY CO** Occupation **OWNER**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Other-Legal Fund**

Election Cycle-to-Date **9600.00**

Date of Receipt  

MM	DD	YYYY
09	11	2014

Transaction ID : **SA11AI.33524**

Amount of Each Receipt this Period  

1000.00
---------

Legal Fund

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

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

**3000.00**

14020813986

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 OF 340			
	(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**

<b>A.</b> Full Name (Last, First, Middle Initial) HEATHER DAVIS			Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2014	
Mailing Address 297 DOUGLAS			Transaction ID : SA11AI.34224	
City HOLLAND	State MI	Zip Code 49424	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee.			VoteSane PAC	
Name of Employer WESTEDGE REALTY LLC			Occupation REAL ESTATE BROKER	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			Election Cycle-to-Date 1000.00	
			[MEMO ITEM]	

<b>B.</b> Full Name (Last, First, Middle Initial) THOMAS A. DAVIS			Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2014	
Mailing Address 1455 PENNSYLVANIA AVE NW SUITE 1200			Transaction ID : SA11AI.32688	
City WASHINGTON	State DC	Zip Code 20004	Amount of Each Receipt this Period 900.00	
FEC ID number of contributing federal political committee.			General	
Name of Employer DAVIS & HARMAN LLP			Occupation ATTORNEY AT LAW	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			Election Cycle-to-Date 3400.00	

<b>C.</b> Full Name (Last, First, Middle Initial) THOMAS A. DAVIS			Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2014	
Mailing Address 1455 PENNSYLVANIA AVE NW SUITE 1200			Transaction ID : SA11AI.34323	
City WASHINGTON	State DC	Zip Code 20004	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee.			Primary Debt Retirement	
Name of Employer DAVIS & HARMAN LLP			Occupation ATTORNEY AT LAW	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other-PrimaryDeb			Election Cycle-to-Date 3500.00	

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

14020813987



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

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

FOR LINE NUMBER: PAGE 25 OF 340  
(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 A. DAVIS**

Mailing Address 1455 PENNSYLVANIA AVE NW  
SUITE 1200

City State Zip Code  
WASHINGTON DC 20004

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

Name of Employer Occupation  
DAVIS & HARMAN LLP ATTORNEY AT LAW

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2014

Transaction ID : SA11AI.33944

Amount of Each Receipt this Period  
500.00

General

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

Mailing Address 600 S. ADAMS ST.

City State Zip Code  
FULTON MS 38843

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

Name of Employer Occupation  
SELF EMPLOYED CAR DEALER

Receipt For: 2014  
 Primary     General  
 Other (specify) Runoff

Election Cycle-to-Date  
4800.00

Date of Receipt  
MM / DD / YYYY  
07 / 15 / 2014

Transaction ID : SA11AI.32995

Amount of Each Receipt this Period  
800.00

In-kind - Vehicle Lease

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

Mailing Address 600 S. ADAMS ST.

City State Zip Code  
FULTON MS 38843

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

Name of Employer Occupation  
SELF EMPLOYED CAR DEALER

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5700.00

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2014

Transaction ID : SA11AI.32996

Amount of Each Receipt this Period  
900.00

In-kind - Vehicle lease

**SUBTOTAL** of Receipts This Page (optional)..... 2200.00

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

14020813988

**SCHEDULE 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 26 OF 340
	<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)  
**WINDLE DAVIS**

Mailing Address **600 S. ADAMS ST.**

City <b>FULTON</b>	State <b>MS</b>	Zip Code <b>38843</b>
-----------------------	--------------------	--------------------------

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

Name of Employer <b>SELF EMPLOYED</b>	Occupation <b>CAR DEALER</b>
--	---------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**6600.00**

Date of Receipt  

MM	DD	YYYY
09	15	2014

Transaction ID : **SA11AI.34262**

Amount of Each Receipt this Period  

900.00
--------

In-kind - Vehicle Lease

**B.** Full Name (Last, First, Middle Initial)  
**JOHN M. DEAN Jr.**

Mailing Address **114 S.W. DEER CREEK DR**

City <b>LELAND</b>	State <b>MS</b>	Zip Code <b>38756</b>
-----------------------	--------------------	--------------------------

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

Name of Employer <b>LANDMART/DEAN LAND &amp; REALTY CO</b>	Occupation <b>REALTOR</b>
---	------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3000.00**

Date of Receipt  

MM	DD	YYYY
09	29	2014

Transaction ID : **SA11AI.34138**

Amount of Each Receipt this Period  

500.00
--------

General

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

Mailing Address **667 MADISON AVE 10TH FLOOR**

City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10065</b>
-------------------------	--------------------	--------------------------

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

Name of Employer <b>CRESTVIEW PARTNERS</b>	Occupation <b>PARTNER</b>
---	------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

Date of Receipt  

MM	DD	YYYY
09	22	2014

Transaction ID : **SA11AI.34115**

Amount of Each Receipt this Period  

2600.00
---------

General

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

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

4000.00
---------

14020813989

**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 340	
	(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	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial) <b>JERRY DEL RIO</b>			Date of Receipt MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 17922 GRAND CYPRESS CREEK AVE			Transaction ID : SA11AI.34242	
City BATON ROUGE	State LA	Zip Code 70810	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			VoteSane PAC	
Name of Employer JERRY DEL RIO REAL ESTATE, INC		Occupation REALTOR	[MEMO ITEM]	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>WILLIAM D. DENNIS</b>			Date of Receipt MM / DD / YYYY 09 / 26 / 2014	
Mailing Address P.O. BOX 6181			Transaction ID : SA11AI.33973	
City GULFPORT	State MS	Zip Code 39506	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			General	
Name of Employer SPECIALTY CONTRACTORS		Occupation ASSOCIATE		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 3100.00		

Full Name (Last, First, Middle Initial) <b>STEVE DICKSON</b>			Date of Receipt MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 116 WOODGREEN CROSSING			Transaction ID : SA11AI.33313	
City MADISON	State MS	Zip Code 39110	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			General	
Name of Employer STRATAGEM		Occupation PRESIDENT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		

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

14020813990

**SCHEDULE 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 340
	<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"/> 15

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

**A.** Full Name (Last, First, Middle Initial)  
**JENNIFER DOWNEY**

Mailing Address **8192 WESTERN SKY**

City **PARK CITY** State **UT** Zip Code **84098**

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 **1500.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		10		2014

Transaction ID : **SA11AI.33517**

Amount of Each Receipt this Period  

1500.00
---------

General

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

Mailing Address **2609 MIMOSA LN**

City **HATTIESBURG** State **MS** Zip Code **39402**

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

Name of Employer **FIRST DENTAL** Occupation **DENTIST**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		29		2014

Transaction ID : **SA11AI.34030**

Amount of Each Receipt this Period  

1000.00
---------

General

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

Mailing Address **1109 COUNTRY CLUB PLACE**

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

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 **1600.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		11		2014

Transaction ID : **SA11AI.33416**

Amount of Each Receipt this Period  

1600.00
---------

General

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

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

4100.00
---------

14020813991

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 29 OF 340	
	(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)  
**TOMMY E. DULANEY**

Mailing Address 1109 COUNTRY CLUB PLACE

City	State	Zip Code
MERIDIAN	MS	39305

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

Name of Employer	Occupation
STRUCTURAL STEEL SERVICES, INC	PRESIDENT & CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3600.00

Date of Receipt  

MM	DD	YYYY
09	11	2014

Transaction ID : SA11AI.33415

Amount of Each Receipt this Period  

1600.00
---------

General

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

Mailing Address 3833 WHITMAN RD

City	State	Zip Code
ANNANDALE	VA	22003

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  
4500.00

Date of Receipt  

MM	DD	YYYY
09	29	2014

Transaction ID : SA11AI.34104

Amount of Each Receipt this Period  

1000.00
---------

General

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

Mailing Address P.O. BOX 115

City	State	Zip Code
CANTON	MS	39046

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

Name of Employer	Occupation
ADCAMP, INC	CONSTRUCTION, FARMING & INVESTMENT

Receipt For: 2014  
 Primary  General  
 Other (specify) Other-Legal Fund

Election Cycle-to-Date  
4000.00

Date of Receipt  

MM	DD	YYYY
08	13	2014

Transaction ID : SA11AI.33268

Amount of Each Receipt this Period  

1000.00
---------

Legal Fund

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

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

3600.00
---------

14020813992

**SCHEDULE 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 30 OF 340
	<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)  
**MACON EDWARDS**

Mailing Address **600 PENNSYLVANIA AVE, SE  
SUITE 320**

City **WASHINGTON** State **DC** Zip Code **20003**

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

Name of Employer **MACON EDWARDS COMPANY** Occupation **LOBBYIST**

Receipt For: 2014  
 Primary  General  
 Other (specify)  Other-Legal Fund

Election Cycle-to-Date **7200.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 18 / 2014**

Transaction ID : **SA11AI.33697**

Amount of Each Receipt this Period  
**2000.00**

Legal Fund

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

Mailing Address **301 ELLSWORTH DR**

City **SILVER SPRINGS** State **MD** Zip Code **20910**

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

Name of Employer **PILLSBURY WINTHROP SHAW** Occupation **GOVT RELATIONS ADVISOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 26 / 2014**

Transaction ID : **SA11AI.33934**

Amount of Each Receipt this Period  
**500.00**

General

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

Mailing Address **116 QUEEN STREET**

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

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

Name of Employer **ERVIN HILL STRATEGY** Occupation **CHAIRMAN/CEO**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 25 / 2014**

Transaction ID : **SA11AI.33902**

Amount of Each Receipt this Period  
**1000.00**

General

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

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

**3500.00**

14020813993

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

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

FOR LINE NUMBER: PAGE 31 OF 340  
(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)  
**TUCKER ESKEW**

Mailing Address **207 W. MASONIC VIEW AVE**

City **ALEXANDRIA** State **VA** Zip Code **22301**

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

Name of Employer **VIANOVO, LP** Occupation **CONSULTANT**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **09 / 08 / 2014**  
**Transaction ID : SA11AI.33329**

Amount of Each Receipt this Period  
**250.00**  
 General

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

Mailing Address **4605 GUINEA RD**

City **ANNANDALE** State **VA** Zip Code **22003**

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

Name of Employer **THE BOEING CO.** Occupation **VP - DEFENSE APPROPRIATIONS**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **09 / 08 / 2014**  
**Transaction ID : SA11AI.33324**

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

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

Mailing Address **851 DEBEAU**

City **TUPELO** State **MS** Zip Code **38804**

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

Name of Employer **UROLOGY ASSOCIATES** Occupation **PHYSICIAN**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **09 / 11 / 2014**  
**Transaction ID : SA11AI.33461**

Amount of Each Receipt this Period  
**250.00**  
 General

**SUBTOTAL** of Receipts This Page (optional)..... **1500.00**

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

14020813994

**SCHEDULE 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 340
	<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) <b>ROGER M. FLYNT Jr.</b>			Date of Receipt MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 1006 HAYES AVE.			Transaction ID : SA11AI.33696	
City OXFORD	State MS	Zip Code 38655	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee.			Legal Fund	
Name of Employer RETIRED		Occupation RETIRED	Election Cycle-to-Date 5000.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other-Legal Fund				

Full Name (Last, First, Middle Initial) <b>ANDREW FORBES</b>			Date of Receipt MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 3124 SHADELAND DR			Transaction ID : SA11AI.33514	
City FALLS CHURCH	State VA	Zip Code 22044	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee.			General	
Name of Employer CASSIDY & ASSOCIATES		Occupation GOV'T RELATIONS	Election Cycle-to-Date 750.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				

Full Name (Last, First, Middle Initial) <b>PAUL M. FRANKE Jr.</b>			Date of Receipt MM / DD / YYYY 09 / 26 / 2014	
Mailing Address P.O. DRAWER 460			Transaction ID : SA11AI.33958	
City GULFPORT	State MS	Zip Code 39502	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee.			General	
Name of Employer SELF		Occupation ATTORNEY	Election Cycle-to-Date 3000.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				

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

14020813995



**SCHEDULE 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 340
	<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) <b>W.L. FREEMAN Jr.</b>			Date of Receipt MM / DD / YYYY 09 / 11 / 2014		
Mailing Address 114 SHADY GROVE AVE.			Transaction ID : SA11AI.33432		
City NEWTON	State MS	Zip Code 39345	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		General			
Name of Employer MS NATIONAL GUARD		Occupation OFFICER	Election Cycle-to-Date 750.00		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)					

Full Name (Last, First, Middle Initial) <b>EDWARD FRITTS</b>			Date of Receipt MM / DD / YYYY 09 / 25 / 2014		
Mailing Address 4661 N. DITMAR RD			Transaction ID : SA11AI.33906		
City ARLINGTON	State VA	Zip Code 22207	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		General			
Name of Employer THE FRITTS GROUP, LLC		Occupation PRESIDENT	Election Cycle-to-Date 5500.00		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)					

Full Name (Last, First, Middle Initial) <b>RICHARD FRYER</b>			Date of Receipt MM / DD / YYYY 08 / 21 / 2014		
Mailing Address P.O. BOX 2813			Transaction ID : SA11AI.33218		
City WINTER PARK	State FL	Zip Code 32760	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		VoteSane PAC			
Name of Employer SOUTHERN STYLE REAL ESTATE		Occupation REALTOR	Election Cycle-to-Date 1000.00		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		[MEMO ITEM]			

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

14020813996

**SCHEDULE 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 34 OF 340
	<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)  
**FRANK GENZER Jr.**

Mailing Address **145 SAINT JUDE STREET**

City <b>BILOXI</b>	State <b>MS</b>	Zip Code <b>39530</b>
-----------------------	--------------------	--------------------------

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

Name of Employer <b>SELF</b>	Occupation <b>ARCHITECT</b>
---------------------------------	--------------------------------

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**4600.00**

Date of Receipt  

MM	DD	YYYY
09	24	2014

Transaction ID : **SA11AI.33860**

Amount of Each Receipt this Period  

Amount
1000.00

General

**B.** Full Name (Last, First, Middle Initial)  
**GILA RIVER INDIAN COMMUNITY**

Mailing Address **P.O. BOX 2160**

City <b>SACATON</b>	State <b>AZ</b>	Zip Code <b>85147</b>
------------------------	--------------------	--------------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**5200.00**

Date of Receipt  

MM	DD	YYYY
07	16	2014

Transaction ID : **SA11AI.32676**

Amount of Each Receipt this Period  

Amount
2600.00

General

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

Mailing Address **4032 25TH RD N**

City <b>ARLINGTON</b>	State <b>VA</b>	Zip Code <b>22207</b>
--------------------------	--------------------	--------------------------

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

Name of Employer <b>SICPA</b>	Occupation <b>GOV'T RELATIONS</b>
----------------------------------	--------------------------------------

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  

MM	DD	YYYY
07	24	2014

Transaction ID : **SA11AI.32738**

Amount of Each Receipt this Period  

Amount
250.00

General

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

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

Amount
3850.00

14020813997

**SCHEDULE 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 35 OF 340	
	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) DALE GOLLOTT			Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2014	
Mailing Address P.O. BOX 1191			<b>Transaction ID : SA11AI.33968</b>	
City BILOXI	State MS	Zip Code 39533	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C			General	
Name of Employer C.F. GOLLOTT & SON SEAFOOD		Occupation OWNER	Election Cycle-to-Date 4250.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				

<b>B.</b> Full Name (Last, First, Middle Initial) E.R. GOLLOTT			Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2014	
Mailing Address P.O. BOX 1458			<b>Transaction ID : SA11AI.34014</b>	
City BILOXI	State MS	Zip Code 39533	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C			General	
Name of Employer GOLDEN GULF COAST PKG		Occupation OWNER	Election Cycle-to-Date 7000.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				

<b>C.</b> Full Name (Last, First, Middle Initial) TOOKIE GOLLOTT			Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2014	
Mailing Address P.O. BOC 1458			<b>Transaction ID : SA11AI.34015</b>	
City BILOXI	State MS	Zip Code 39533	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C			General	
Name of Employer N/A		Occupation HOMEMAKER	Election Cycle-to-Date 2500.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				

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

14020813998

**SCHEDULE 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 36 OF 340
	<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**

Full Name (Last, First, Middle Initial) <b>KAY GOSS</b>		Date of Receipt 09 / 18 / 2014
Mailing Address 965 HARRISON CIR		Transaction ID : SA11AI.33748
City ALEXANDRIA	State VA	Zip Code 22304
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer GC BARNES GROUP	Occupation CEO	General
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>MARGARET GRANT</b>		Date of Receipt 09 / 30 / 2014
Mailing Address 8011 CITRON COURT		Transaction ID : SA11AI.34248
City ORLANDO	State FL	Zip Code 32819
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer FLORIDA REALTORS	Occupation ATTORNEY	VoteSane PAC
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>MICHAEL GRAY</b>		Date of Receipt 09 / 23 / 2014
Mailing Address P.O. BOX 6202		Transaction ID : SA11AI.33789
City METARIE	State LA	Zip Code 70009
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer GRAY & COMPANY, INC.	Occupation INSURANCE EXECUTIVE	General
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3100.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020813999

**SCHEDULE 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 37 OF 340
	<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)  
**WALTER V GRAY**

Mailing Address P.O. BOX 6202

City State Zip Code  
METARIE LA 70009

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

Name of Employer Occupation  
GRAY & COMPANY, INC. INSURANCE EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
MM / DD / YYYY  
09 / 23 / 2014

Transaction ID : SA11AI.33787

Amount of Each Receipt this Period  
2600.00

General

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

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  
N/A RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 29 / 2014

Transaction ID : SA11AI.34045

Amount of Each Receipt this Period  
1000.00

General

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

Mailing Address 101 E. AUGUSTA

City State Zip Code  
INDIANOLA MS 38751

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3600.00

Date of Receipt  
MM / DD / YYYY  
09 / 29 / 2014

Transaction ID : SA11AI.34044

Amount of Each Receipt this Period  
2600.00

General

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

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

6200.00

14020814000

**SCHEDULE 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 38 OF 340
	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>LOUISE H. GRESHAM</b>		Date of Receipt MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 105 E. GRESHAM ST		<b>Transaction ID : SA11AI.34047</b>	
City INDIANOLA	State MS	Zip Code 38751	Amount of Each Receipt this Period 2600.00 General
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 4200.00		

<b>B.</b> Full Name (Last, First, Middle Initial) <b>THOMAS G. GRESHAM</b>		Date of Receipt MM / DD / YYYY 09 / 29 / 2014	
Mailing Address P.O. BOX 690		<b>Transaction ID : SA11AI.34048</b>	
City INDIANOLA	State MS	Zip Code 38751	Amount of Each Receipt this Period 2600.00 General
FEC ID number of contributing federal political committee.		C	
Name of Employer DOUBLE QUICK INC	Occupation RETAILER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 7153.33		

<b>C.</b> Full Name (Last, First, Middle Initial) <b>WALTON W. GRESHAM III III</b>		Date of Receipt MM / DD / YYYY 09 / 29 / 2014	
Mailing Address P.O. BOX 690		<b>Transaction ID : SA11AI.34049</b>	
City INDIANOLA	State MS	Zip Code 38751	Amount of Each Receipt this Period 2600.00 General
FEC ID number of contributing federal political committee.		C	
Name of Employer GRESHAM PETROLEUM CO.	Occupation OIL JOBBER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 6200.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7800.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020814001

**SCHEDULE 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 39 OF 340
	<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)  
**DAVID F. GROHNE**

Mailing Address 25907 MURPHY RD

City: WILMINGTON State: IL Zip Code: 60481

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

Name of Employer: INDEPENDENCE TUBE CORP Occupation: CHAIRMAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2600.00

Date of Receipt: 07 / 30 / 2014

Transaction ID : SA11AI.32705

Amount of Each Receipt this Period: 2600.00

General

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

Mailing Address 25907 MURPHY RD

City: WILMINGTON State: IL Zip Code: 60481

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: 07 / 30 / 2014

Transaction ID : SA11AI.32707

Amount of Each Receipt this Period: 2600.00

General

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

Mailing Address 9460 OAK POINTE DRIVE

City: GULFPORT State: MS Zip Code: 39503

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

Name of Employer: NEWMAN LUMBER CO Occupation: CORP TREASURER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1100.00

Date of Receipt: 09 / 26 / 2014

Transaction ID : SA11AI.33995

Amount of Each Receipt this Period: 100.00

General

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

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

5300.00

14020814002

**SCHEDULE 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 340
	<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"/> 15

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

A. Full Name (Last, First, Middle Initial) <b>BARNEY J. GUYTON</b>		Date of Receipt MM / DD / YYYY 09 / 11 / 2014
Mailing Address 1990 BORDEAUX LN		Transaction ID : SA11AI.33450
City TUPELO	State MS	Zip Code 38804
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer DIGESTIVE HEALTH SPECIALISTS	Occupation PHYSICIAN	General
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

B. Full Name (Last, First, Middle Initial) <b>MARK HAALAND</b>		Date of Receipt MM / DD / YYYY 09 / 10 / 2014
Mailing Address 10095 MARSHALL POND ROAD		Transaction ID : SA11AI.33519
City BURKE	State VA	Zip Code 22015
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer THE BOEING COMPANY	Occupation GOV'T RELATIONS	General
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

C. Full Name (Last, First, Middle Initial) <b>LLOYD N. HAND</b>		Date of Receipt MM / DD / YYYY 09 / 25 / 2014
Mailing Address 3519 OVEROOK LANE NW		Transaction ID : SA11AI.33901
City WASHINGTON	State DC	Zip Code 20016
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer KING & SPALDING, LLP	Occupation SR. COUNSEL	General
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

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

14020814003



**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 340
	(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)  
**TIMOTHY HANIFEN**

Mailing Address 11892 CHANCEFORD DR

City State Zip Code  
WOODBRIDGE VA 22192

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

Name of Employer Occupation  
THE BOEING CO. GOVT OPERATIONS

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
MM / DD / YYYY  
09 / 09 / 2014

Transaction ID : SA11AI.33333

Amount of Each Receipt this Period  
500.00

General

**B.** Full Name (Last, First, Middle Initial)  
**JAMES F. HARDIN, JR.**

Mailing Address 2330 BEAU CHENE

City State Zip Code  
BILOXI MS 39532

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

Name of Employer Occupation  
ALADDIN CONSTRUCTION SR VP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
MM / DD / YYYY  
09 / 25 / 2014

Transaction ID : SA11AI.33918

Amount of Each Receipt this Period  
500.00

General

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

Mailing Address 1031 26TH RD S.

City State Zip Code  
ARLINGTON VA 22202

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

Name of Employer Occupation  
DELTA STRATEGY GROUP EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
MM / DD / YYYY  
09 / 29 / 2014

Transaction ID : SA11AI.34070

Amount of Each Receipt this Period  
2000.00

General

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

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

3000.00

14020814004

**SCHEDULE 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 42 OF 340	
	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>J. STEVEN HART</b>		Date of Receipt MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 1155 21ST ST, NW, 3RD FLR		Transaction ID : SA11AI.33907	
City WASHINGTON	State DC	Zip Code 20036	Amount of Each Receipt this Period 500.00 General
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	
Name of Employer WILLIAMS & JENSEN	Occupation ATTORNEY		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <input type="text" value="500.00"/>		

<b>B.</b> Full Name (Last, First, Middle Initial) <b>SAM HASKELL III</b>		Date of Receipt MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 415 PARK DRIVE		Transaction ID : SA11AI.33867	
City OXFORD	State MS	Zip Code 38655	Amount of Each Receipt this Period 2600.00 General
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	
Name of Employer WARNER BROTHERS TV	Occupation PRODUCER/WRITER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <input type="text" value="4600.00"/>		

<b>C.</b> Full Name (Last, First, Middle Initial) <b>MEGAN HAUCK</b>		Date of Receipt MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 133 DUDDINGTON PLACE SE		Transaction ID : SA11AI.33857	
City WASHINGTON	State DC	Zip Code 20003	Amount of Each Receipt this Period 500.00 General
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	
Name of Employer NATHANSON HAUCK	Occupation CONSULTANT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <input type="text" value="500.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="3600.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value=""/>

14020814005

**SCHEDULE 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 43 OF 340
	<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) <b>BILL HAWKS</b>			Date of Receipt MM / DD / YYYY 08 / 28 / 2014		
Mailing Address 1004 E. CAPITOL N.E.			Transaction ID : SA11AI.33245		
City WASHINGTON	State DC	Zip Code 20003	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			Primary Debt		
Name of Employer AG Work Solutions		Occupation CEO	Election Cycle-to-Date 5200.00		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)    Other-Primary Det					

Full Name (Last, First, Middle Initial) <b>BILL HAWKS</b>			Date of Receipt MM / DD / YYYY 08 / 28 / 2014		
Mailing Address 1004 E. CAPITOL N.E.			Transaction ID : SA11AI.33246		
City WASHINGTON	State DC	Zip Code 20003	Amount of Each Receipt this Period 2600.00		
FEC ID number of contributing federal political committee. C			Legal Fund		
Name of Employer AG Work Solutions		Occupation CEO	Election Cycle-to-Date 7800.00		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)    Other-Legal Fund					

Full Name (Last, First, Middle Initial) <b>B. KEITH HEARD</b>			Date of Receipt MM / DD / YYYY 09 / 30 / 2014		
Mailing Address 601 13th Street NW Suite 450 N.			Transaction ID : SA11AI.34149		
City WASHINGTON	State DC	Zip Code 20005	Amount of Each Receipt this Period 600.00		
FEC ID number of contributing federal political committee. C			General		
Name of Employer TCH Group LLC		Occupation Associate	Election Cycle-to-Date 5200.00		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)					

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3300.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020814006

**SCHEDULE 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 44 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 11c
	<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) <b>RICHARD KIRKSEY HEARD</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014
Mailing Address 986 PRARIE WATERS DR		Transaction ID : SA11AI.34178
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 SELF	Occupation PHYSICIAN	General
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>LOUIS HENGEN</b>		Date of Receipt MM / DD / YYYY 09 / 29 / 2014
Mailing Address 1507 CHURCH ST NW		Transaction ID : SA11AI.34071
City WASHINGTON	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer BALCH & BINGHAM, LLP	Occupation GOV'T RELATIONS	General
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250.00	

Full Name (Last, First, Middle Initial) <b>KATHLEEN HENRY</b>		Date of Receipt MM / DD / YYYY 07 / 28 / 2014
Mailing Address P.O. BOX 5883		Transaction ID : SA11AI.32740
City BRANDON	State MS	Zip Code 39047
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer STATE OF MISSISSIPPI	Occupation PAROLE BOARD MEMBER	General
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

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

14020814007

**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 340  
(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)  
**KATHLEEN HENRY**

Mailing Address **P.O. BOX 5883**

City **BRANDON** State **MS** Zip Code **39047**

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

Name of Employer **STATE OF MISSISSIPPI** Occupation **PAROLE BOARD MEMBER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
**09 / 01 / 2014**

Transaction ID : **SA11AI.33241**

Amount of Each Receipt this Period  
**500.00**  
General

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

Mailing Address **P.O. BOX 5883**

City **BRANDON** State **MS** Zip Code **39047**

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

Name of Employer **STATE OF MISSISSIPPI** Occupation **PAROLE BOARD MEMBER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1170.04**

Date of Receipt  
**09 / 24 / 2014**

Transaction ID : **SA11AI.34274**

Amount of Each Receipt this Period  
**170.04**  
In-kind - GOP Women Meeting Expenses

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

Mailing Address **2577 NORTHPLACE**

City **TUPELO** State **MS** Zip Code **38804**

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

Name of Employer **TUPELO ANESTHESIA GROUP** Occupation **PHYSICIAN**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1359.73**

Date of Receipt  
**09 / 04 / 2014**

Transaction ID : **SA11AI.34268**

Amount of Each Receipt this Period  
**1359.73**  
In-kind - Event Expenses

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

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

**2029.77**

14020814008

**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 340  
(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 HILL**

Mailing Address **1376 COUNTRY WOOD CV**

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

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

Name of Employer **NORTH MS MEDICAL CTR** Occupation **PHYSICIAN**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt  
MM / DD / YYYY  
**09 / 11 / 2014**

Transaction ID : **SA11AI.33458**

Amount of Each Receipt this Period  
**500.00**  
General

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

Mailing Address **897 FALLS MANORS COURT**

City **GREAT FALLS** State **VA** Zip Code **22066**

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

Name of Employer **THE BOEING CO.** Occupation **EXECUTIVE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
MM / DD / YYYY  
**09 / 05 / 2014**

Transaction ID : **SA11AI.33321**

Amount of Each Receipt this Period  
**1500.00**  
General

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

Mailing Address **901 GARFIELD ST**

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

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

Name of Employer **SELF** Occupation **DENTIST**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
MM / DD / YYYY  
**09 / 11 / 2014**

Transaction ID : **SA11AI.33456**

Amount of Each Receipt this Period  
**250.00**  
General

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

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

**2250.00**

14020814009

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 OF 340			
	(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)  
**CONNER HOUSE**

Mailing Address 1135 HWY 61 SOUTH

City NATCHEZ	State MS	Zip Code 39120
-----------------	-------------	-------------------

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

Name of Employer GOOD HOPE, INC.	Occupation VP
-------------------------------------	------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 14 / 2014

Transaction ID : SA11AI.32663

Amount of Each Receipt this Period  
1000.00

General

**B.** Full Name (Last, First, Middle Initial)  
**DAVID W. HOUSTON III**

Mailing Address P.O. BOX 72

City ABERDEEN	State MS	Zip Code 39730
------------------	-------------	-------------------

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

Name of Employer MITCHELL MCNUTT & SAMS	Occupation ATTORNEY
--	------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
MM / DD / YYYY  
09 / 11 / 2014

Transaction ID : SA11AI.33465

Amount of Each Receipt this Period  
250.00

General

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

Mailing Address 56 LAKESHORE DR

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

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

Name of Employer HOWARD INDUSTRIES	Occupation PRES/LIGHTING DIVISION
---------------------------------------	--------------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2850.00

Date of Receipt  
MM / DD / YYYY  
09 / 29 / 2014

Transaction ID : SA11AI.34073

Amount of Each Receipt this Period  
250.00

General

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

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

1500.00

14020814010

**SCHEDULE 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 340
	<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)  
**JAYNE HOWELL**

Mailing Address 1400 DALLAS DR

City	State	Zip Code
DENTON	TX	76205

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

Name of Employer	Occupation
REAL T TEAM	BROKER

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
07 / 18 / 2014

Transaction ID : SA11AI.32702

Amount of Each Receipt this Period  
500.00

VoteSane PAC

**[MEMO ITEM]**

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

Mailing Address 4050 CRANE BLVD

City	State	Zip Code
JACKSON	MS	39216

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

Name of Employer	Occupation
N/A	RETIRED

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
09 / 23 / 2014

Transaction ID : SA11AI.33791

Amount of Each Receipt this Period  
1000.00

General

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

Mailing Address 2561 MERCEDES DR

City	State	Zip Code
BILOXI	MS	39531

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

Name of Employer	Occupation
ALABAMA MEDIA GROUP	AUDIENCE SOLUTIONS MGR

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
09 / 26 / 2014

Transaction ID : SA11AI.33971

Amount of Each Receipt this Period  
250.00

General

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

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

1250.00

14020814011



**SCHEDULE 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 49 OF 340
	<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)  
**JERRY HUNTER**

Mailing Address **4545 FOREST PARK AVE**  
**APT 318**

City **ST. LOUIS** State **MO** Zip Code **63108**

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

Name of Employer **BRYAN CAVE, LLP** Occupation **ATTORNEY**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **875.00**

Date of Receipt  
MM / DD / YYYY  
**09 / 30 / 2014**

Transaction ID : **SA11A1.34088**

Amount of Each Receipt this Period  
**250.00**

General

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

Mailing Address **1531 COUNTY ROAD 405**

City **VAIDEN** State **MS** Zip Code **39176**

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

Name of Employer **GREEN POINT AG** Occupation **REGION MANAGER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
MM / DD / YYYY  
**07 / 28 / 2014**

Transaction ID : **SA11A1.32739**

Amount of Each Receipt this Period  
**100.00**

General

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

Mailing Address **83 EAST LAKE RD**

City **HATTIESBURG** State **MS** Zip Code **39402**

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

Name of Employer **MCAHAN REALTY** Occupation **REAL ESTATE BROKER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
MM / DD / YYYY  
**08 / 20 / 2014**

Transaction ID : **SA11A1.32784**

Amount of Each Receipt this Period  
**500.00**

VoteSane PAC

**(MEMO ITEM)**

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

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

**350.00**

14020814012

**SCHEDULE 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 50 OF 340
	<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"/> 15

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

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

Mailing Address 1109 S. 34TH AVE.

City	State	Zip Code
HATTIESBURG	MS	39402

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

Name of Employer	Occupation
SELF	REALTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1300.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2014

Transaction ID : SA11A1.34281

Amount of Each Receipt this Period  
1000.00

General

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

Mailing Address P.O. BOX 397

City	State	Zip Code
ROSEDALE	MS	38769

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

Name of Employer	Occupation
JANTRAN INC	CFO

Receipt For: 2014  
 Primary  General  
 Other (specify) Other-Legal Fund

Election Cycle-to-Date  
4000.00

Date of Receipt  
MM / DD / YYYY  
08 / 13 / 2014

Transaction ID : SA11A1.33267

Amount of Each Receipt this Period  
1000.00

Legal Fund

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

Mailing Address 1570 COLONIAL TERRACE

City	State	Zip Code
ARLINGTON	VA	22209

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

Name of Employer	Occupation
BOEING	VP-GOV'T OPERATIONS

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 11 / 2014

Transaction ID : SA11A1.33480

Amount of Each Receipt this Period  
1000.00

General

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

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

3000.00

14020814013

**SCHEDULE 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 51 OF 340
	<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)  
**CONNIE JOHNSON**

Mailing Address **5535 BOB SMITH AVE**

City **PLANT CITY** State **FL** Zip Code **33565**

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

Name of Employer **COLDWELL BANKER** Occupation **BROKER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 MM / DD / YYYY  
**07 / 29 / 2014**

Transaction ID : **SA11AI.32758**

Amount of Each Receipt this Period  
**500.00**

VoteSane PAC

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**JOHN O'NEIL JOHNSON III**

Mailing Address **P.O. BOX 5466**

City **MERIDIAN** State **MS** Zip Code **39302**

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

Name of Employer **JOHNSON TOYOTA** Occupation **OWNER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 MM / DD / YYYY  
**09 / 11 / 2014**

Transaction ID : **SA11AI.33434**

Amount of Each Receipt this Period  
**1000.00**

General

**C.** Full Name (Last, First, Middle Initial)  
**B. BRYAN JONES III**

Mailing Address **P.O. BOX 1062**

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

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

Name of Employer **BANKPLUS** Occupation **ASSOCIATE**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Other-Legal Fund**

Election Cycle-to-Date **3500.00**

Date of Receipt  
 MM / DD / YYYY  
**08 / 13 / 2014**

Transaction ID : **SA11AI.33269**

Amount of Each Receipt this Period  
**500.00**

Legal Fund

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

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

**1500.00**

14020814014

**SCHEDULE 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 52 OF 340
	<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"/> 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) <b>ERNEST JOYNER III</b>			Date of Receipt MM / DD / YYYY 09 / 11 / 2014
Mailing Address 2317 PARC MONCEAU N			Transaction ID : SA11A1.33418
City TUPELO	State MS	Zip Code 38804	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			General
Name of Employer BANCORPSOUTH BANK	Occupation SR VP		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00		

Full Name (Last, First, Middle Initial) <b>DOUG JUMPER</b>			Date of Receipt MM / DD / YYYY 07 / 14 / 2014
Mailing Address P.O. BOX 890			Transaction ID : SA11A1.32661
City BOONEVILLE	State MS	Zip Code 38829	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			General
Name of Employer J&J REALTY LLC	Occupation PARTNER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>JOHN P. KEAST</b>			Date of Receipt MM / DD / YYYY 09 / 25 / 2014
Mailing Address 12594 SPILLER LANE			Transaction ID : SA11A1.33912
City MANASSAS	State VA	Zip Code 20112	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			General
Name of Employer Cornerstone Government Affairs	Occupation Executive		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00		

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

14020814015

**SCHEDULE 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 340	
	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) TIMOTHY KEATING			Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2014	
Mailing Address 1970 ROCKINGHAM			Transaction ID : SA11AI.33331	
City MCLEAN	State VA	Zip Code 22101	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C			General	
Name of Employer THE BOEING CO.		Occupation SR VP	Election Cycle-to-Date 1500.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				

<b>B.</b> Full Name (Last, First, Middle Initial) TED KENDALL III III			Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2014	
Mailing Address P.O. BOX 96			Transaction ID : SA11AI.34123	
City BOLTON	State MS	Zip Code 39041	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			General	
Name of Employer THE GADDIS FARMS		Occupation FARMER	Election Cycle-to-Date 3000.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				

<b>C.</b> Full Name (Last, First, Middle Initial) J. KEITH KENNEDY			Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2014	
Mailing Address 3220 JUNIPER LANE			Transaction ID : SA11AI.34018	
City FALLS CHURCH	State VA	Zip Code 22044	Amount of Each Receipt this Period 2600.00	
FEC ID number of contributing federal political committee. C			Run-Off Debt	
Name of Employer BAKER DONELSON		Occupation CHAIR FEDERAL PUBLIC POLICY GROUP	Election Cycle-to-Date 7800.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other-Runoff Deb				

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	4350.00
<b>TOTAL</b> This Period (last page this line number only) .....	

14020814016

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 54 OF 340	
	(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**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>ESSE HAROLD KEYES</b>			Date of Receipt MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 3020 25TH ST			Transaction ID : SA11AI.33714	
City	State	Zip Code		
MERIDIAN	MS	39301		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 100.00	
Name of Employer N/A			Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			Election Cycle-to-Date 300.00	

<b>B.</b> Full Name (Last, First, Middle Initial) <b>JOSEPH H. KIMMITT</b>			Date of Receipt MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 1706 FOREST LN			Transaction ID : SA11AI.34143	
City	State	Zip Code		
MCLEAN	VA	22101		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 1500.00	
Name of Employer OSHKOSH CORP			Occupation VP OF GOV'T OPERATIONS	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			Election Cycle-to-Date 1500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) <b>KENNETH KRAFT</b>			Date of Receipt MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 2500 QUE ST., NW APT 720			Transaction ID : SA11AI.33482	
City	State	Zip Code		
WASHINGTON	DC	20007		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 500.00	
Name of Employer BOEING			Occupation DIRECTOR-APPROPRIATIONS	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....			2100.00	
<b>TOTAL</b> This Period (last page this line number only) .....			2100.00	

14020814017

**SCHEDULE 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 340
	<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"/> 15

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

**A.** Full Name (Last, First, Middle Initial)  
**NANCY LANE**

Mailing Address 104 VINEYARD BLVD.

City BRANDON State MS Zip Code 39047

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

Name of Employer NANCY LANE COMMERCIAL REALTY Occupation REALTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
08 / 12 / 2014

Transaction ID : SA11AI.32792

Amount of Each Receipt this Period  
500.00

VoteSane PAC

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**JOHN S. LANGFORD, III**

Mailing Address 218 NORTH CHERRY ST.

City FALLS CHURCH State VA Zip Code 22046

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

Name of Employer Aurora Flight Sciences Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7800.00

Date of Receipt  
09 / 25 / 2014

Transaction ID : SA11AI.33909

Amount of Each Receipt this Period  
2600.00

General

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

Mailing Address 504 TIMBER CT

City BURLESON State TX Zip Code 76028

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

Name of Employer ORR & ASSOCIATES REAL ESTATE Occupation REALTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
09 / 29 / 2014

Transaction ID : SA11AI.34236

Amount of Each Receipt this Period  
500.00

VoteSane PAC

**[MEMO ITEM]**

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

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

2600.00

14020814018

**SCHEDULE 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 340
	<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"/> 15

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

**A.** Full Name (Last, First, Middle Initial)  
**EASON LEAKE**

Mailing Address 2469 MEADOWBROOK DR

City	State	Zip Code
JACKSON	MS	39211

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

Name of Employer  
ROSS & YERGER

Occupation  
CEO

Receipt For: 2014  
 Primary  General  
 Other (specify) Other-Legal Fund

Election Cycle-to-Date  
6200.00

Date of Receipt  
MM / DD / YYYY  
09 / 11 / 2014

Transaction ID : SA11AI.33523

Amount of Each Receipt this Period  
1000.00

Legal Fund

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

Mailing Address 311 EASTVIEW DRIVE

City	State	Zip Code
BILOXI	MS	39531

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

Name of Employer  
TOLAR, LeBATARD, DENMARK

Occupation  
ARCHITECT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
MM / DD / YYYY  
09 / 26 / 2014

Transaction ID : SA11AI.33996

Amount of Each Receipt this Period  
500.00

General

**C.** Full Name (Last, First, Middle Initial)  
**Dr. J. MARTIN LEE Jr.**

Mailing Address 2130 SHORELINE DR

City	State	Zip Code
TUPELO	MS	38804

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

Name of Employer  
NEPHROLOGY & HYPERTENSION ASSO

Occupation  
PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
MM / DD / YYYY  
09 / 29 / 2014

Transaction ID : SA11AI.34037

Amount of Each Receipt this Period  
2600.00

General

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

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

14020814019



**SCHEDULE 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 57 OF 340
	<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)  
**SCOTT LEMON**

Mailing Address 126 HOLCOMB BLVD.

City	State	Zip Code
OCEAN SPRINGS	MS	39564

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

Name of Employer	Occupation
LEMON MOHLER INSURANCE AGENCY	INSURANCE AGENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 26 / 2014

Transaction ID : SA11AI.34005

Amount of Each Receipt this Period  
500.00

General

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

Mailing Address 12246 NORTHSHORE DR

City	State	Zip Code
KNOXVILLE	TN	37922

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

Name of Employer	Occupation
RE/MAX PREFERRED PROPERTIES	REALTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2014

Transaction ID : SA11AI.34240

Amount of Each Receipt this Period  
1500.00

VoteSane PAC

[MEMO ITEM]

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

Mailing Address 126 CHERRY BARK LANE

City	State	Zip Code
NATCHEZ	MS	39120

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

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1750.00

Date of Receipt  
MM / DD / YYYY  
07 / 14 / 2014

Transaction ID : SA11AI.32668

Amount of Each Receipt this Period  
1500.00

General

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

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

2000.00

14020814020

**SCHEDULE 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 340
	<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"/> 15

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

**A.** Full Name (Last, First, Middle Initial)  
**LERRON LITTLE**

Mailing Address 1808 TOWN AND COUNTRY RD

City State Zip Code  
SPRINGVILLE UT 84663

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

Name of Employer Occupation  
CAPSTONE REAL ESTATE BROKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
MM / DD / YYYY  
09 / 02 / 2014

Transaction ID : SA11AI.33238

Amount of Each Receipt this Period  
500.00

VoteSane PAC

**[MEMO ITEM]**

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

Mailing Address 7703 NORTHDOWN RD

City State Zip Code  
ALEXANDRIA VA 22308

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

Name of Employer Occupation  
THE LIVINGSTON GROUP, LLC CHAIRMAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2014

Transaction ID : SA11AI.34084

Amount of Each Receipt this Period  
500.00

General

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

Mailing Address 58 WATERCOLOR BLVD E

City State Zip Code  
SANTA ROSA FL 32459

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

Name of Employer Occupation  
SQUIRE PATTON BOGGS SR POLICY ADVISOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 11 / 2014

Transaction ID : SA11AI.33478

Amount of Each Receipt this Period  
1000.00

General

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

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

1500.00

14020814021

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 OF 340			
	(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	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

**A.** Full Name (Last, First, Middle Initial)  
**DIANE MAJOR**

Mailing Address **2232 WESTWOOD PLACE**

City **FALLS CHURCH** State **VA** Zip Code **22043**

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

Name of Employer **BOCKORNY GROUP** Occupation **VP**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 29 / 2014**

Transaction ID : **SA11AI.34025**

Amount of Each Receipt this Period  
**500.00**

General

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

Mailing Address **P.O. BOX 7272**

City **MCLEAN** State **VA** Zip Code **22106**

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 **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 30 / 2014**

Transaction ID : **SA11AI.34085**

Amount of Each Receipt this Period  
**100.00**

General

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

Mailing Address **7322 HONEYSUCKLE CT**

City **BRIMFIELD** State **IL** Zip Code **61517**

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

Name of Employer **JIM MALOOF REALTY** Occupation **REALTOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 11 / 2014**

Transaction ID : **SA11AI.33779**

Amount of Each Receipt this Period  
**500.00**

VoteSane PAC  
**[MEMO ITEM]**

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

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

**600.00**

14020814022

**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 340			
	(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**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>DUDLEY M. MAPLES</b>			Date of Receipt MM / DD / YYYY 08 / 13 / 2014	
Mailing Address 101 65TH AVE			<b>Transaction ID : SA11AI.33271</b>	
City MERIDIAN	State MS	Zip Code 39305	Amount of Each Receipt this Period 1000.00 Legal Fund	
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 8800.00	
Name of Employer SELF		Occupation GASOLINE DISTRIBUTOR	Election Cycle-to-Date 8800.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other-Legal Fund				

<b>B.</b> Full Name (Last, First, Middle Initial) <b>BRUCE MARTIN</b>			Date of Receipt MM / DD / YYYY 09 / 30 / 2014	
Mailing Address POST OFFICE BOX 1729			<b>Transaction ID : SA11AI.34145</b>	
City MERIDIAN	State MS	Zip Code 39302	Amount of Each Receipt this Period 2600.00 General	
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 4850.00	
Name of Employer MEYER & ROSENBAUM, INC.		Occupation PRES	Election Cycle-to-Date 4850.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				

<b>C.</b> Full Name (Last, First, Middle Initial) <b>JARED MARTIN</b>			Date of Receipt MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 1175 W. SHAW			<b>Transaction ID : SA11AI.33551</b>	
City FRESNO	State CA	Zip Code 93711	Amount of Each Receipt this Period 500.00 VoteSane PAC	
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 500.00	
Name of Employer KELLER WILLIAMS REALTY		Occupation REALTOR	Election Cycle-to-Date 500.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	3600.00
<b>TOTAL</b> This Period (last page this line number only) .....	3600.00

14020814023

**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 340
	(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**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>DON E. MASON</b>			Date of Receipt MM / DD / YYYY 09 / 26 / 2014		
Mailing Address <b>5 COLONEL WINK DR.</b>			<b>Transaction ID : SA11A1.33969</b>		
City	State	Zip Code	Amount of Each Receipt this Period _____ 500.00		
<b>GULFPORT</b>	<b>MS</b>	<b>39507</b>	General		
FEC ID number of contributing federal political committee.		<input type="checkbox"/> C			
Name of Employer <b>Future Pipe Industries</b>		Occupation <b>Attorney</b>			
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 4600.00			

<b>B.</b> Full Name (Last, First, Middle Initial) <b>MITCH MASSEY</b>			Date of Receipt MM / DD / YYYY 09 / 25 / 2014		
Mailing Address <b>P.O. BOX 1506</b>			<b>Transaction ID : SA11A1.33917</b>		
City	State	Zip Code	Amount of Each Receipt this Period _____ 250.00		
<b>TUPELO</b>	<b>MS</b>	<b>38802</b>	General		
FEC ID number of contributing federal political committee.		<input type="checkbox"/> C			
Name of Employer <b>TUPELO ORTHOPEDIC</b>		Occupation <b>ORTHOPEDIC SURGEON</b>			
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 450.00			

<b>C.</b> Full Name (Last, First, Middle Initial) <b>JENNIFER W. MAVAR</b>			Date of Receipt MM / DD / YYYY 09 / 26 / 2014		
Mailing Address <b>447 SANLENAY CT</b>			<b>Transaction ID : SA11A1.33976</b>		
City	State	Zip Code	Amount of Each Receipt this Period _____ 2600.00		
<b>BILOXI</b>	<b>MS</b>	<b>39531</b>	General		
FEC ID number of contributing federal political committee.		<input type="checkbox"/> C			
Name of Employer <b>N/A</b>		Occupation <b>HOMEMAKER</b>			
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 7800.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 3350.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

14020814024

**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 340	
	(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) <b>MARK MAVAR</b>			Date of Receipt MM / DD / YYYY 09 / 26 / 2014	
Mailing Address P.O. BOX 730			Transaction ID : SA11AI.33975	
City BILOXI	State MS	Zip Code 39533	Amount of Each Receipt this Period 2600.00	
FEC ID number of contributing federal political committee. C			General	
Name of Employer BILOXI FREEZING & PROCESSING		Occupation PRESIDENT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 7800.00		

Full Name (Last, First, Middle Initial) <b>VICTOR MAVAR Sr.</b>			Date of Receipt MM / DD / YYYY 09 / 26 / 2014	
Mailing Address 630 BEACH BLVD			Transaction ID : SA11AI.33985	
City BILOXI	State MS	Zip Code 39530	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			General	
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 4600.00		

Full Name (Last, First, Middle Initial) <b>VICTOR V. MAVAR Jr.</b>			Date of Receipt MM / DD / YYYY 09 / 26 / 2014	
Mailing Address P.O. BOX 1910			Transaction ID : SA11AI.33982	
City BILOXI	State MS	Zip Code 39533	Amount of Each Receipt this Period 2600.00	
FEC ID number of contributing federal political committee. C			General	
Name of Employer BILOXI FREEZING		Occupation SEAFOOD PROCESSING		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5200.00		

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

14020814025

**SCHEDULE 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 340	
	<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)  
**PATRICK J. MCCARTY**

Mailing Address **2108 WOODMONT ROAD**

City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22307</b>
---------------------------	--------------------	--------------------------

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

Name of Employer <b>ICAP</b>	Occupation <b>MANAGING DIRECTOR US GOV'T RELATION</b>
---------------------------------	--

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3000.00**

Date of Receipt  

MM	DD	YYYY
09	18	2014

Transaction ID : **SA11AI.33747**

Amount of Each Receipt this Period  

Amount
500.00

General

**B.** Full Name (Last, First, Middle Initial)  
**GLENN L. McCULLOUGH Jr.**

Mailing Address **245 CR 183**

City <b>TUPELO</b>	State <b>MS</b>	Zip Code <b>38804</b>
-----------------------	--------------------	--------------------------

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

Name of Employer <b>GLM ASSOCIATES, LLC</b>	Occupation <b>CEO</b>
--	--------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5500.00**

Date of Receipt  

MM	DD	YYYY
09	11	2014

Transaction ID : **SA11AI.33460**

Amount of Each Receipt this Period  

Amount
1000.00

General

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

Mailing Address **P.O. BOX 459**

City <b>PICAYUNE</b>	State <b>MS</b>	Zip Code <b>39466</b>
-------------------------	--------------------	--------------------------

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

Name of Employer <b>MCDONALD PATCH &amp; BRYAN</b>	Occupation <b>ATTORNEY</b>
---	-------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  

MM	DD	YYYY
09	26	2014

Transaction ID : **SA11AI.33961**

Amount of Each Receipt this Period  

Amount
1000.00

General

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

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

Amount
2500.00

14020814026

**SCHEDULE 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 64 OF 340
	<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)  
**CAROLYN MCDONNELL**

Mailing Address 1193 STARR WAY

City Virginia Beach State VA Zip Code 23454

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

Name of Employer MILITARY PRODUCE GROUP Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 11 / 2014

Transaction ID : SA11AI.33485

Amount of Each Receipt this Period  
1000.00

General

**B.** 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 5200.00

Date of Receipt  
MM / DD / YYYY  
09 / 29 / 2014

Transaction ID : SA11AI.34140

Amount of Each Receipt this Period  
2600.00

General

**C.** 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 5200.00

Date of Receipt  
MM / DD / YYYY  
09 / 29 / 2014

Transaction ID : SA11AI.34141

Amount of Each Receipt this Period  
2600.00

General

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

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

6200.00

14020814027



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 65 OF 340
	(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) <b>JAMES MCNERNEY Jr.</b>		Date of Receipt MM / DD / YYYY 09 / 09 / 2014
Mailing Address 1291 ELM TREE ROAD		Transaction ID : SA11AI.34102
City LAKE FOREST	State IL	
Zip Code 60045		Amount of Each Receipt this Period 1500.00
FEC ID number of contributing federal political committee. C		
Name of Employer THE BOEING CO	Occupation CEO	General
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

Full Name (Last, First, Middle Initial) <b>JOSEPH S. MCNULTY III</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014
Mailing Address P.O. BOX 785		Transaction ID : SA11AI.34162
City MAGEE	State MS	
Zip Code 39111		Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C		
Name of Employer PIONEER HEALTH SERVICES	Occupation OWNER	General
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) <b>GEORGIA G. MCPHERSON</b>		Date of Receipt MM / DD / YYYY 09 / 29 / 2014
Mailing Address 105 E AUGUSTA ST		Transaction ID : SA11AI.34042
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 N/A	Occupation RETIRED	General
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1200.00	

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

14020814028

**SCHEDULE 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 340
	<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 W. McPHERSON Jr.**

Mailing Address **P.O. BOX 690**

City <b>INDIANOLA</b>	State <b>MS</b>	Zip Code <b>38751</b>
--------------------------	--------------------	--------------------------

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

Name of Employer <b>GRESHAM OIL CO</b>	Occupation <b>MERCHANT</b>
---	-------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**6200.00**

Date of Receipt  

MM	DD	YYYY
09	29	2014

Transaction ID : **SA11AI.34041**

Amount of Each Receipt this Period  

2600.00
---------

General

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

Mailing Address **8926 SW 27 AVE**

City <b>OCALA</b>	State <b>FL</b>	Zip Code <b>34476</b>
----------------------	--------------------	--------------------------

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

Name of Employer <b>MEADOWS REALTY</b>	Occupation <b>REALTOR</b>
---	------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  

MM	DD	YYYY
09	28	2014

Transaction ID : **SA11AI.34230**

Amount of Each Receipt this Period  

500.00
--------

General

**[MEMO ITEM]**

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

Mailing Address **1 OAK PLACE**

City <b>OXFORD</b>	State <b>MS</b>	Zip Code <b>38655</b>
-----------------------	--------------------	--------------------------

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

Name of Employer <b>MEEK PUBLISHING</b>	Occupation <b>PUBLISHER</b>
--	--------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1500.00**

Date of Receipt  

MM	DD	YYYY
09	29	2014

Transaction ID : **SA11AI.34174**

Amount of Each Receipt this Period  

1500.00
---------

General

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

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

4100.00
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14020814029

**SCHEDULE 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 340
	<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) <b>HELEN MEEK</b>			Date of Receipt MM / DD / YYYY 09 / 29 / 2014
Mailing Address 1 OAK PLACE			Transaction ID : SA11AI.34172
City OXFORD	State MS	Zip Code 38655	Amount of Each Receipt this Period 1500.00
FEC ID number of contributing federal political committee. C			General
Name of Employer N/A	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		

B. Full Name (Last, First, Middle Initial) <b>JOHN MEESSEMAN</b>			Date of Receipt MM / DD / YYYY 08 / 19 / 2014
Mailing Address 17813 KENAI LANE			Transaction ID : SA11AI.32783
City MACOMB	State MI	Zip Code 48042	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			VoteSane PAC
Name of Employer REAL LIVING KEE REALTY	Occupation REALTOR		[MEMO ITEM]
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

C. Full Name (Last, First, Middle Initial) <b>JAMES R. MELTSNER</b>			Date of Receipt MM / DD / YYYY 09 / 11 / 2014
Mailing Address 1808 LAMONT ST NW			Transaction ID : SA11AI.33484
City WASHINGTON	State DC	Zip Code 20010	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			General
Name of Employer MELTSNER STRATEGIES	Occupation PARTNER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

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

14020814030

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

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

FOR LINE NUMBER: PAGE 68 OF 340  
(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)  
**BARRY MERTZ**

Mailing Address **P.O. BOX 4266**

City **BRANDON** State **MS** Zip Code **39047**

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

Name of Employer **H2OIL** Occupation **SALES**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**300.00**

Date of Receipt  
**09 / 12 / 2014**

Transaction ID : **SA11AI.33771**

Amount of Each Receipt this Period  
**300.00**

General

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

Mailing Address **25 SOUTH CHARLES STREET**

City **BALTIMORE** State **MD** Zip Code **21201**

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  
**09 / 03 / 2014**

Transaction ID : **SA11AI.34153**

Amount of Each Receipt this Period  
**2600.00**

General

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

Mailing Address **25 SOUTH CHARLES STREET**

City **BALTIMORE** State **MD** Zip Code **21201**

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

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

Receipt For: 2014  
 Primary     General  
 Other (specify)     Other-Runoff Deb

Election Cycle-to-Date  
**4000.00**

Date of Receipt  
**09 / 03 / 2014**

Transaction ID : **SA11AI.34154**

Amount of Each Receipt this Period  
**1400.00**

Runoff Debt

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

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

**4300.00**

14020814031

**SCHEDULE 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 340	
	<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) <b>SAM M. MILLETTE Jr.</b>			Date of Receipt MM / DD / YYYY 07 / 14 / 2014	
Mailing Address 102 INDIAN BAYOU DRIVE			Transaction ID : SA11AI.32671	
City DESTIN	State FL	Zip Code 32541	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			General	
Name of Employer SELF	Occupation ATTORNEY		Election Cycle-to-Date 1000.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				

B. Full Name (Last, First, Middle Initial) <b>JOHN D. MILNE</b>			Date of Receipt MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 409 G STREET S.E.			Transaction ID : SA11AI.33905	
City WASHINGTON	State DC	Zip Code 20003	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			General	
Name of Employer MCAPITOL MANAGEMENT	Occupation SR VP		Election Cycle-to-Date 2500.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				

C. Full Name (Last, First, Middle Initial) <b>GUY W. MITCHELL III</b>			Date of Receipt MM / DD / YYYY 09 / 29 / 2014	
Mailing Address P.O. BOX 7120			Transaction ID : SA11AI.34100	
City TUPELO	State MS	Zip Code 38802	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			General	
Name of Employer MITCHELL MCNUTT & SAMS	Occupation ATTORNEY		Election Cycle-to-Date 2500.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" 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).....				

14020814032

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 OF 340	
	(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)  
**PAUL MIZE, JR**

Mailing Address P.O. BOX 1668

City: TUPELO State: MS Zip Code: 38802

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

Name of Employer: ROSS & YERGER Occupation: SR VP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 4600.00

Date of Receipt: 09 / 11 / 2014

Transaction ID : SA11AI.33424

Amount of Each Receipt this Period: 1000.00

General

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

Mailing Address P.O. BOX 1668

City: TUPELO State: MS Zip Code: 38802

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

Name of Employer: ROSS & YERGER Occupation: SR VP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 5000.00

Date of Receipt: 09 / 30 / 2014

Transaction ID : SA11AI.34161

Amount of Each Receipt this Period: 400.00

General

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

Mailing Address 8035 WASHINGTON RD

City: ALEXANDRIA State: VA Zip Code: 22308

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

Name of Employer: THE BOEING COMPANY Occupation: EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 09 / 15 / 2014

Transaction ID : SA11AI.33541

Amount of Each Receipt this Period: 500.00

General

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

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

1900.00

14020814033

**SCHEDULE 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 340
	<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)  
**LOREN MONROE**

Mailing Address 1733 FAIRVIEW AVE.

City **MCLEAN** State **VA** Zip Code **22101**

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

Name of Employer **BGR Government Affairs, LLC** Occupation **Principal**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 25 / 2014**

Transaction ID : **SA11AI.33866**

Amount of Each Receipt this Period  
**500.00**

General

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

Mailing Address 1200 WILSON BLVD

City **ARLINGTON** State **VA** Zip Code **22209**

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

Name of Employer **THE BOEING CO** Occupation **VP - ARMY SYSTEMS GOV'T OPERATIONS**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 16 / 2014**

Transaction ID : **SA11AI.33891**

Amount of Each Receipt this Period  
**500.00**

General

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

Mailing Address 1626 28TH AVE

City **HUEYTOWN** State **AL** Zip Code **35023**

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

Name of Employer **SEBRO REALTY** Occupation **REALTOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 26 / 2014**

Transaction ID : **SA11AI.34226**

Amount of Each Receipt this Period  
**500.00**

VoteSane PAC

**[MEMO ITEM]**

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

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

**1000.00**

14020814034

**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 340			
	(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)  
**PATRICIA MOSER**

Mailing Address 11904 NW 234 ST

City ALACHUA State FL Zip Code 32615

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

Name of Employer HORIZON REALTY OF ALACHUA Occupation REAL ESTATE BROKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 28 / 2014

Transaction ID : SA11AI.32756

Amount of Each Receipt this Period  
 500.00

VoteSane PAC

[MEMO ITEM]

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

Mailing Address 5200 CHEYENNE AVE

City BOISE State ID Zip Code 83709

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

Name of Employer FRONT STREET BROKERS Occupation REAL ESTATE BROKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 05 / 2014

Transaction ID : SA11AI.32796

Amount of Each Receipt this Period  
 500.00

VoteSane PAC

[MEMO ITEM]

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

Mailing Address 5625 SUGAR LOAF RD

City COLLINSVILLE State IL Zip Code 62234

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

Name of Employer BOEING Occupation EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014

Transaction ID : SA11AI.33504

Amount of Each Receipt this Period  
 1500.00

General

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

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

1500.00

14020814035



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 73 OF 340
	(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) <b>A. CHRISTOPHER ALTON MYRICK</b>			Date of Receipt MM / DD / YYYY 09 / 16 / 2014	
Mailing Address 44 PINE LANE RANCH RD			Transaction ID : SA11AI.33694	
City LAUREL	State MS	Zip Code 39443	Amount of Each Receipt this Period 1100.00	
FEC ID number of contributing federal political committee.			General	
Name of Employer AMERICAN HOME PRODUCTS CORP		Occupation LAWYER	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) <b>B. CHRISTOPHER ALTON MYRICK</b>			Date of Receipt MM / DD / YYYY 09 / 16 / 2014	
Mailing Address 44 PINE LANE RANCH RD			Transaction ID : SA11AI.33695	
City LAUREL	State MS	Zip Code 39443	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee.			Legal Fund	
Name of Employer AMERICAN HOME PRODUCTS CORP		Occupation LAWYER	Election Cycle-to-Date 6700.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other-Legal Fund				

Full Name (Last, First, Middle Initial) <b>C. V. FAYE NELSON</b>			Date of Receipt MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 106605 E. BADGER RD			Transaction ID : SA11AI.33941	
City KENNEWICK	State WA	Zip Code 99338	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee.			VoteSane PAC	
Name of Employer RE/MAX FIRST ADVANTAGE		Occupation REALTOR	Election Cycle-to-Date 1000.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2600.00
<b>TOTAL</b> This Period (last page this line number only).....	[ ]

14020814036

**SCHEDULE 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 74 OF 340	
	<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) <b>CYNTHIA E. NEWMAN</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2014
Mailing Address 13 53RD CIR.		Transaction ID : SA11AI.33983
City GULFPORT	State MS	Zip Code 39507
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer NEWMAN LUMBER	Occupation CEO/OWNER	General
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250.00	

Full Name (Last, First, Middle Initial) <b>MARY NEWSOME</b>		Date of Receipt MM / DD / YYYY 09 / 18 / 2014
Mailing Address 5 BYRAM COURT		Transaction ID : SA11AI.33741
City MENDHAM	State NJ	Zip Code 07945
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 2000.00
Name of Employer N/A	Occupation HOUSEWIFE	General
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) <b>JORDAN NICAUD</b>		Date of Receipt MM / DD / YYYY 09 / 25 / 2014
Mailing Address 1310 27TH AVE		Transaction ID : SA11AI.34275
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 BACCHUS ON THE BEACH	Occupation PRESIDENT	In-kind - Event Expenses
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

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

14020814037

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 75 OF 340
	(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>CHRIS NICHOLS</b>			Date of Receipt MM / DD / YYYY 08 / 28 / 2014
Mailing Address <b>574 SOUTH STATE</b>			Transaction ID : <b>SA11AI.33232</b>
City <b>OREM</b>	State <b>UT</b>	Zip Code <b>84058</b>	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			VoteSane PAC
Name of Employer <b>PRUDENTIAL UTAH ELITE</b>		Occupation <b>REALTOR</b>	<b>[MEMO ITEM]</b>
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	

B. Full Name (Last, First, Middle Initial) <b>JOHN NICHOLS</b>			Date of Receipt MM / DD / YYYY 09 / 29 / 2014
Mailing Address <b>P.O. BOX 539</b>			Transaction ID : <b>SA11AI.34111</b>
City <b>GREENVILLE</b>	State <b>MS</b>	Zip Code <b>38702</b>	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. <b>C</b>			Runoff Debt
Name of Employer <b>MISSISSIPPI MARINE CORP</b>		Occupation <b>CEO</b>	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Other-RunoffDebt</b>		Election Cycle-to-Date 7700.00	

C. Full Name (Last, First, Middle Initial) <b>MELINDA P. NICHOLS</b>			Date of Receipt MM / DD / YYYY 09 / 29 / 2014
Mailing Address <b>P.O. BOX 539</b>			Transaction ID : <b>SA11AI.34112</b>
City <b>GREENVILLE</b>	State <b>MS</b>	Zip Code <b>38702</b>	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. <b>C</b>			Runoff Debt
Name of Employer <b>MS MARINE</b>		Occupation <b>TREASURER</b>	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Other-RunoffDebt</b>		Election Cycle-to-Date 7300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5000.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020814038

**SCHEDULE 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 76 OF 340
	<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) <b>A. SADIE NOAH</b>		Date of Receipt MM / DD / YYYY 09 / 29 / 2014
Mailing Address 481 TIMM ST		Transaction ID : SA11AI.34238
City MCCALL	State ID	Zip Code 83638
FEC ID number of contributing federal political committee.	C	
Name of Employer CREED NOAH REAL ESTATE	Occupation REALTOR	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	
		Amount of Each Receipt this Period 500.00 VoteSane PAC [MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. DEANNA NORMAN</b>		Date of Receipt MM / DD / YYYY 07 / 17 / 2014
Mailing Address 243 PELICAN DR		Transaction ID : SA11AI.32701
City DOWNSVILLE	State LA	Zip Code 71234
FEC ID number of contributing federal political committee.	C	
Name of Employer D B REAL ESTATE	Occupation REALTOR	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	
		Amount of Each Receipt this Period 500.00 VoteSane PAC [MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. JEFFREY H. O'KEEFE</b>		Date of Receipt MM / DD / YYYY 09 / 27 / 2014
Mailing Address 2338 BEAU CHENE DR		Transaction ID : SA11AI.33974
City BILOXI	State MS	Zip Code 39532
FEC ID number of contributing federal political committee.	C	
Name of Employer SELF	Occupation FUNERAL DIRECTOR	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	
		Amount of Each Receipt this Period 500.00 General

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

14020814039

**SCHEDULE 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 340
	<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**

Mailing Address **510 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 **1500.00**

Date of Receipt  
MM / DD / YYYY  
**09 / 26 / 2014**

Transaction ID : **SA11A1.33977**

Amount of Each Receipt this Period  
**500.00**

General

**B.** Full Name (Last, First, Middle Initial)  
**SEAN O'KEEFE**

Mailing Address **43385 BALLANTINE PLACE**

City **ASHBURN** State **VA** Zip Code **20147**

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

Name of Employer **AIRBUS GROUP** Occupation **EXECUTIVE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3600.00**

Date of Receipt  
MM / DD / YYYY  
**09 / 07 / 2014**

Transaction ID : **SA11A1.33323**

Amount of Each Receipt this Period  
**1000.00**

General

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

Mailing Address **604 WOODBINE LANE**

City **HATTIESBURG** State **MS** Zip Code **39402**

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 **600.00**

Date of Receipt  
MM / DD / YYYY  
**09 / 19 / 2014**

Transaction ID : **SA11A1.33722**

Amount of Each Receipt this Period  
**100.00**

General

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

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

**1600.00**

14020814040

**SCHEDULE 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 340
	<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) <b>C.P. OWEN JR</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014
Mailing Address <b>P.O. BOX 98</b>		Transaction ID : <b>SA11AI.34285</b>
City <b>ROBINSONVILLE</b>	State <b>MS</b>	
Zip Code <b>38664</b>		Amount of Each Receipt this Period <b>2500.00</b>
FEC ID number of contributing federal political committee. <b>C</b>		General
Name of Employer <b>SELF</b>	Occupation <b>FARMER</b>	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>5100.00</b>	

B. Full Name (Last, First, Middle Initial) <b>DAVID PACE</b>		Date of Receipt MM / DD / YYYY 09 / 11 / 2014
Mailing Address <b>707 HILLSHIRE PL</b>		Transaction ID : <b>SA11AI.33445</b>
City <b>TUPELO</b>	State <b>MS</b>	
Zip Code <b>38804</b>		Amount of Each Receipt this Period <b>250.00</b>
FEC ID number of contributing federal political committee. <b>C</b>		General
Name of Employer <b>BIOTRONIK</b>	Occupation <b>SALES</b>	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>250.00</b>	

C. Full Name (Last, First, Middle Initial) <b>SAM PACE</b>		Date of Receipt MM / DD / YYYY 09 / 11 / 2014
Mailing Address <b>2013 N PARC CIRCLE</b>		Transaction ID : <b>SA11AI.33464</b>
City <b>TUPELO</b>	State <b>MS</b>	
Zip Code <b>38804</b>		Amount of Each Receipt this Period <b>500.00</b>
FEC ID number of contributing federal political committee. <b>C</b>		General
Name of Employer <b>DIGESTIVE HEALTH SPECIALISTS</b>	Occupation <b>PHYSICIAN</b>	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>500.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>3250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

14020814041

**SCHEDULE 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 340	
	<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>JENNY PAKULA</b>			Date of Receipt MM / DD / YYYY 08 / 05 / 2014	
Mailing Address 2500 CRESTVIEW DR			Transaction ID : SA11AI.32793	
City WEST LINN	State OR	Zip Code 97068	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			VoteSane PAC	
Name of Employer OREGON ASSOC OF REALTORS		Occupation VP OF BUS & DEV	[MEMO ITEM]	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		

B. Full Name (Last, First, Middle Initial) <b>JIMMY PAPPAS</b>			Date of Receipt MM / DD / YYYY 09 / 01 / 2014	
Mailing Address 852 N. GLOSTER ST			Transaction ID : SA11AI.34266	
City TUPELO	State MS	Zip Code 38801	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C			In-kind - Rent/Utilities	
Name of Employer THE SUMMIT HOTEL		Occupation GENERAL MGR		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 400.00		

C. Full Name (Last, First, Middle Initial) <b>ANTHONY PARASIDA</b>			Date of Receipt MM / DD / YYYY 09 / 13 / 2014	
Mailing Address 800 N. MICHIGAN #4102			Transaction ID : SA11AI.33539	
City CHICAGO	State IL	Zip Code 60611	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C			General	
Name of Employer THE BOEING COMPANY		Occupation VP HR & ADMIN		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1500.00		

SUBTOTAL of Receipts This Page (optional).....			1900.00	
TOTAL This Period (last page this line number only).....				

14020814042

**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 340	
	(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	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial) <b>ERIN PARSONS</b>			Date of Receipt MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 1510 23RD ST SOUTH			Transaction ID : SA11AI.33740	
City	State	Zip Code	Amount of Each Receipt this Period	
ARLINGTON	VA	22202	2600.00	
FEC ID number of contributing federal political committee. <b>C</b>			General	
Name of Employer NONE		Occupation HOMEMAKER	Election Cycle-to-Date	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		3000.00		

Full Name (Last, First, Middle Initial) <b>AUBREY PATTERSON</b>			Date of Receipt MM / DD / YYYY 09 / 28 / 2014	
Mailing Address 1 MISSISSIPPI PLAZA			Transaction ID : SA11AI.34152	
City	State	Zip Code	Amount of Each Receipt this Period	
TUPELO	MS	38804	2600.00	
FEC ID number of contributing federal political committee. <b>C</b>			General	
Name of Employer BANCORPSOUTH BANK		Occupation PRESIDENT	Election Cycle-to-Date	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		3600.00		

Full Name (Last, First, Middle Initial) <b>BRANDY PATTERSON</b>			Date of Receipt MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 4611 PINE CONE LANE			Transaction ID : SA11AI.33468	
City	State	Zip Code	Amount of Each Receipt this Period	
BELDEN	MS	38826	500.00	
FEC ID number of contributing federal political committee. <b>C</b>			General	
Name of Employer SELF		Occupation PHYSICIAN	Election Cycle-to-Date	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		600.00		

SUBTOTAL of Receipts This Page (optional) .....			5700.00	
TOTAL This Period (last page this line number only) .....				

14020814043



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 81 OF 340	
	(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) <b>A. JAMES A. PEDEN, JR.</b>			Date of Receipt MM / DD / YYYY 09 / 26 / 2014	
Mailing Address 5155 WAYNELAND DR			Transaction ID : SA11AI.34121	
City JACKSON	State MS	Zip Code 39211	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			General	
Name of Employer STENNETT WILKINSON & PEDEN		Occupation ATTORNEY	Election Cycle-to-Date 300.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				

Full Name (Last, First, Middle Initial) <b>B. H.R. PEROT Jr.</b>			Date of Receipt MM / DD / YYYY 09 / 23 / 2014	
Mailing Address P.O. BOX 269014			Transaction ID : SA11AI.33793	
City PLANO	State TX	Zip Code 75026	Amount of Each Receipt this Period 2600.00	
FEC ID number of contributing federal political committee. C			General	
Name of Employer PEROT SYSTEMS CORP., INC.		Occupation FOUNDER	Election Cycle-to-Date 2600.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				

Full Name (Last, First, Middle Initial) <b>C. SARA B. PIERSON</b>			Date of Receipt MM / DD / YYYY 07 / 14 / 2014	
Mailing Address 111 SUMMER HAVEN AVE			Transaction ID : SA11AI.32666	
City WILMINGTON	State NC	Zip Code 28405	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			General	
Name of Employer N/A		Occupation RETIRED	Election Cycle-to-Date 500.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				

SUBTOTAL of Receipts This Page (optional).....			3200.00	
TOTAL This Period (last page this line number only).....				

14020814044

**SCHEDULE 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 82 OF 340
	<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) <b>A. LOUIS POYNTER</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014
Mailing Address 1010 SOUTH 34TH AVE		Transaction ID : SA11AI.34213
City HATTIESBURG	State MS	Zip Code 39402
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 1000.00
Name of Employer POYNTER REAL ESTATE	Occupation REALTOR	General
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>B. EDMUND E. PRESTRIDGE</b>		Date of Receipt MM / DD / YYYY 09 / 05 / 2014
Mailing Address 114 HAZLEWOOD DR		Transaction ID : SA11AI.33773
City HAZLEHURST	State MS	Zip Code 39083
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 150.00
Name of Employer RETIRED	Occupation RETIRED	General
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00	

Full Name (Last, First, Middle Initial) <b>C. EDMUND E. PRESTRIDGE</b>		Date of Receipt MM / DD / YYYY 09 / 28 / 2014
Mailing Address 114 HAZLEWOOD DR		Transaction ID : SA11AI.34124
City HAZLEHURST	State MS	Zip Code 39083
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 150.00
Name of Employer RETIRED	Occupation RETIRED	General
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 900.00	

SUBTOTAL of Receipts This Page (optional).....	1300.00
TOTAL This Period (last page this line number only).....	

14020814045

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 83 OF 340			
	(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**

A. Full Name (Last, First, Middle Initial) <b>GEORGE R. REA Jr.</b>		Date of Receipt MM / DD / YYYY 09 / 11 / 2014
Mailing Address <b>P.O. BOX 2090</b>		Transaction ID : <b>SA11AI.33433</b>
City <b>MERIDIAN</b>	State <b>MS</b>	
Zip Code <b>39302</b>		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>		General
Name of Employer <b>REA, SHAW, GRIFFIN &amp; STUART</b>	Occupation <b>CPA</b>	Election Cycle-to-Date 1250.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

B. Full Name (Last, First, Middle Initial) <b>CLARKE REED</b>		Date of Receipt MM / DD / YYYY 09 / 29 / 2014
Mailing Address <b>139 BAYOU ROAD</b>		Transaction ID : <b>SA11AI.34114</b>
City <b>GREENVILLE</b>	State <b>MS</b>	
Zip Code <b>38701</b>		Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. <b>C</b>		General
Name of Employer <b>SELF</b>	Occupation <b>INVESTMENTS</b>	Election Cycle-to-Date 5100.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

C. Full Name (Last, First, Middle Initial) <b>JACK REED Jr.</b>		Date of Receipt MM / DD / YYYY 09 / 11 / 2014
Mailing Address <b>P.O. BOX 230</b>		Transaction ID : <b>SA11AI.33467</b>
City <b>TUPELO</b>	State <b>MS</b>	
Zip Code <b>38802</b>		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>		General
Name of Employer <b>R.W. REED CO INC</b>	Occupation <b>MERCHANT</b>	Election Cycle-to-Date 3100.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

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

14020814046

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 84 OF 340			
	(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**

A. Full Name (Last, First, Middle Initial) <b>SCOTT REED</b>			Date of Receipt MM / DD / YYYY 09 / 11 / 2014
Mailing Address 1854 LEGION LAKE ROAD			Transaction ID : SA11AI.33469
City TUPELO	State MS	Zip Code 38804	
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 250.00
Name of Employer HILLIARD-LYONS		Occupation BROKER	General
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 450.00	

B. Full Name (Last, First, Middle Initial) <b>MICHAEL L. RETZER</b>			Date of Receipt MM / DD / YYYY 08 / 13 / 2014
Mailing Address P.O. BOX 4457			Transaction ID : SA11AI.33270
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 RETZER RESOURCES		Occupation BUSINESS OWNER	Legal Fund
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other-Legal Fund		Election Cycle-to-Date 6200.00	

C. Full Name (Last, First, Middle Initial) <b>MICHAEL L. RETZER</b>			Date of Receipt MM / DD / YYYY 09 / 25 / 2014
Mailing Address P.O. BOX 4457			Transaction ID : SA11AI.34142
City GREENVILLE	State MS	Zip Code 38701	
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	Runoff Debt
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other-RunoffDebt		Election Cycle-to-Date 8800.00	

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

14020814047

**SCHEDULE 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 85 OF 340
	<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>A. BARRY D. RHOADS</b>			Date of Receipt MM / DD / YYYY 09 / 18 / 2014
Mailing Address 6793 FATHER JOHN CT			Transaction ID : SA11AI.33715
City MCLEAN	State VA	Zip Code 22101	Amount of Each Receipt this Period 750.00 General
FEC ID number of contributing federal political committee. C		Occupation PRESIDENT	Election Cycle-to-Date 5850.00
Name of Employer CASSIDY & ASSOCIATES		Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. BOB RIDGWAY</b>			Date of Receipt MM / DD / YYYY 09 / 16 / 2014
Mailing Address 4662 TRAWICK DRIVE			Transaction ID : SA11AI.33783
City JACKSON	State MS	Zip Code 39211	Amount of Each Receipt this Period 1000.00 VoteSane PAC
FEC ID number of contributing federal political committee. C		Occupation REALTOR	Election Cycle-to-Date 2000.00
Name of Employer C.R. RIDGWAY, IV		Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. MARY JANE RIDGWAY</b>			Date of Receipt MM / DD / YYYY 09 / 29 / 2014
Mailing Address 362 ST. ANDREWS DR			Transaction ID : SA11AI.34023
City JACKSON	State MS	Zip Code 39211	Amount of Each Receipt this Period 2600.00 General
FEC ID number of contributing federal political committee. C		Occupation HOMEMAKER	Election Cycle-to-Date 2600.00
Name of Employer N/A		Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3350.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020814048

**SCHEDULE 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 86 OF 340	
	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>NANCY RILEY</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 05 / 2014	
Mailing Address 2967 TEAL LANE			Transaction ID : SA11AI.32795	
City CLEARWATER	State FL	Zip Code 33762	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee.			VoteSane PAC	
Name of Employer SMITH & ASSOCIATES REAL ESTATE			Occupation REALTOR	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			Election Cycle-to-Date 1000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) <b>J.D. RINEHART</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 02 / 2014	
Mailing Address 1339 EBENEZER ROAD			Transaction ID : SA11AI.33236	
City ROCK HILL	State SC	Zip Code 29732	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee.			VoteSane PAC	
Name of Employer RINEHART REALTY CORP			Occupation REALTOR	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			Election Cycle-to-Date 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) <b>JAMES A. RISH</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 11 / 2014	
Mailing Address P.O. BOX 2483			Transaction ID : SA11AI.33425	
City TUPELO	State MS	Zip Code 38803	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee.			General	
Name of Employer NORTH MS MEDICAL CTR			Occupation PHYSICIAN	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			Election Cycle-to-Date 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	

14020814049

**SCHEDULE 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 340	
	<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) <b>PAMELA ROBBINS</b>		Date of Receipt MM / DD / YYYY 09 / 27 / 2014
Mailing Address 1109 POPLAR STREET		Transaction ID : SA11AI.33880
City GREENWOOD	State MS	Zip Code 38930
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer SELF	Occupation FARMER	General
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>DONNA ROBERTS</b>		Date of Receipt MM / DD / YYYY 08 / 13 / 2014
Mailing Address 503 N. LAMAR		Transaction ID : SA11AI.33272
City OXFORD	State MS	Zip Code 38655
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer None	Occupation Retired	Legal Fund
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other-Legal Fund	Election Cycle-to-Date 6200.00	

Full Name (Last, First, Middle Initial) <b>Dr. DOUGLAS W. ROUSE</b>		Date of Receipt MM / DD / YYYY 09 / 25 / 2014
Mailing Address 111 BEDFORD RD.		Transaction ID : SA11AI.33914
City HATTIESBURG	State MS	Zip Code 39402
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	General
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2850.00	

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

14020814050

**SCHEDULE 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 88 OF 340	
	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>KEVIN ROZELSKY</b>			Date of Receipt MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 6804 JEREMIAH CT			<b>Transaction ID : SA11AI.33745</b>	
City FAIRFAX STATION	State VA	Zip Code 22039	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee.			General	
Name of Employer THE BOEING COMPANY		Occupation DIRECTOR LEGISLATIVE AFFAIRS	Election Cycle-to-Date 500.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				

<b>B.</b> Full Name (Last, First, Middle Initial) <b>JOHN RURKOWSKI</b>			Date of Receipt MM / DD / YYYY 07 / 17 / 2014	
Mailing Address 4165 AUSTON WAY			<b>Transaction ID : SA11AI.32696</b>	
City PALM HARBOR	State FL	Zip Code 34685	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee.			VoteSane PAC	
Name of Employer CHARLES RUTENBERG REALTY INC		Occupation REALTOR	Election Cycle-to-Date 500.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>[MEMO ITEM]</b>		

<b>C.</b> Full Name (Last, First, Middle Initial) <b>L.F. SAMS Jr.</b>			Date of Receipt MM / DD / YYYY 09 / 11 / 2014	
Mailing Address P.O. BOX 466			<b>Transaction ID : SA11AI.33466</b>	
City TUPELO	State MS	Zip Code 38802	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee.			General	
Name of Employer MITCHELL MCNUTT & SAMS		Occupation ATTORNEY AT LAW	Election Cycle-to-Date 3000.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				

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

14020814051



**SCHEDULE 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 89 OF 340	
	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>JOE F. SANDERSON Jr.</b>		Date of Receipt MM / DD / YYYY 08 / 20 / 2014	
Mailing Address P.O. BOX 988		Transaction ID : SA11AI.33259	
City LAUREL	State MS	Zip Code 39441	Amount of Each Receipt this Period 1000.00 Legal Fund
FEC ID number of contributing federal political committee.		<input type="checkbox"/>	
Name of Employer SANDERSON FARMS	Occupation CHAIRMAN/CEO		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other-Legal Fund	Election Cycle-to-Date 7200.00		

<b>B.</b> Full Name (Last, First, Middle Initial) <b>JOE F. SANDERSON Jr.</b>		Date of Receipt MM / DD / YYYY 08 / 20 / 2014	
Mailing Address P.O. BOX 988		Transaction ID : SA11AI.33288	
City LAUREL	State MS	Zip Code 39441	Amount of Each Receipt this Period 1600.00 General
FEC ID number of contributing federal political committee.		<input type="checkbox"/>	
Name of Employer SANDERSON FARMS	Occupation CHAIRMAN/CEO		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 8800.00		

<b>C.</b> Full Name (Last, First, Middle Initial) <b>KATHERINE L. SANDERSON</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 1005 W. 15TH ST		Transaction ID : SA11AI.34222	
City LAUREL	State MS	Zip Code 39440	Amount of Each Receipt this Period 2600.00 General
FEC ID number of contributing federal political committee.		<input type="checkbox"/>	
Name of Employer N/A	Occupation HOME MAKER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 7800.00		

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

14020814052

**SCHEDULE 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 340	
	<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)  
**DIANA SANDS**

Mailing Address **1716 W. WOLFRAM ST**

City **CHICAGO** State **IL** Zip Code **60657**

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

Name of Employer **THE BOEING CO.** Occupation **EXECUTIVE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			05			2014			

Transaction ID : **SA11AI.33317**

Amount of Each Receipt this Period  

1500.00
---------

General

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

Mailing Address **1601 K ST NW**

City **WASHINGTON** State **DC** Zip Code **20006**

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

Name of Employer **K&L GATES** Occupation **GOVT AFFAIRS 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
08			08			2014			

Transaction ID : **SA11AI.32754**

Amount of Each Receipt this Period  

1000.00
---------

General

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

Mailing Address **P.O. BOX 1150**

City **GULFPORT** State **MS** Zip Code **39502**

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  

M	M	/	D	D	/	Y	Y	Y	Y
09			25			2014			

Transaction ID : **SA11AI.33865**

Amount of Each Receipt this Period  

1000.00
---------

General

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

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

**3500.00**

14020814053

**SCHEDULE 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 91 OF 340	
	<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>JOHN D. SCOFIELD</b>			Date of Receipt MM / DD / YYYY 09 / 18 / 2014	
Mailing Address <b>227 C STREET SE</b>			Transaction ID : <b>SA11A1.33757</b>	
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20003</b>	Amount of Each Receipt this Period <b>500.00</b>	
FEC ID number of contributing federal political committee. <b>C</b>			General	
Name of Employer <b>S-3 GROUP</b>		Occupation <b>PARTNER</b>	Election Cycle-to-Date <b>1500.00</b>	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				

B. Full Name (Last, First, Middle Initial) <b>JAMES R. SEAY Sr.</b>			Date of Receipt MM / DD / YYYY 09 / 15 / 2014	
Mailing Address <b>315 LOSHER ST SUITE 200</b>			Transaction ID : <b>SA11A1.34264</b>	
City <b>HERNANDO</b>	State <b>MS</b>	Zip Code <b>38632</b>	Amount of Each Receipt this Period <b>1300.00</b>	
FEC ID number of contributing federal political committee. <b>C</b>			In-kind - Rent/Utilities	
Name of Employer <b>SELF</b>		Occupation <b>REAL ESTATE</b>	Election Cycle-to-Date <b>1300.00</b>	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				

C. Full Name (Last, First, Middle Initial) <b>WILLIAM H SEEMANN IV</b>			Date of Receipt MM / DD / YYYY 09 / 26 / 2014	
Mailing Address <b>135 HILLCREST RD</b>			Transaction ID : <b>SA11A1.33970</b>	
City <b>PASS CHRISTIAN</b>	State <b>MS</b>	Zip Code <b>39571</b>	Amount of Each Receipt this Period <b>500.00</b>	
FEC ID number of contributing federal political committee. <b>C</b>			General	
Name of Employer <b>SEEMANN COMPOSITES</b>		Occupation <b>PRESIDENT</b>	Election Cycle-to-Date <b>6700.00</b>	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>2300.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

14020814054

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 92 OF 340
	(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) <b>JOAN SERAMUR</b>			Date of Receipt 09 / 25 / 2014		
Mailing Address <b>P.O. BOX 128</b>			Transaction ID : <b>SA11A1.34105</b>		
City <b>MINOCQUA</b>	State <b>WI</b>	Zip Code <b>54548</b>	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			General		
Name of Employer <b>WILLIAMS REALTY</b>		Occupation <b>REALTOR</b>	Election Cycle-to-Date 500.00		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)					

Full Name (Last, First, Middle Initial) <b>JOHN G. SHANK</b>			Date of Receipt 09 / 18 / 2014		
Mailing Address <b>1455 COLA DR</b>			Transaction ID : <b>SA11A1.33755</b>		
City <b>MCLEAN</b>	State <b>VA</b>	Zip Code <b>22101</b>	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			General		
Name of Employer <b>THE BOEING COMPANY</b>		Occupation <b>VP - FEDERAL LEGISLATIVE AFFAIRS</b>	Election Cycle-to-Date 1000.00		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)					

Full Name (Last, First, Middle Initial) <b>JOSEPH H. SHARP</b>			Date of Receipt 09 / 18 / 2014		
Mailing Address <b>394 DAVIS RD.</b>			Transaction ID : <b>SA11A1.33717</b>		
City <b>PETAL</b>	State <b>MS</b>	Zip Code <b>39465</b>	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			General		
Name of Employer <b>RETIRED</b>		Occupation <b>RETIRED</b>	Election Cycle-to-Date 1750.00		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)					

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

14020814055

**SCHEDULE 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 93 OF 340	
	<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) <b>MARVIN SHEMPER</b>			Date of Receipt MM / DD / YYYY 09 / 27 / 2014	
Mailing Address <b>P.O. BOX 1049</b>			Transaction ID : <b>SA11AI.34133</b>	
City <b>HATTIESBURG</b>	State <b>MS</b>	Zip Code <b>39403</b>	Amount of Each Receipt this Period <b>500.00</b>	
FEC ID number of contributing federal political committee. <b>C</b>			General	
Name of Employer <b>SAM SHEMPER &amp; CO</b>		Occupation <b>OFFICER</b>	Election Cycle-to-Date <b>500.00</b>	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				

B. Full Name (Last, First, Middle Initial) <b>MICHAEL SHEMPER</b>			Date of Receipt MM / DD / YYYY 09 / 29 / 2014	
Mailing Address <b>P.O. BOX 1727</b>			Transaction ID : <b>SA11AI.34027</b>	
City <b>HATTIESBURG</b>	State <b>MS</b>	Zip Code <b>39403</b>	Amount of Each Receipt this Period <b>250.00</b>	
FEC ID number of contributing federal political committee. <b>C</b>			General	
Name of Employer <b>SELF</b>		Occupation <b>ATTORNEY</b>	Election Cycle-to-Date <b>250.00</b>	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				

C. Full Name (Last, First, Middle Initial) <b>THOMAS HUNT SHIPMAN</b>			Date of Receipt MM / DD / YYYY 09 / 25 / 2014	
Mailing Address <b>2417 BARBOUR ROAD</b>			Transaction ID : <b>SA11AI.33913</b>	
City <b>FALLS CHURCH</b>	State <b>VA</b>	Zip Code <b>22043</b>	Amount of Each Receipt this Period <b>350.00</b>	
FEC ID number of contributing federal political committee. <b>C</b>			General	
Name of Employer <b>CORNERSTONE GOVT AFFAIRS</b>		Occupation <b>VP</b>	Election Cycle-to-Date <b>7800.00</b>	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1100.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

14020814056

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 94 OF 340			
	(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)  
**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) **Other-Legal Fund**

Election Cycle-to-Date **8450.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 25 / 2014**

Transaction ID : **SA11AI.34352**

Amount of Each Receipt this Period  
**650.00**  
 Legal Fund

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

Mailing Address **10900 PLEASANT HILL DR**

City **POTOMAC** State **MD** Zip Code **20854**

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

Name of Employer **SHOCKEY SCOFIELD SOLUTIONS, LL** Occupation **GOVT RELATIONS**

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  
**09 / 18 / 2014**

Transaction ID : **SA11AI.33744**

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

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

Mailing Address **212 KILGORE CIR**

City **SIMPSONVILLE** State **SC** Zip Code **29681**

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

Name of Employer **RE/MAX REALTY PROFESSIONALS** Occupation **REALTOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 15 / 2014**

Transaction ID : **SA11AI.32779**

Amount of Each Receipt this Period  
**500.00**  
 VoteSane PAC  
**[MEMO ITEM]**

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

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

**1650.00**

14020814057

**SCHEDULE 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 340
	<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) <b>FRANK SILVERIO</b>		Date of Receipt MM / DD / YYYY 09 / 05 / 2014
Mailing Address 1320 KURTZ ROAD		Transaction ID : SA11AI.33315
City MCLEAN	State VA	Zip Code 22101
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer THE BOEING COMPANY	Occupation DIRECTOR-OPERATIONS	General
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>BRENDA SMALL</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2014
Mailing Address 3003 VANNESS ST NWM #W129		Transaction ID : SA11AI.34228
City WASHINGTON	State DC	Zip Code 20008
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer KELLER WILLIAMS	Occupation REALTOR	VoteSane PAC
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>GREGORY SMITH</b>		Date of Receipt MM / DD / YYYY 09 / 05 / 2014
Mailing Address 1045 STARR ROAD		Transaction ID : SA11AI.33319
City WINNETKA	State IL	Zip Code 60093
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1500.00	
Name of Employer THE BOEING CO.	Occupation CFO	General
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

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

14020814058

**SCHEDULE 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 340
	<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) <b>KENT E. SMITH</b>			Date of Receipt MM / DD / YYYY 09 / 30 / 2014
Mailing Address <b>P.O. DRAWER 849</b>			Transaction ID : <b>SA11AI.34168</b>
City <b>HOLLY SPRINGS</b>	State <b>MS</b>	Zip Code <b>38635</b>	
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period <b>250.00</b>
Name of Employer <b>SMITH WHALEY PLLC</b>		Occupation <b>ATTORNEY</b>	General
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <b>250.00</b>	

B. Full Name (Last, First, Middle Initial) <b>MICHAEL SMITH</b>			Date of Receipt MM / DD / YYYY 09 / 29 / 2014
Mailing Address <b>6103 BEAVER DAM RD</b>			Transaction ID : <b>SA11AI.34068</b>
City <b>LUCEDALE</b>	State <b>MS</b>	Zip Code <b>39452</b>	
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period <b>250.00</b>
Name of Employer <b>SINGING RIVER ELECTRIC</b>		Occupation <b>ENGINEER</b>	General
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <b>250.00</b>	

C. Full Name (Last, First, Middle Initial) <b>ROBERT L. SMITH Jr.</b>			Date of Receipt MM / DD / YYYY 09 / 30 / 2014
Mailing Address <b>1007 E. COMMERCE ST</b>			Transaction ID : <b>SA11AI.34166</b>
City <b>HERNANDO</b>	State <b>MS</b>	Zip Code <b>38632</b>	
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period <b>1000.00</b>
Name of Employer <b>HERNANDO SMILES</b>		Occupation <b>DENTIST</b>	General
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <b>1000.00</b>	

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

14020814059



**SCHEDULE 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 97 OF 340
	<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)  
**STEPHEN SMITH**

Mailing Address **119 HAMPTON WAY**

City **MADISON** State **MS** Zip Code **39110**

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

Name of Employer **SELF** Occupation **CPA**

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **250.00**

Date of Receipt  
 MM / DD / YYYY  
**09 / 30 / 2014**

Transaction ID : **SA11AI.34147**

Amount of Each Receipt this Period  
**250.00**

General

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 **6000.00**

Date of Receipt  
 MM / DD / YYYY  
**09 / 26 / 2014**

Transaction ID : **SA11AI.33959**

Amount of Each Receipt this Period  
**1000.00**

General

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

Mailing Address **8288 JENNIFER LANE**

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

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

Name of Employer **MARINE LIFE OCEANARIUM** Occupation **PRESIDENT & CEO**

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **3600.00**

Date of Receipt  
 MM / DD / YYYY  
**09 / 26 / 2014**

Transaction ID : **SA11AI.34001**

Amount of Each Receipt this Period  
**500.00**

General

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

**1750.00**

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

14020814060

**SCHEDULE 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 340	
	<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) <b>LELAND R. SPEED</b>			Date of Receipt MM / DD / YYYY 09 / 02 / 2014	
Mailing Address <b>P.O. BOX 22728</b>			Transaction ID : <b>SA11AI.33257</b>	
City <b>JACKSON</b>	State <b>MS</b>	Zip Code <b>39225</b>	Amount of Each Receipt this Period <b>500.00</b>	
FEC ID number of contributing federal political committee. <b>C</b>			Legal Fund	
Name of Employer <b>EASTGROUP PROPERTIES</b>		Occupation <b>CHAIRMAN</b>	Election Cycle-to-Date <b>3500.00</b>	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Other-Legal Fund</b>				

Full Name (Last, First, Middle Initial) <b>JASON SPELLINGS</b>			Date of Receipt MM / DD / YYYY 07 / 14 / 2014	
Mailing Address <b>2458 WILD VALLEY DR</b>			Transaction ID : <b>SA11AI.32659</b>	
City <b>JACKSON</b>	State <b>MS</b>	Zip Code <b>39211</b>	Amount of Each Receipt this Period <b>500.00</b>	
FEC ID number of contributing federal political committee. <b>C</b>			General	
Name of Employer <b>HUGHES SPELLINGS DEVELOPMENT</b>		Occupation <b>PRINCIPAL</b>	Election Cycle-to-Date <b>500.00</b>	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				

Full Name (Last, First, Middle Initial) <b>WILLIAM C. SPENCER</b>			Date of Receipt MM / DD / YYYY 09 / 11 / 2014	
Mailing Address <b>1870 NORTH PARC CIRCLE</b>			Transaction ID : <b>SA11AI.33463</b>	
City <b>TUPELO</b>	State <b>MS</b>	Zip Code <b>38804</b>	Amount of Each Receipt this Period <b>250.00</b>	
FEC ID number of contributing federal political committee. <b>C</b>			General	
Name of Employer <b>MITCHELL MCNUTT &amp; SAMS</b>		Occupation <b>ATTORNEY AT LAW</b>	Election Cycle-to-Date <b>450.00</b>	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				

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

14020814061

**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 340  
(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)  
**LAWRENCE E. SPIVEY**

Mailing Address **424 ARGYLE DR.**

City **ALEXANDRIA** State **VA** Zip Code **22305**

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

Name of Employer **ALPINE GROUP** Occupation **VP**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**10400.00**

Date of Receipt  
**09 / 19 / 2014**

Transaction ID : **SA11AI.33721**

Amount of Each Receipt this Period  
**2600.00**

General

**B.** Full Name (Last, First, Middle Initial)  
**JERRY ST. PE'**

Mailing Address **806 POWELLS POINT DR**

City **GAUTIER** State **MS** Zip Code **39553**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify) **Other-RunoffDebt**

Election Cycle-to-Date  
**6700.00**

Date of Receipt  
**09 / 23 / 2014**

Transaction ID : **SA11AI.33797**

Amount of Each Receipt this Period  
**500.00**

Runoff Debt Retirement

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

Mailing Address **8504 WENDELL DRIVE**

City **ALEXANDRIA** State **VA** Zip Code **22308**

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

Name of Employer **STAPLETON & ASSOCIATES** Occupation **OWNER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
**09 / 29 / 2014**

Transaction ID : **SA11AI.34074**

Amount of Each Receipt this Period  
**1000.00**

General

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

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

14020814062

**SCHEDULE 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 340	
	<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) <b>CYNTHIA STEVENS</b>			Date of Receipt MM / DD / YYYY 09 / 29 / 2014
Mailing Address <b>424 NORTH ALFRED</b>			Transaction ID : <b>SA11AI.34202</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Amount of Each Receipt this Period 1000.00 General
FEC ID number of contributing federal political committee. <b>C</b>		Occupation <b>GOV'T RELATIONS</b>	
Name of Employer <b>DELOITTE LLP</b>	Election Cycle-to-Date 1000.00		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

B. Full Name (Last, First, Middle Initial) <b>DAVID STEWART</b>			Date of Receipt MM / DD / YYYY 07 / 14 / 2014
Mailing Address <b>4612 ALMA RD</b>			Transaction ID : <b>SA11AI.32673</b>
City <b>LAKELAND</b>	State <b>LA</b>	Zip Code <b>70752</b>	Amount of Each Receipt this Period 1000.00 General
FEC ID number of contributing federal political committee. <b>C</b>		Occupation <b>CO-OWNER</b>	
Name of Employer <b>ALMA SUGARCANE PLANTATION</b>	Election Cycle-to-Date 1000.00		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

C. Full Name (Last, First, Middle Initial) <b>WALLACE STRICKLAND</b>			Date of Receipt MM / DD / YYYY 09 / 11 / 2014
Mailing Address <b>8219 SYCAMORE CREEK DR</b>			Transaction ID : <b>SA11AI.33429</b>
City <b>MERIDIAN</b>	State <b>MS</b>	Zip Code <b>39305</b>	Amount of Each Receipt this Period 1000.00 General
FEC ID number of contributing federal political committee. <b>C</b>		Occupation <b>HEALTHCARE EXECUTIVE</b>	
Name of Employer <b>RUSH HEALTH SYSTEMS</b>	Election Cycle-to-Date 2000.00		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

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

14020814063

**SCHEDULE 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 101 OF 340
	<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)  
**JAMES STRINGER**

Mailing Address **225 I ST NE**  
**APT 405**

City **WASHINGTON** State **DC** Zip Code **20002**

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

Name of Employer **ALION** Occupation **ANALYST**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **398.00**

Date of Receipt  
**09 / 22 / 2014**

Transaction ID : **SA11AI.33724**

Amount of Each Receipt this Period  
**199.00**

General

**B.** 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 **1700.00**

Date of Receipt  
**09 / 08 / 2014**

Transaction ID : **SA11AI.33328**

Amount of Each Receipt this Period  
**500.00**

General

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

Mailing Address **312 WESMOND DR.**

City **ALEXANDRIA** State **VA** Zip Code **22305**

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

Name of Employer **CORNERSTONE GOV'T AFFAIRS** Occupation **GOVT RELATIONS CONSULTANT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3250.00**

Date of Receipt  
**09 / 25 / 2014**

Transaction ID : **SA11AI.33911**

Amount of Each Receipt this Period  
**500.00**

General

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

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

**1199.00**

14020814064

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 102 OF 340			
	<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 TELSON**

Mailing Address **4200 MASSACHUSETTS AVE NW  
APT 715**

City **WASHINGTON** State **DC** Zip Code **20016-4734**

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

Name of Employer **GENERAL ATOMICS** Occupation **VP**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

Date of Receipt  
**07 / 14 / 2014**

Transaction ID : **SA11AI.32665**

Amount of Each Receipt this Period  
**2100.00**

General

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

Mailing Address **P.O. BOX 98**

City **SHUQUALAK** State **MS** Zip Code **39361**

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

Name of Employer **SHUQUALAK LUMBER** Occupation **CEO**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4500.00**

Date of Receipt  
**09 / 30 / 2014**

Transaction ID : **SA11AI.34180**

Amount of Each Receipt this Period  
**1500.00**

General

**C.** Full Name (Last, First, Middle Initial)  
**JAMES T. THOMAS IV**

Mailing Address **2315 EGYPT ROAD**

City **CRUGER** State **MS** Zip Code **38924**

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

Name of Employer **W&J, INC.** Occupation **FARMER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1100.00**

Date of Receipt  
**09 / 22 / 2014**

Transaction ID : **SA11AI.33726**

Amount of Each Receipt this Period  
**100.00**

General

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

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

**3700.00**

14020814065

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 103 OF 340				
	(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)  
**JILL THOMAS**

Mailing Address **1516 S. BOSTON AVE  
STE 301**

City **TULSA** State **OK** Zip Code **74119**

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 **7800.00**

Date of Receipt **09 / 26 / 2014**

Transaction ID : **SA11AI.33872**

Amount of Each Receipt this Period  
**2600.00**

General

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

Mailing Address **P.O. BOX 98**

City **SHUQUALAK** State **MS** Zip Code **39361**

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 **1500.00**

Date of Receipt **09 / 30 / 2014**

Transaction ID : **SA11AI.34181**

Amount of Each Receipt this Period  
**1500.00**

General

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

Mailing Address **1516 S. BOSTON AVE  
STE 301**

City **TULSA** State **OK** Zip Code **74119**

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

Name of Employer **SENIOR STAR** Occupation **OWNER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **7800.00**

Date of Receipt **09 / 26 / 2014**

Transaction ID : **SA11AI.33873**

Amount of Each Receipt this Period  
**2600.00**

General

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

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

**6700.00**

14020814066

**SCHEDULE 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 104 OF 340
	<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>STEPHEN THOMAS</b>			Date of Receipt MM / DD / YYYY 09 / 08 / 2014
Mailing Address 18 SANDSTONE			Transaction ID : SA11AI.33326
City HATTIESBURG	State MS	Zip Code 39402	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			General
Name of Employer RICHARD & THOMAS, PLLC	Occupation ATTORNEY		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

B. Full Name (Last, First, Middle Initial) <b>FULTON THOMPSON</b>			Date of Receipt MM / DD / YYYY 09 / 11 / 2014
Mailing Address 4381 S. EASON BLVD.			Transaction ID : SA11AI.33422
City TUPELO	State MS	Zip Code 38801	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			General
Name of Employer NORTH MS PAIN MANAGEMENT	Occupation PHYSICIAN		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

C. Full Name (Last, First, Middle Initial) <b>J.F. THOMPSON Jr.</b>			Date of Receipt MM / DD / YYYY 09 / 11 / 2014
Mailing Address P.O. BOX 5613			Transaction ID : SA11AI.33408
City MERIDIAN	State MS	Zip Code 39302	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			General
Name of Employer INSURANCE SOLUTION	Occupation OWNER/PARTNER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2750.00		

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

14020814067



**SCHEDULE 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 340
	<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)  
**JANA THOMPSON**

Mailing Address **2310 TREMONT RD**

City **COLUMBUS** State **OH** Zip Code **43221**

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 **1500.00**

Date of Receipt  

MM	DD	YYYY
09	11	2014

Transaction ID : **SA11AI.33436**

Amount of Each Receipt this Period  

1500.00
---------

General

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

Mailing Address **106 THORNHILL RD**

City **FOXWORTH** State **MS** Zip Code **39483**

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

Name of Employer **THORNHILL FORESTRY SERVICES** Occupation **OWNER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  

MM	DD	YYYY
08	18	2014

Transaction ID : **SA11AI.32772**

Amount of Each Receipt this Period  

500.00
--------

General

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

Mailing Address **3119 PLANTATION CIR E.**

City **TUPELO** State **MS** Zip Code **38804**

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

Name of Employer **BANCORPSOUTH BANK** Occupation **OFFICER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  

MM	DD	YYYY
09	11	2014

Transaction ID : **SA11AI.33447**

Amount of Each Receipt this Period  

1000.00
---------

General

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

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

**3000.00**

14020814068

**SCHEDULE 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 340
	<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)  
**ERIC TOBER**

Mailing Address **5 ROSECREST AVE**

City **ALEXANDRIA** State **VA** Zip Code **22301**

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

Name of Employer **CORNERSTONE GOV'T AFFAIRS** Occupation **VP**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  

MM	DD	YYYY
09	30	2014

Transaction ID : **SA11AI.33945**

Amount of Each Receipt this Period  

Amount
500.00

General

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

Mailing Address **114 PINECREST DRIVE**

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

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 **3600.00**

Date of Receipt  

MM	DD	YYYY
09	16	2014

Transaction ID : **SA11AI.33708**

Amount of Each Receipt this Period  

Amount
2600.00

General

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

Mailing Address **223 S. SHADOWBAY BLVD**

City **LONGWOOD** State **FL** Zip Code **32779**

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

Name of Employer **WATSON REALTY CORP** Occupation **REALTOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  

MM	DD	YYYY
08	26	2014

Transaction ID : **SA11AI.33219**

Amount of Each Receipt this Period  

Amount
500.00

VoteSane PAC

**[MEMO ITEM]**

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

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

Amount
3100.00

14020814069

**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 340			
	(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	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial) <b>MICHAEL WACLAWSKI</b>			Date of Receipt MM / DD / YYYY 09 / 15 / 2014
Mailing Address 6212 WOODLAND LAKE DRIVE			Transaction ID : SA11AI.33706
City	State	Zip Code	
ALEXANDRIA	VA	22310	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			General
Name of Employer THE BOEING COMPANY		Occupation LEGISLATIVE AFFAIRS	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>ALLISON WAGGONER</b>			Date of Receipt MM / DD / YYYY 09 / 30 / 2014
Mailing Address 100 CHERRY LAUREL CIRCLE			Transaction ID : SA11AI.34280
City	State	Zip Code	
RIDGELAND	MS	39157	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C			General
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 5200.00	

Full Name (Last, First, Middle Initial) <b>JOE A. WAGGONER</b>			Date of Receipt MM / DD / YYYY 09 / 30 / 2014
Mailing Address 100 CHERRY LAUREL LN			Transaction ID : SA11AI.34278
City	State	Zip Code	
RIDGELAND	MS	39157	Amount of Each Receipt this Period 1100.00
FEC ID number of contributing federal political committee. C			General
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 7800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4700.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020814070

**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 340	
	(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) <b>THAD F. WAITES</b>		Date of Receipt MM / DD / YYYY 09 / 28 / 2014
Mailing Address 415 S. 28TH AVE #2		Transaction ID : SA11AI.34125
City HATTIESBURG	State MS	Zip Code 39401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer HATTIESBURG CLINIC	Occupation PHYSICIAN	General
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>STEVE WALLACE</b>		Date of Receipt MM / DD / YYYY 09 / 11 / 2014
Mailing Address 4707 BUTLER ROAD		Transaction ID : SA11AI.33449
City TUPELO	State MS	Zip Code 38801
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer TOMBIGBEE RIVER VALLEY WATER	Occupation EXECUTIVE DIRECTOR	General
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00	

Full Name (Last, First, Middle Initial) <b>WAYNE WASHINGTON</b>		Date of Receipt MM / DD / YYYY 09 / 29 / 2014
Mailing Address 2311 COUNTRY CLUB ROAD		Transaction ID : SA11AI.34039
City TUPELO	State MS	Zip Code 38804
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer WASHINGTON INSURANCE	Occupation PRESIDENT	General
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3600.00	

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

14020814071

**SCHEDULE 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 340	
	<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) <b>TIM WEISHEYER</b>		Date of Receipt MM / DD / YYYY 09 / 23 / 2014
Mailing Address 3440 WOODBERRY CT		Transaction ID : SA11AI.33939
City	State	Zip Code
KISSIMMEE	FL	34746
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer DREAM BUILDERS REALTY	Occupation REALTOR	VoteSane PAC
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>ERSKINE WELLS</b>		Date of Receipt MM / DD / YYYY 09 / 24 / 2014
Mailing Address 8229 STACEY ROAD		Transaction ID : SA11AI.33861
City	State	Zip Code
ALEXANDRIA	VA	22308
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2600.00
Name of Employer BGR GROUP	Occupation CONSULTANT	General
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 6200.00	

Full Name (Last, First, Middle Initial) <b>LOREN WELLS</b>		Date of Receipt MM / DD / YYYY 09 / 24 / 2014
Mailing Address 8229 STACEY ROAD		Transaction ID : SA11AI.33862
City	State	Zip Code
ALEXANDRIA	VA	22308
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2600.00
Name of Employer AMGEN	Occupation GOV'T AFFAIRS	General
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

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

14020814072

**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 340  
(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)  
**NEIL W. WHITE Jr.**

Mailing Address **4640 SOUTH LAKE DRIVE**

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

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

Name of Employer **SSA** Occupation **ADMINISTRATIVE LAW JUDGE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1750.00**

Date of Receipt  
**09 / 11 / 2014**

Transaction ID : **SA11AI.33454**

Amount of Each Receipt this Period  
**250.00**

General

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

Mailing Address **816 HARBOR LANE**

City **PASCAGOULA** State **MS** Zip Code **39567**

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

Name of Employer **WILLIAMS HEIDELBERG** Occupation **ATTORNEY**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
**09 / 18 / 2014**

Transaction ID : **SA11AI.33720**

Amount of Each Receipt this Period  
**500.00**

General

**C.** 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  
**7700.00**

Date of Receipt  
**09 / 29 / 2014**

Transaction ID : **SA11AI.34036**

Amount of Each Receipt this Period  
**2600.00**

General

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

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

**3350.00**

14020814073

**SCHEDULE 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 111 OF 340
	<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)  
**GRAYSON WINTERLING**

Mailing Address **2720 S. ARLINGTON MILL DR**

City **ARLINGTON** State **VA** Zip Code **22206**

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

Name of Employer **THE SPECTRUM GROUP** Occupation **CONSULTANT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **09 / 11 / 2014**

Transaction ID : **SA11AI.33512**

Amount of Each Receipt this Period **250.00**

General

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

Mailing Address **18 SAUVOLLE CT.**

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

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

Name of Employer **Northrop Grumman** Occupation **Business Development Manager**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **09 / 26 / 2014**

Transaction ID : **SA11AI.33992**

Amount of Each Receipt this Period **1000.00**

General

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

Mailing Address **P.O. BOX 366**

City **BYHALIA** State **MS** Zip Code **38611**

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

Name of Employer **WOODS CATTLE CO.** Occupation **OWNER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **09 / 30 / 2014**

Transaction ID : **SA11AI.34164**

Amount of Each Receipt this Period **500.00**

General

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

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

**1750.00**

14020814074

**SCHEDULE 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 112 OF 340
	<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>HOLLI WOODWARD</b>			Date of Receipt 09 / 30 / 2014		
Mailing Address <b>7476 N 197TH E AVE</b>			Transaction ID : <b>SA11AI.34248</b>		
City <b>OWASSO</b>	State <b>OK</b>	Zip Code <b>74055</b>	Amount of Each Receipt this Period <b>500.00</b>		
FEC ID number of contributing federal political committee. <b>C</b>			VoteSane PAC		
Name of Employer <b>KELLER WILLIAMS</b>		Occupation <b>REALTOR</b>	[MEMO ITEM]		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <b>500.00</b>			

Full Name (Last, First, Middle Initial) <b>THOMAS WRIGHT</b>			Date of Receipt 09 / 02 / 2014		
Mailing Address <b>1076 BONNEVILLE DR</b>			Transaction ID : <b>SA11AI.33234</b>		
City <b>SALT LAKE CITY</b>	State <b>UT</b>	Zip Code <b>84108</b>	Amount of Each Receipt this Period <b>500.00</b>		
FEC ID number of contributing federal political committee. <b>C</b>			VoteSane PAC		
Name of Employer <b>SUMMIT SOTHEBY'S REALTY</b>		Occupation <b>REALTOR</b>	[MEMO ITEM]		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <b>500.00</b>			

Full Name (Last, First, Middle Initial) <b>FRED RICKEY YOUNG</b>			Date of Receipt 09 / 23 / 2014		
Mailing Address <b>1365 E OLD HWY 82</b>			Transaction ID : <b>SA11AI.33795</b>		
City <b>EUPORA</b>	State <b>MS</b>	Zip Code <b>39744</b>	Amount of Each Receipt this Period <b>500.00</b>		
FEC ID number of contributing federal political committee. <b>C</b>			General		
Name of Employer <b>EAST MS COMMUNITY COLLEGE</b>		Occupation <b>PRESIDENT</b>			
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <b>500.00</b>			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

14020814075



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 113 OF 340				
	(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)  
**WILLIAM H. ZELIFF Jr.**

Mailing Address 499 S. CAPITOL ST.  
#600 SW

City WASHINGTON State DC Zip Code 20003

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

Name of Employer THE LIVINGSTON GROUP Occupation PRINCIPAL

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
MM / DD / YYYY  
09 / 18 / 2014

Transaction ID : SA11AI.33742

Amount of Each Receipt this Period  
250.00

General

**B.** Full Name (Last, First, Middle Initial)  
**WILLIAM H. ZELIFF Jr.**

Mailing Address 499 S. CAPITOL ST.  
#600 SW

City WASHINGTON State DC Zip Code 20003

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

Name of Employer THE LIVINGSTON GROUP Occupation PRINCIPAL

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
MM / DD / YYYY  
09 / 18 / 2014

Transaction ID : SA11AI.33743

Amount of Each Receipt this Period  
500.00

General

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

Mailing Address 2953 NEWPORT DR

City ROCKWALL State TX Zip Code 75032

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

Name of Employer ASC PROPERTIES Occupation REALTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
MM / DD / YYYY  
07 / 09 / 2014

Transaction ID : SA11AI.32681

Amount of Each Receipt this Period  
500.00

VoteSane PAC

[MEMO ITEM]

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

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

750.00

312028.77

14020814076

**SCHEDULE 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 340
<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)  
**21ST CENTURY MAJORITY FUND**

Mailing Address **6065 ROSWELL ROAD, #2274**

City **ATLANTA** State **GA** Zip Code **30328**

FEC ID number of contributing federal political committee. **C00361956**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **15000.00**

Date of Receipt  
**09 / 26 / 2014**

Transaction ID : **SA11C.34054**

Amount of Each Receipt this Period  
**5000.00**

General

**B.** Full Name (Last, First, Middle Initial)  
**ACADIAN AMBULANCE SERVICE INC EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE**

Mailing Address **P.O. BOX 98000**

City **LAFAYETTE** State **LA** Zip Code **70509**

FEC ID number of contributing federal political committee. **C00335570**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **2500.00**

Date of Receipt  
**09 / 15 / 2014**

Transaction ID : **SA11C.33784**

Amount of Each Receipt this Period  
**2500.00**

General

**C.** Full Name (Last, First, Middle Initial)  
**AFLAC INCORPORATED POLITICAL ACTION COMMITTEE AFLACPAC**

Mailing Address **1932 WYNNTON ROAD**

City **COLUMBUS** State **GA** Zip Code **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 **11000.00**

Date of Receipt  
**07 / 28 / 2014**

Transaction ID : **SA11C.32750**

Amount of Each Receipt this Period  
**1000.00**

General

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

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

**8500.00**

14020814077

**SCHEDULE 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 340
	<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)  
**AG PROCESSING INC POLITICAL ACTION COMMITTEE, AGPAC**

Mailing Address **PO BOX 2047**  
**12700 WEST DODGE ROAD**

City **OMAHA** State **NE** Zip Code **68154**

FEC ID number of contributing federal political committee. **C C00207308**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
**07 / 15 / 2014**

Transaction ID : **SA11C.33300**

Amount of Each Receipt this Period  
**2000.00**

General

**B.** 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. **C C00421230**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**10000.00**

Date of Receipt  
**09 / 30 / 2014**

Transaction ID : **SA11C.34198**

Amount of Each Receipt this Period  
**1500.00**

General

**C.** Full Name (Last, First, Middle Initial)  
**AMERICA'S CONSERVATION PAC**

Mailing Address **700 13TH STREET NW SUITE 600**

City **WASHINGTON** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00553230**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**10000.00**

Date of Receipt  
**09 / 03 / 2014**

Transaction ID : **SA11C.33299**

Amount of Each Receipt this Period  
**2200.00**

General

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

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

**5700.00**

14020814078

**SCHEDULE 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 116 OF 340
<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)  
**AMERICA'S NATURAL GAS ALLIANCE POLITICAL ACTION COMMITTEE**

Mailing Address **701 EIGHTH STREET NW  
SUITE 800**

City **WASHINGTON** State **DC** Zip Code **20001**

FEC ID number of contributing federal political committee. **C00485250**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **2500.00**

Date of Receipt **09 / 22 / 2014**

Transaction ID : **SA11C.34009**

Amount of Each Receipt this Period **2500.00**

General

**B.** 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 **8500.00**

Date of Receipt **08 / 28 / 2014**

Transaction ID : **SA11C.33302**

Amount of Each Receipt this Period **2500.00**

General

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN ASSOCIATION OF AIRPORT EXECUTIVES**

Mailing Address **601 MADISON ST.  
SUITE 400**

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

FEC ID number of contributing federal political committee. **C00176727**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **2000.00**

Date of Receipt **09 / 30 / 2014**

Transaction ID : **SA11C.34155**

Amount of Each Receipt this Period **1000.00**

General

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

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

**6000.00**

14020814079

**SCHEDULE 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 340			
	<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)  
AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)

Mailing Address ONE MASSACHUSETTS AVE NW SUITE 800

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00172833

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Other-Legal Fund

Election Cycle-to-Date 17000.00

Date of Receipt  
 MM / DD / YYYY  
 08 / 08 / 2014

Transaction ID : SA11C.33275

Amount of Each Receipt this Period  
 2000.00

Legal Fund

**B.** Full Name (Last, First, Middle Initial)  
AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)

Mailing Address ONE MASSACHUSETTS AVE NW SUITE 800

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00172833

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Other-Legal Fund

Election Cycle-to-Date 20000.00

Date of Receipt  
 MM / DD / YYYY  
 09 / 10 / 2014

Transaction ID : SA11C.33289

Amount of Each Receipt this Period  
 3000.00

Legal Fund

**C.** Full Name (Last, First, Middle Initial)  
AMERICAN CRYSTAL SUGAR COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 101 NORTH THIRD STREET

City MOORHEAD State MN Zip Code 56560

FEC ID number of contributing federal political committee. **C** C00110338

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Other-Legal Fund

Election Cycle-to-Date 20000.00

Date of Receipt  
 MM / DD / YYYY  
 09 / 16 / 2014

Transaction ID : SA11C.33693

Amount of Each Receipt this Period  
 5000.00

Legal Fund

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

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

10000.00

14020814080

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

FOR LINE NUMBER: (check only one)	PAGE 118 OF 340			
<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

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

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS EFFECTIVE LEGISLATION COMMITTEE (AICPA)

Mailing Address **HARBORSIDE FINANCIAL CENTER**  
**201 PLAZA 3**

City **JERSEY CITY** State **NJ** Zip Code **07311**

FEC ID number of contributing federal political committee. **C00077321**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
**15000.00**

Date of Receipt  
MM / DD / YYYY  
**08 / 05 / 2014**

Transaction ID : **SA11C.32765**

Amount of Each Receipt this Period  
**3500.00**

General

**B.** Full Name (Last, First, Middle Initial)  
AMERICAN MOTORCYCLIST POLITICAL ACTION COMMITTEE

Mailing Address **13515 YARMOUTH DRIVE**

City **PICKERINGTON** State **OH** Zip Code **43147**

FEC ID number of contributing federal political committee. **C00120238**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
MM / DD / YYYY  
**09 / 09 / 2014**

Transaction ID : **SA11C.33543**

Amount of Each Receipt this Period  
**1000.00**

General

**C.** Full Name (Last, First, Middle Initial)  
AMERICAN OSTEOPATHIC INFORMATION ASSOCIATION - OSTEOPATHIC POLITICAL ACTION COMMITTEE

Mailing Address **1090 Vermont Ave. NW**  
**Suite 510**

City **Washington** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C00113803**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
**4000.00**

Date of Receipt  
MM / DD / YYYY  
**09 / 30 / 2014**

Transaction ID : **SA11C.33948**

Amount of Each Receipt this Period  
**2000.00**

General

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

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

**6500.00**

14020814081

**SCHEDULE 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 340
<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 PSYCHOLOGICAL ASSOCIATION PRACTICE ORGANIZATION PAC AKA APAPO-PAC

A. Mailing Address PO BOX 65353

City State Zip Code  
WASHINGTON DC 20035

FEC ID number of contributing federal political committee. **C** C00522094

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
MM / DD / YYYY  
09 / 16 / 2014

Transaction ID : SA11C.33894

Amount of Each Receipt this Period  
1000.00  
General

Full Name (Last, First, Middle Initial)  
AMERICAN SUGARBEET GROWERS ASSOCIATION POLITICAL ACTION COMMITTEE

B. Mailing Address 1156 15TH ST NW SUITE 1101

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00167684

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
MM / DD / YYYY  
08 / 26 / 2014

Transaction ID : SA11C.33227

Amount of Each Receipt this Period  
1000.00  
General

Full Name (Last, First, Middle Initial)  
AMERICAN WATERWAYS OPERATORS-PAC

C. Mailing Address 801 North Quincy Street Suite 200

City State Zip Code  
ARLINGTON VA 22203

FEC ID number of contributing federal political committee. **C** C00034678

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
MM / DD / YYYY  
09 / 17 / 2014

Transaction ID : SA11C.33884

Amount of Each Receipt this Period  
2500.00  
General

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

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

4500.00

14020814082

**SCHEDULE 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 340
<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)  
**AMGEN INC POLITICAL ACTION COMMITTEE**

Mailing Address **1300 EYE STREET NW SUITE 470 EAST**

City **WASHINGTON** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C00251876**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **15000.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	1	4

Transaction ID : **SA11C.33549**

Amount of Each Receipt this Period  

2	5	0	0	.	0	0
---	---	---	---	---	---	---

General

**B.** Full Name (Last, First, Middle Initial)  
**ANHEUSER-BUSCH COMPANIES INC POLITICAL ACTION COMMITTEE (AB-PAC)**

Mailing Address **ONE BUSCH PLACE**

City **ST. LOUIS** State **MO** Zip Code **63118**

FEC ID number of contributing federal political committee. **C00034488**

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
0	9		2	4		2	0	1	4

Transaction ID : **SA11C.34184**

Amount of Each Receipt this Period  

5	0	0	0	.	0	0
---	---	---	---	---	---	---

General

**C.** Full Name (Last, First, Middle Initial)  
**ASH GROVE CEMENT POLITICAL ACTION COMMITTEE**

Mailing Address **P.O. BOX 25900**

City **OVERLAND PARK** State **KS** Zip Code **66225**

FEC ID number of contributing federal political committee. **C00102517**

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
0	9		1	2		2	0	1	4

Transaction ID : **SA11C.33501**

Amount of Each Receipt this Period  

1	0	0	0	.	0	0
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General

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

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

**8500.00**

14020814083



**SCHEDULE 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 340
<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)  
ASPLUNDH TREE EXPERT CO POLITICAL ACTION COMMITTEE (ATE PAC)

Mailing Address **BLAIR MILL ROAD**

City **WILLOW GROVE** State **PA** Zip Code **19090**

FEC ID number of contributing federal political committee. **C00177741**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt **09 / 23 / 2014**

Transaction ID : **SA11C.33927**

Amount of Each Receipt this Period **5000.00**

General

**B.** Full Name (Last, First, Middle Initial)  
AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)

Mailing Address **208 S. AKARD STREET  
SUITE 2701**

City **DALLAS** State **TX** Zip Code **75202**

FEC ID number of contributing federal political committee. **C00109017**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **11500.00**

Date of Receipt **09 / 30 / 2014**

Transaction ID : **SA11C.33949**

Amount of Each Receipt this Period **5000.00**

General

**C.** 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)

Mailing Address **1215 JEFFERSON DAVIS HWY STE 1500**

City **ARLINGTON** State **VA** Zip Code **22202**

FEC ID number of contributing federal political committee. **C00281212**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **15000.00**

Date of Receipt **09 / 11 / 2014**

Transaction ID : **SA11C.33727**

Amount of Each Receipt this Period **1000.00**

General

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

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

**11000.00**

14020814084

**SCHEDULE 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 340	
	<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)  
**BAXTER HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE - BAXPAC**

Mailing Address **800 CONNECTICUT AVE NW SUITE 1100**

City **WASHINGTON** State **DC** Zip Code **20006**

FEC ID number of contributing federal political committee. **C C00117838**

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  
**09 / 18 / 2014**

Transaction ID : **SA11C.34199**

Amount of Each Receipt this Period  
**2500.00**

General

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

Mailing Address **50 BEALE STREET  
50 BEALE STREET**

City **SAN FRANCISCO** State **CA** Zip Code **94105**

FEC ID number of contributing federal political committee. **C C00103697**

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  
**09 / 03 / 2014**

Transaction ID : **SA11C.33682**

Amount of Each Receipt this Period  
**2000.00**

General

**C.** Full Name (Last, First, Middle Initial)  
**BLACKROCK CAPITAL MANAGEMENT INC. POLITICAL ACTION COMMITTEE**

Mailing Address **40 EAST 52ND STREET**

City **NEW YORK** State **NY** Zip Code **10022**

FEC ID number of contributing federal political committee. **C C00479246**

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  
**09 / 24 / 2014**

Transaction ID : **SA11C.34207**

Amount of Each Receipt this Period  
**5000.00**

General

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

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

**9500.00**

14020814085

**SCHEDULE 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 123 OF 340			
	<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) <b>BOYD GAMING POLITICAL ACTION COMMITTEE</b>		Date of Receipt MM / DD / YYYY 07 / 29 / 2014
Mailing Address <b>6465 S RAINBOW BLVD</b>		Transaction ID : <b>SA11C.33311</b>
City <b>LAS VEGAS</b>	State <b>NV</b>	Zip Code <b>89118</b>
FEC ID number of contributing federal political committee. <b>C00142315</b>		Amount of Each Receipt this Period <b>5000.00</b>
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 <b>5000.00</b>

Full Name (Last, First, Middle Initial) <b>BP CORPORATION NORTH AMERICA INC. POLITICAL ACTION COMMITTEE</b>		Date of Receipt MM / DD / YYYY 09 / 18 / 2014
Mailing Address <b>28301 FERRY ROAD</b> Mail Code 5N		Transaction ID : <b>SA11C.33926</b>
City <b>Warrenville</b>	State <b>IL</b>	Zip Code <b>60555</b>
FEC ID number of contributing federal political committee. <b>C00060103</b>		Amount of Each Receipt this Period <b>1000.00</b>
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 <b>8000.00</b>

Full Name (Last, First, Middle Initial) <b>BRYAN CAVE LLP POLITICAL ACTION COMMITTEE</b>		Date of Receipt MM / DD / YYYY 08 / 26 / 2014
Mailing Address <b>700 13th Street N.W.</b> Suite 700		Transaction ID : <b>SA11C.33224</b>
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20005</b>
FEC ID number of contributing federal political committee. <b>C00332643</b>		Amount of Each Receipt this Period <b>2000.00</b>
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 <b>6000.00</b>

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>8000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>8000.00</b>

14020814086

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

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

FOR LINE NUMBER: PAGE 124 OF 340  
(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)  
**CALIFORNIA RICE INDUSTRY ASSOCIATION FUND (CALIFORNIA RICE FUND)**

Mailing Address **701 UNIVERSITY AVENUE**

City **SACRAMENTO** State **CA** Zip Code **95825**

FEC ID number of contributing federal political committee. **C C00362624**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 29 / 2014**

Transaction ID : **SA11C.33226**

Amount of Each Receipt this Period  
**2000.00**

General

**B.** Full Name (Last, First, Middle Initial)  
**CARGILL INCORPORATED, POLITICAL ACTION COMMITTEE**

Mailing Address **PO BOX 9300**

City **MINNEAPOLIS** State **MN** Zip Code **55440**

FEC ID number of contributing federal political committee. **C C00067884**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 25 / 2014**

Transaction ID : **SA11C.34187**

Amount of Each Receipt this Period  
**1000.00**

General

**C.** Full Name (Last, First, Middle Initial)  
**CARGILL INCORPORATED, POLITICAL ACTION COMMITTEE**

Mailing Address **PO BOX 9300**

City **MINNEAPOLIS** State **MN** Zip Code **55440**

FEC ID number of contributing federal political committee. **C C00067884**

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 Y Y  
**09 / 25 / 2014**

Transaction ID : **SA11C.34188**

Amount of Each Receipt this Period  
**1000.00**

General

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

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

**4000.00**

14020814087

**SCHEDULE 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 340
<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)  
CENTER FOR COASTAL CONSERVATION POLITICAL ACTION COMMITTEE AKA CENTER PAC

A. Mailing Address 1155 21ST STREET NW STE 300

City State Zip Code  
WASHINGTON DC 20036

FEC ID number of contributing federal political committee.  C00435024

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 04 / 2014

Transaction ID : SA11C.33307

Amount of Each Receipt this Period  
1000.00  
General

B. Full Name (Last, First, Middle Initial)  
CHESAPEAKE ENERGY CORPORATION FED-PAC

Mailing Address PO Box 18496

City State Zip Code  
Oklahoma City OK 73154

FEC ID number of contributing federal political committee.  C00389288

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
MM / DD / YYYY  
09 / 05 / 2014

Transaction ID : SA11C.33491

Amount of Each Receipt this Period  
2500.00  
General

C. Full Name (Last, First, Middle Initial)  
CHS INC. POLITICAL ACTION COMMITTEE

Mailing Address 5500 GENEX DRIVE

City State Zip Code  
INVER GROVE HTS MN 55077

FEC ID number of contributing federal political committee.  C00149104

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
MM / DD / YYYY  
08 / 28 / 2014

Transaction ID : SA11C.33306

Amount of Each Receipt this Period  
4000.00  
General

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

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

7500.00

14020814088

**SCHEDULE 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 340
	<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)  
**CITIZENS FOR PROSPERITY IN AMERICA TODAY PAC**

Mailing Address 228 S WASHINGTON ST STE 115

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00491654

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Other-Runoff Deb

Election Cycle-to-Date  
5000.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2014

Transaction ID : SA11C.34050

Amount of Each Receipt this Period  
5000.00

Run-Off Debt

**B.** Full Name (Last, First, Middle Initial)  
**CITIZENS FOR PROSPERITY IN AMERICA TODAY PAC**

Mailing Address 228 S WASHINGTON ST STE 115

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00491654

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2014

Transaction ID : SA11C.34052

Amount of Each Receipt this Period  
5000.00

General

**C.** Full Name (Last, First, Middle Initial)  
COMMITTEE FOR/ADV OF SE COTTON (CASC) SOUTHERN COTTONGROWERS INC/SE COTTON GINNERS ASSN

Mailing Address 139 PROMINENCE COURT  
STE. 110

City State Zip Code  
DAWSONVILLE GA 30534

FEC ID number of contributing federal political committee. **C** C00300426

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
MM / DD / YYYY  
08 / 06 / 2014

Transaction ID : SA11C.32776

Amount of Each Receipt this Period  
2500.00

General

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

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

12500.00

14020814089

**SCHEDULE 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 127 OF 340			
	<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)  
**COMMITTEE FOR THE ADVANCEMENT OF LOUISIANA AGRICULTURE**

Mailing Address **3000 KILPATRICK BOULEVARD  
SUITE 100**

City **MONROE** State **LA** Zip Code **71201**

FEC ID number of contributing federal political committee. **C00332973**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **1000.00**

Date of Receipt **08 / 07 / 2014**

Transaction ID : **SA11C.32770**

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

**B.** Full Name (Last, First, Middle Initial)  
**COMMITTEE ORGANIZED FOR THE TRADING OF COTTON - PAC OF THE AMERICAN COTTON SHIPPERS ASS'N**

Mailing Address **1725 K STREET NW SUITE 1404**

City **WASHINGTON** State **DC** Zip Code **20006**

FEC ID number of contributing federal political committee. **C00014019**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **15000.00**

Date of Receipt **09 / 10 / 2014**

Transaction ID : **SA11C.33886**

Amount of Each Receipt this Period  
**1500.00**  
General

**C.** Full Name (Last, First, Middle Initial)  
**COMMITTEE ORGANIZED FOR THE TRADING OF COTTON - PAC OF THE AMERICAN COTTON SHIPPERS ASS'N**

Mailing Address **1725 K STREET NW SUITE 1404**

City **WASHINGTON** State **DC** Zip Code **20006**

FEC ID number of contributing federal political committee. **C00014019**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) **Other-Legal Fund**

Election Cycle-to-Date **16000.00**

Date of Receipt **09 / 10 / 2014**

Transaction ID : **SA11C.34328**

Amount of Each Receipt this Period  
**1000.00**  
Legal Fund

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

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

14020814090

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

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

FOR LINE NUMBER: PAGE 128 OF 340  
(check only one)  
 11a 12   
 11b 13a   
 11c 13b   
 11d 14   
 15

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial)  
COMMUNITY BANCSHARES OF MISSISSIPPI POLITICAL ACTION COMMITTEE (FKA FOREST BANCORP PAC)

A. Mailing Address PO DRAWER 1869

City State Zip Code  
BRANDON MS 39043

FEC ID number of contributing federal political committee. **C** C00228924

Name of Employer Occupation

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  
 09 / 24 / 2014

Transaction ID : SA11C.34129

Amount of Each Receipt this Period  
 1000.00  
 General

B. Full Name (Last, First, Middle Initial)  
**CONAGRA, INC. GOOD GOVERNMENT ASSOCIATION**

Mailing Address ONE CONAGRA DRIVE

City State Zip Code  
OMAHA NE 68102

FEC ID number of contributing federal political committee. **C** C00087874

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y  
 09 / 12 / 2014

Transaction ID : SA11C.33890

Amount of Each Receipt this Period  
 2000.00  
 General

C. Full Name (Last, First, Middle Initial)  
**COUNCIL OF INSURANCE AGENTS & BROKERS POLITICAL ACTION COMMITTEE; THE**

Mailing Address 701 Pennsylvania Avenue NW  
Suite 750

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00039578

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Other-Legal Fund  
 Election Cycle-to-Date 20000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y  
 09 / 26 / 2014

Transaction ID : SA11C.34061

Amount of Each Receipt this Period  
 5000.00  
 Legal Fund

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

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

8000.00

14020814091



**SCHEDULE 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 129 OF 340	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" 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)  
**COX ENTERPRISES PAC (COXPAC) INC.**

Mailing Address **975 F STREET, NW SUITE 300**

City **WASHINGTON** State **DC** Zip Code **20004**

FEC ID number of contributing federal political committee. **C00477653**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **10000.00**

Date of Receipt **09 / 30 / 2014**

Transaction ID : **SA11C.34209**

Amount of Each Receipt this Period  
**5000.00**  
General

**B.** Full Name (Last, First, Middle Initial)  
**DAIICHI SANKYO INC EMPLOYEE POLITICAL ACTION COMMITTEE**

Mailing Address **TWO HILTON COURT**

City **PARSIPPANY** State **NJ** Zip Code **07054**

FEC ID number of contributing federal political committee. **C00441204**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4500.00**

Date of Receipt **08 / 26 / 2014**

Transaction ID : **SA11C.33228**

Amount of Each Receipt this Period  
**2500.00**  
General

**C.** Full Name (Last, First, Middle Initial)  
**DAIRY FARMERS OF AMERICA INC DEPAC (DAIRY EDUCATION POLITICAL ACTION COMMITTEE)**

Mailing Address **P O BOX 909700**

City **KANSAS CITY** State **MO** Zip Code **64190**

FEC ID number of contributing federal political committee. **C00001388**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **12500.00**

Date of Receipt **09 / 05 / 2014**

Transaction ID : **SA11C.33310**

Amount of Each Receipt this Period  
**5000.00**  
General

**SUBTOTAL** of Receipts This Page (optional)..... **12500.00**

**TOTAL** This Period (last page this line number only)..... **12500.00**

14020814092

**SCHEDULE 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 340
	<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) DEALERS ELECTION ACTION COMMITTEE OF THE NATIONAL AUTOMOBILE DEALERS ASSOCIATION (NADA)		Date of Receipt MM / DD / YYYY 09 / 29 / 2014
A. Mailing Address 8400 WESTPARK DRIVE		Transaction ID : SA11C.34160
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	General
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) B. DRS TECHNOLOGIES INC. GOOD GOVERNMENT FUND		Date of Receipt MM / DD / YYYY 09 / 18 / 2014
Mailing Address 5 Sylvan Way SUITE 500		Transaction ID : SA11C.33898
City Parsippany	State NJ	Zip Code 07054
FEC ID number of contributing federal political committee. C C00275123	Amount of Each Receipt this Period 2500.00	
Name of Employer	Occupation	General
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) C. DRS TECHNOLOGIES INC. GOOD GOVERNMENT FUND		Date of Receipt MM / DD / YYYY 09 / 25 / 2014
Mailing Address 5 Sylvan Way SUITE 500		Transaction ID : SA11C.34062
City Parsippany	State NJ	Zip Code 07054
FEC ID number of contributing federal political committee. C C00275123	Amount of Each Receipt this Period 5000.00	
Name of Employer	Occupation	Legal Fund
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other-Legal Fund	Election Cycle-to-Date 12500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	12500.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020814093

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

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

FOR LINE NUMBER: PAGE 131 OF 340  
(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)  
**DUKE ENERGY CORPORATION POLITICAL ACTION COMMITTEE-FEDERAL 'DUKEPAC'**

Mailing Address **422 SOUTH CHURCH STREET PBO5E**

City **CHARLOTTE** State **NC** Zip Code **28242**

FEC ID number of contributing federal political committee. **C00083535**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 19 / 2014**

Transaction ID : **SA11C.34185**

Amount of Each Receipt this Period  
**2500.00**

General

**B.** Full Name (Last, First, Middle Initial)  
**EATON CORPORATION PUBLIC POLICY ASSOCIATION**

Mailing Address **1000 EATON BOULEVARD**

City **CLEVELAND** State **OH** Zip Code **44122**

FEC ID number of contributing federal political committee. **C00034827**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 16 / 2014**

Transaction ID : **SA11C.33729**

Amount of Each Receipt this Period  
**2500.00**

General

**C.** Full Name (Last, First, Middle Initial)  
**ELECT-THE POLITICAL ACTION COMMITTEE OF THE ALABAMA FARMERS FEDERATION**

Mailing Address **P.O. BOX 11023**

City **MONTGOMERY** State **AL** Zip Code **36191**

FEC ID number of contributing federal political committee. **C00094573**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **7500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 22 / 2014**

Transaction ID : **SA11C.34119**

Amount of Each Receipt this Period  
**5000.00**

General

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

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

**10000.00**

14020814094

**SCHEDULE 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 132 OF 340			
	<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) <b>A. EMC CORPORATION POLITICAL ACTION COMMITTEE</b>			Date of Receipt MM / DD / YYYY 09 / 08 / 2014		
Mailing Address 171 SOUTH STREET			Transaction ID : SA11C.33728		
City	State	Zip Code	Amount of Each Receipt this Period 1000.00		
HOPKINTON	MA	01748	General		
FEC ID number of contributing federal political committee.		C C00385948	Amount of Each Receipt this Period 3500.00		
Name of Employer		Occupation	General		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 3500.00			

Full Name (Last, First, Middle Initial) <b>B. ENTRUST INC POLITICAL ACTION COMMITTEE</b>			Date of Receipt MM / DD / YYYY 09 / 30 / 2014		
Mailing Address 16633 DALLAS PARKWAY SUITE 800			Transaction ID : SA11C.33950		
City	State	Zip Code	Amount of Each Receipt this Period 1000.00		
ADDISON	TX	75001	General		
FEC ID number of contributing federal political committee.		C C00373787	Amount of Each Receipt this Period 1000.00		
Name of Employer		Occupation	General		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00			

Full Name (Last, First, Middle Initial) <b>C. EVOC REGULATORY SERVICES, INC. POLITICAL ACTION COMMITTEE</b>			Date of Receipt MM / DD / YYYY 08 / 27 / 2014		
Mailing Address 1001 FANNIN ST SUITE 800			Transaction ID : SA11C.33441		
City	State	Zip Code	Amount of Each Receipt this Period 5000.00		
HOUSTON	TX	77002	General		
FEC ID number of contributing federal political committee.		C C00513671	Amount of Each Receipt this Period 5000.00		
Name of Employer		Occupation	General		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" 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) .....	7000.00

14020814095

**SCHEDULE 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 133 OF 340
<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)  
**EXPEDIA INC POLITICAL ACTION COMMITTEE**

Mailing Address **333 108TH AVENUE NE**

City <b>BELLEVUE</b>	State <b>WA</b>	Zip Code <b>98004</b>
-------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C00462879**

Name of Employer	Occupation
------------------	------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
**08 / 25 / 2014**

Transaction ID : **SA11C.34205**

Amount of Each Receipt this Period  
**1000.00**

General

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

Mailing Address **P. O. BOX 288**

City <b>MYRTLE</b>	State <b>MS</b>	Zip Code <b>38650</b>
-----------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C00255976**

Name of Employer	Occupation
------------------	------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
**09 / 06 / 2014**

Transaction ID : **SA11C.33765**

Amount of Each Receipt this Period  
**1000.00**

General

**C.** Full Name (Last, First, Middle Initial)  
**FEDERAL FOREST RESOURCE COALITION PAC (FFRC PAC)**

Mailing Address **600 NEW HAMPSHIRE AVE NW STE 500**

City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20037</b>
---------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C00504753**

Name of Employer	Occupation
------------------	------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  
**09 / 08 / 2014**

Transaction ID : **SA11C.33303**

Amount of Each Receipt this Period  
**5000.00**

General

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

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

**7000.00**

14020814096

**SCHEDULE 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 340
	<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)  
**FLOWERS INDUSTRIES INC POLITICAL ACTION COMMITTEE**

Mailing Address 1919 FLOWERS CIRCLE

City State Zip Code  
THOMASVILLE GA 31757

FEC ID number of contributing federal political committee. **C** C00033555

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
MM / DD / YYYY  
09 / 22 / 2014

Transaction ID : SA11C.33930

Amount of Each Receipt this Period  
5000.00

General

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

Mailing Address P.O. BOX 2712

City State Zip Code  
TOPEKA KS 66601

FEC ID number of contributing federal political committee. **C** C00455717

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
15000.00

Date of Receipt  
MM / DD / YYYY  
09 / 22 / 2014

Transaction ID : SA11C.34006

Amount of Each Receipt this Period  
5000.00

General

**C.** Full Name (Last, First, Middle Initial)  
**FRIENDS OF BUD CRAMER**

Mailing Address P.O. BOX 2621

City State Zip Code  
HUNTSVILLE AL 35804

FEC ID number of contributing federal political committee. **C** C00239038

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
MM / DD / YYYY  
08 / 11 / 2014

Transaction ID : SA11C.32768

Amount of Each Receipt this Period  
2000.00

General

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

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

12000.00

14020814097

**SCHEDULE 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 340
	<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) <b>FRIENDS OF BUD CRAMER</b>		Date of Receipt MM / DD / YYYY 08 / 11 / 2014
Mailing Address <b>P.O. BOX 2621</b>		Transaction ID : <b>SA11C.33265</b>
City <b>HUNTSVILLE</b>	State <b>AL</b>	Zip Code <b>35804</b>
FEC ID number of contributing federal political committee.	<b>C</b> <b>C00239038</b>	Amount of Each Receipt this Period <b>1000.00</b>
Name of Employer	Occupation	Legal Fund
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other-Legal Fund	Election Cycle-to-Date <b>5000.00</b>	

Full Name (Last, First, Middle Initial) <b>FRIENDS OF JIM SAXTON</b>		Date of Receipt MM / DD / YYYY 09 / 09 / 2014
Mailing Address <b>PO BOX 795</b>		Transaction ID : <b>SA11C.33525</b>
City <b>MOUNT HOLLY</b>	State <b>NJ</b>	Zip Code <b>08060</b>
FEC ID number of contributing federal political committee.	<b>C</b> <b>C00197699</b>	Amount of Each Receipt this Period <b>2000.00</b>
Name of Employer	Occupation	General
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>3000.00</b>	

Full Name (Last, First, Middle Initial) <b>FRIENDS OF MEDICAL RESEARCH POLITICAL ACTION COMMITTEE</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014
Mailing Address <b>300 INDEPENDENCE AVENUE SE</b>		Transaction ID : <b>SA11C.33955</b>
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20003</b>
FEC ID number of contributing federal political committee.	<b>C</b> <b>C00566042</b>	Amount of Each Receipt this Period <b>2600.00</b>
Name of Employer	Occupation	General
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>2600.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>5600.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

14020814098

**SCHEDULE 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 340			
	<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) <b>FROZEN FOOD POLITICAL ACTION COMMITTEE</b>			Date of Receipt MM / DD / YYYY 09 / 29 / 2014		
Mailing Address 2000 CORPORATE RIDGE SUITE 1000			Transaction ID : SA11C.34092		
City	State	Zip Code			
MCLEAN	VA	22102			
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period		
C C00385740			1500.00		
Name of Employer		Occupation	General		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	6500.00		

Full Name (Last, First, Middle Initial) <b>FUTURES INDUSTRY POLITICAL ACTION COMMITTEE</b>			Date of Receipt MM / DD / YYYY 09 / 08 / 2014		
Mailing Address 2001 PENNSYLVANIA AVE NW SUITE 600			Transaction ID : SA11C.33500		
City	State	Zip Code			
WASHINGTON	DC	20006			
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period		
C C00133389			1000.00		
Name of Employer		Occupation	General		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	3500.00		

Full Name (Last, First, Middle Initial) <b>GAVILON AGRICULTURE INVESTMENT INC POLITICAL ACTION COMMITTEE (GAVPAC)</b>			Date of Receipt MM / DD / YYYY 09 / 11 / 2014		
Mailing Address 11 CONAGRA DRIVE			Transaction ID : SA11C.33679		
City	State	Zip Code			
OMAHA	NE	68102			
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period		
C C00549873			2000.00		
Name of Employer		Occupation	General		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	2000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4500.00
<b>TOTAL</b> This Period (last page this line number only).....	4500.00

14020814099



**SCHEDULE 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 137 OF 340
	<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. 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. **C00215285**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 15000.00

Date of Receipt  
 09 / 22 / 2014  
 Transaction ID : SA11C.33924  
 Amount of Each Receipt this Period  
 1500.00  
 General

**B. GLOVER PARK GROUP LLC PAC (GLOVER PARK GROUP PAC)**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 700 13TH STREET, NW SUITE 600  
 City WASHINGTON State DC Zip Code 20005  
 FEC ID number of contributing federal political committee. **C00466094**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 1000.00

Date of Receipt  
 09 / 30 / 2014  
 Transaction ID : SA11C.34095  
 Amount of Each Receipt this Period  
 1000.00  
 General

**C. GREGGPAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 120 NORTH CONGRESS STREET #300  
 City JACKSON State MS Zip Code 39201  
 FEC ID number of contributing federal political committee. **C00455980**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 11000.00

Date of Receipt  
 09 / 25 / 2014  
 Transaction ID : SA11C.33923  
 Amount of Each Receipt this Period  
 1000.00  
 General

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

3500.00

14020814100

**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 340  
(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)  
**HEARPAC OF HEARING INDUSTRIES ASSOCIATION**

Mailing Address 1444 I ST., NW, SUITE 700

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C00437798**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
07 / 31 / 2014

Transaction ID : SA11C.32767

Amount of Each Receipt this Period  
1000.00  
General

**B.** Full Name (Last, First, Middle Initial)  
**HEARPAC OF HEARING INDUSTRIES ASSOCIATION**

Mailing Address 1444 I ST., NW, SUITE 700

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C00437798**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
09 / 26 / 2014

Transaction ID : SA11C.33925

Amount of Each Receipt this Period  
1000.00  
General

**C.** Full Name (Last, First, Middle Initial)  
ICE CREAM, MILK&CHEESE PAC-INTL ICE CREAM ASSN, MILK INDUSTRY FDTN & NATL CHEESE INSTITUTE

Mailing Address 1250 H STREET N W SUITE 900

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C00128231**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
09 / 09 / 2014

Transaction ID : SA11C.33499

Amount of Each Receipt this Period  
1500.00  
General

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

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

3500.00

14020814101

**SCHEDULE 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 139 OF 340
<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)  
**II-VI INCORPORATED PAC**

Mailing Address **375 Saxonburg Boulevard**

City <b>Saxonburg</b>	State <b>PA</b>	Zip Code <b>16056</b>
--------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C00377960**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
**4000.00**

Date of Receipt  
**09 / 10 / 2014**

Transaction ID : **SA11C.33489**

Amount of Each Receipt this Period  
**4000.00**

General

**B.** Full Name (Last, First, Middle Initial)  
**INDEPENDENT COMMUNITY BANKERS OF AMERICA POLITICAL ACTION COMMITTEE**

Mailing Address **ONE THOMAS CIRCLE NW SUITE 400**

City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20005</b>
---------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C00032698**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
**9000.00**

Date of Receipt  
**07 / 28 / 2014**

Transaction ID : **SA11C.32763**

Amount of Each Receipt this Period  
**2000.00**

General

**C.** Full Name (Last, First, Middle Initial)  
**INDEPENDENT COMMUNITY BANKERS OF AMERICA POLITICAL ACTION COMMITTEE**

Mailing Address **ONE THOMAS CIRCLE NW SUITE 400**

City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20005</b>
---------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C00032698**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
**12000.00**

Date of Receipt  
**09 / 09 / 2014**

Transaction ID : **SA11C.33681**

Amount of Each Receipt this Period  
**3000.00**

General

**SUBTOTAL** of Receipts This Page (optional) ..... **9000.00**

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

14020814102

**SCHEDULE 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 140 OF 340
<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)  
**INTERCONTINENTAL EXCHANGE INC PAC**

Mailing Address 2100 RIVEREDGE PARKWAY

City ATLANTA State GA Zip Code 30328

FEC ID number of contributing federal political committee. **C00443168**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**10000.00**

Date of Receipt  
09 / 19 / 2014

Transaction ID : SA11C.33889

Amount of Each Receipt this Period  
**500.00**

General

**B.** Full Name (Last, First, Middle Initial)  
**JBS USA LLC PAC**

Mailing Address 1770 PROMONTORY CIRCLE

City GREELEY State CO Zip Code 80634

FEC ID number of contributing federal political committee. **C00394650**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  
09 / 08 / 2014

Transaction ID : SA11C.33762

Amount of Each Receipt this Period  
**2000.00**

General

**C.** Full Name (Last, First, Middle Initial)  
**KELLOGG COMPANY BETTER GOVERNMENT COMMITTEE**

Mailing Address ONE KELLOGG SQUARE

City BATTLE CREEK State MI Zip Code 49017

FEC ID number of contributing federal political committee. **C00039552**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**8000.00**

Date of Receipt  
09 / 30 / 2014

Transaction ID : SA11C.34189

Amount of Each Receipt this Period  
**3000.00**

General

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

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

**5500.00**

14020814103

**SCHEDULE 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 340
<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)  
**KOCH INDUSTRIES INC POLITICAL ACTION COMMITTEE (KOCHPAC)**

Mailing Address 655 15th Street NW Suite 445

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C00236489**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt **09 / 09 / 2014**

Transaction ID : **SA11C.33775**

Amount of Each Receipt this Period  
**5000.00**  
General

**B.** Full Name (Last, First, Middle Initial)  
**LAND O'LAKES INC/AGRILIANCE LLC PAC (LOL PAC) FKA LAND O'LAKE INC PAC**

Mailing Address BOX 64101

City ST PAUL State MN Zip Code 55164

FEC ID number of contributing federal political committee. **C00009423**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **10000.00**

Date of Receipt **09 / 29 / 2014**

Transaction ID : **SA11C.34221**

Amount of Each Receipt this Period  
**1500.00**  
General

**C.** Full Name (Last, First, Middle Initial)  
**LIVESTOCK MARKETING ASSOCIATION POLITICAL ACTION COMMITTEE (LMA-PAC)**

Mailing Address 10510 NW AMBASSADOR DRIVE

City KANSAS CITY State MO Zip Code 64153

FEC ID number of contributing federal political committee. **C00244400**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **09 / 30 / 2014**

Transaction ID : **SA11C.34094**

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

**SUBTOTAL** of Receipts This Page (optional) ..... **7500.00**

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

14020814104

**SCHEDULE 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 340			
	<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)  
**LOCKE LORD BISSELL & LIDDELL LLP PAC**

Mailing Address **600 TRAVIS STREET  
SUITE 2800**

City **HOUSTON** State **TX** Zip Code **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  
**2500.00**

Date of Receipt  
**09 / 29 / 2014**

Transaction ID : **SA11C.34287**

Amount of Each Receipt this Period  
**500.00**

General

**B.** 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. **C00303024**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**15000.00**

Date of Receipt  
**09 / 25 / 2014**

Transaction ID : **SA11C.33937**

Amount of Each Receipt this Period  
**2000.00**

General

**C.** 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. **C00492363**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
**07 / 24 / 2014**

Transaction ID : **SA11C.32688**

Amount of Each Receipt this Period  
**1000.00**

General

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

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

**3500.00**

14020814105

**SCHEDULE 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 143 OF 340			
	<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)  
**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) Other-Prim. Debt

Election Cycle-to-Date 3000.00

Date of Receipt  
 MM / DD / YYYY  
 09 / 18 / 2014

Transaction ID : SA11C.33763

Amount of Each Receipt this Period  
 1000.00

Primary Debt

**B.** Full Name (Last, First, Middle Initial)  
**LOUISIANA RICE POLITICAL ACTION COMMITTEE INC**

Mailing Address 3211 HWY 397 SOUTH

City LAKE CHARLES State LA Zip Code 70615

FEC ID number of contributing federal political committee. **C** C00389916

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 4000.00

Date of Receipt  
 MM / DD / YYYY  
 09 / 02 / 2014

Transaction ID : SA11C.33893

Amount of Each Receipt this Period  
 1000.00

General

**C.** Full Name (Last, First, Middle Initial)  
**LOWE'S COMPANIES, INC. POLITICAL ACTION COMMITTEE**

Mailing Address 1000 LOWE'S BOULEVARD

City MOORESVILLE State NC Zip Code 28117

FEC ID number of contributing federal political committee. **C** C00251751

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt  
 MM / DD / YYYY  
 09 / 26 / 2014

Transaction ID : SA11C.33929

Amount of Each Receipt this Period  
 1500.00

General

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

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

3500.00

14020814106

**SCHEDULE 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 144 OF 340
<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)  
**MICHIGAN SUGAR COMPANY GROWERS POLITICAL ACTION COMMITTEE**

Mailing Address **2600 SOUTH EUCLID AVENUE**

City **BAY CITY** State **MI** Zip Code **48706**

FEC ID number of contributing federal political committee. **C00384354**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			09			2014			

Transaction ID : **SA11C.33546**

Amount of Each Receipt this Period  

2000.00
---------

General

**B.** Full Name (Last, First, Middle Initial)  
**MORTGAGE BANKERS ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address **1919 Pennsylvania Ave NW**  
**8th Floor**

City **Washington** State **DC** Zip Code **20006**

FEC ID number of contributing federal political committee. **C00004812**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
07			22			2014			

Transaction ID : **SA11C.32689**

Amount of Each Receipt this Period  

5000.00
---------

General

**C.** Full Name (Last, First, Middle Initial)  
**MOTOR AND EQUIPMENT MANUFACTURERS ASSOCIATION PAC (MEMA PAC)**

Mailing Address **PO BOX 65853**

City **WASHINGTON** State **DC** Zip Code **20035**

FEC ID number of contributing federal political committee. **C00479964**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			11			2014			

Transaction ID : **SA11C.33497**

Amount of Each Receipt this Period  

1000.00
---------

General

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

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

8000.00

14020814107



**SCHEDULE 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 340			
	<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) <b>MOTOROLA SOLUTIONS, INC. POLITICAL ACTION COMMITTEE</b>			Date of Receipt MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 1455 PENNSYLVANIA AVENUE, NW SUITE 900			Transaction ID : SA11C.33954	
City WASHINGTON	State DC	Zip Code 20004	Amount of Each Receipt this Period 1000.00 General	
FEC ID number of contributing federal political committee. <b>C</b> C00075341				
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) <b>MWH AMERICAS INC. EMPLOYEE PAC</b>			Date of Receipt MM / DD / YYYY 07 / 10 / 2014	
Mailing Address 380 Interlocken Crescent Suite 200			Transaction ID : SA11C.32690	
City Broomfield	State CO	Zip Code 80021	Amount of Each Receipt this Period 1000.00 Run-off Debt Retirement	
FEC ID number of contributing federal political committee. <b>C</b> C00242370				
Name of Employer		Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other-RunoffDebt		Election Cycle-to-Date 2000.00		

Full Name (Last, First, Middle Initial) <b>NATIONAL ASSOCIATION OF REAL ESTATE INVESTMENT TRUSTS, INC. POLITICAL ACTION COMMITTEE</b>			Date of Receipt MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 1875 I STREET, NW SUITE 600			Transaction ID : SA11C.34190	
City WASHINGTON	State DC	Zip Code 20006	Amount of Each Receipt this Period 3000.00 General	
FEC ID number of contributing federal political committee. <b>C</b> C00303339				
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 5000.00		

SUBTOTAL of Receipts This Page (optional) .....	5000.00
TOTAL This Period (last page this line number only) .....	5000.00

14020814108

**SCHEDULE 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 146 OF 340
	<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)  
NATIONAL CABLE AND TELECOMMUNICATIONS ASSOCIATION POLITICAL ACTION COMMITTEE (NCTA PAC)

Mailing Address 1724 MASSACHUSETTS AVENUE NW

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00010082

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 15000.00

Date of Receipt 08 / 01 / 2014

Transaction ID : SA11C.32749

Amount of Each Receipt this Period 5000.00

General

**B.** Full Name (Last, First, Middle Initial)  
NATIONAL CATTLEMEN'S BEEF ASSOCIATION POLITICAL ACTION COMMITTEE (NCBA-PAC)

Mailing Address 9110 E. NICHOLS AVENUE SUITE 300

City CENTENNIAL State CO Zip Code 80112-3450

FEC ID number of contributing federal political committee. **C** C00028787

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 10000.00

Date of Receipt 09 / 05 / 2014

Transaction ID : SA11C.33547

Amount of Each Receipt this Period 2500.00

General

**C.** Full Name (Last, First, Middle Initial)  
NATIONAL CATTLEMEN'S BEEF ASSOCIATION POLITICAL ACTION COMMITTEE (NCBA-PAC)

Mailing Address 9110 E. NICHOLS AVENUE SUITE 300

City CENTENNIAL State CO Zip Code 80112-3450

FEC ID number of contributing federal political committee. **C** C00028787

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 12500.00

Date of Receipt 09 / 09 / 2014

Transaction ID : SA11C.33548

Amount of Each Receipt this Period 2500.00

General

**SUBTOTAL** of Receipts This Page (optional)..... 10000.00

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

14020814109

**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 340  
(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 CHICKEN COUNCIL POLITICAL ACTION COMMITTEE (FKA) NATIONAL BROILER COUNCIL PAC

**A.** Mailing Address 1015 FIFTEENTH STREET NW

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00034272

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
13500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 09 / 2014

Transaction ID : SA11C.33298

Amount of Each Receipt this Period  
 2500.00

General

Full Name (Last, First, Middle Initial)  
NATIONAL COTTON COUNCIL COMMITTEE FOR THE ADVANCEMENT OF COTTON

**B.** Mailing Address P.O. Box 2995

City Cordova State TN Zip Code 38088

FEC ID number of contributing federal political committee. **C** C00023028

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Other-Legal Fund

Election Cycle-to-Date  
20000.00

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

Transaction ID : SA11C.33277

Amount of Each Receipt this Period  
 5000.00

Legal Fund

Full Name (Last, First, Middle Initial)  
NATIONAL COUNCIL OF FARMER COOPERATIVES POLITICAL ACTION COMMITTEE (CO-OP/PAC)

**C.** Mailing Address 50 F STREET NW SUITE 900

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00002238

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
12500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 08 / 2014

Transaction ID : SA11C.33305

Amount of Each Receipt this Period  
 5000.00

General

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

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

12500.00

14020814110

**SCHEDULE 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 148 OF 340			
	<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)  
**NATIONAL EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE**

Mailing Address **1125 EXECUTIVE CIRCLE**

City **IRVING** State **TX** Zip Code **75038**

FEC ID number of contributing federal political committee. **C00140061**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **2000.00**

Date of Receipt  
 MM / DD / YYYY  
**09 / 10 / 2014**

Transaction ID : **SA11C.33730**

Amount of Each Receipt this Period  
**2000.00**  
 General

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL FUNERAL DIRECTORS ASSOCIATION OF THE U S INC POLITICAL ACTION CMTE (NFDA-PAC)**

Mailing Address **13625 BISHOPS DRIVE**

City **BROOKFIELD** State **WI** Zip Code **53005**

FEC ID number of contributing federal political committee. **C00204008**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **1500.00**

Date of Receipt  
 MM / DD / YYYY  
**09 / 29 / 2014**

Transaction ID : **SA11C.34288**

Amount of Each Receipt this Period  
**1500.00**  
 General

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL READY MIXED CONCRETE ASSN. PAC (CONCRETEPAC)**

Mailing Address **900 SPRING ST.**

City **SILVER SPRING** State **MD** Zip Code **20910**

FEC ID number of contributing federal political committee. **C00114025**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **5000.00**

Date of Receipt  
 MM / DD / YYYY  
**09 / 05 / 2014**

Transaction ID : **SA11C.33492**

Amount of Each Receipt this Period  
**5000.00**  
 General

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

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

**8500.00**

14020814111

**SCHEDULE 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 340			
	<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)  
NATIONAL SHOOTING SPORTS FOUNDATION, INC. POLITICAL ACTION COMMITTEE (NSSF PAC)

A. Mailing Address 11 MILE HILL RD

City State Zip Code  
NEWTOWN CT 06470

FEC ID number of contributing federal political committee. **C** C00480863

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 2000.00

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2014

Transaction ID : SA11C.33895

Amount of Each Receipt this Period  
1000.00

General

Full Name (Last, First, Middle Initial)  
NATIONAL THOROUGHBRED RACING ASSOCIATION POLITICAL ACTION COMMITTEE/HORSE PAC

B. Mailing Address 2525 Harrodsburg Road

City State Zip Code  
LEXINGTON KY 40504

FEC ID number of contributing federal political committee. **C** C00360008

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 2000.00

Date of Receipt  
MM / DD / YYYY  
09 / 18 / 2014

Transaction ID : SA11C.34130

Amount of Each Receipt this Period  
1000.00

General

Full Name (Last, First, Middle Initial)  
NATIONAL VENTURE CAPITAL ASSOCIATION VENTUREPAC

C. Mailing Address 1655 N. FORT MYER DR. SUITE 850

City State Zip Code  
ARLINGTON VA 22209

FEC ID number of contributing federal political committee. **C** C00150367

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 2000.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2014

Transaction ID : SA11C.34200

Amount of Each Receipt this Period  
2000.00

General

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

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

4000.00

14020814112

**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 340  
(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)  
**NAVISTAR, INC. GOOD GOVERNMENT COMMITTEE**

Mailing Address 4201 Winfield Road, P.O. Box 1488

City State Zip Code  
Warrenville IL 60555

FEC ID number of contributing federal political committee. **C** C00040840

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
8000.00

Date of Receipt  
MM / DD / YYYY  
08 / 04 / 2014

Transaction ID : SA11C.32766

Amount of Each Receipt this Period  
2000.00

General

**B.** Full Name (Last, First, Middle Initial)  
**NORTH CAROLINA COTTON PRODUCERS ASSOCIATION COMMITTEE (NCCPAC)**

Mailing Address POST OFFICE BOX 656

City State Zip Code  
NASHVILLE NC 27856

FEC ID number of contributing federal political committee. **C** C00416297

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 14 / 2014

Transaction ID : SA11C.32774

Amount of Each Receipt this Period  
1000.00

General

**C.** Full Name (Last, First, Middle Initial)  
**NRG ENERGY INC POLITICAL ACTION COMMITTEE**

Mailing Address 211 Carnegie Center

City State Zip Code  
Princeton NJ 08540

FEC ID number of contributing federal political committee. **C** C00366559

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 04 / 2014

Transaction ID : SA11C.33759

Amount of Each Receipt this Period  
1000.00

General

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

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

4000.00

14020814113

**SCHEDULE 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 340
<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) <b>NUCLEAR ENERGY INSTITUTE FEDERAL POLITICAL ACTION COMMITTEE</b>		Date of Receipt MM / DD / YYYY 09 / 10 / 2014
Mailing Address 1201 F ST NW SUITE 1100		Transaction ID : SA11C.33676
City WASHINGTON	State DC	
Zip Code 20004		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C00239848</b>		General
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 3500.00	

Full Name (Last, First, Middle Initial) <b>OHIO FARM BUREAU FEDERATION INC-AGRICULTURE FOR GOOD GOVERNMENT PAC (OFBF-AGGPAC)</b>		Date of Receipt MM / DD / YYYY 08 / 14 / 2014
Mailing Address 280 NORTH HIGH STREET		Transaction ID : SA11C.33308
City COLUMBUS	State OH	
Zip Code 43215		Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. <b>C00161265</b>		General
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 2000.00	

Full Name (Last, First, Middle Initial) <b>OLSSON FRANK AND WEEDA P C FUND FOR AMERICAN VALUES PAC</b>		Date of Receipt MM / DD / YYYY 09 / 08 / 2014
Mailing Address 600 NEW HAMPSHIRE AVE. NW SUITE 500		Transaction ID : SA11C.33688
City WASHINGTON	State DC	
Zip Code 20037		Amount of Each Receipt this Period 1500.00
FEC ID number of contributing federal political committee. <b>C00359687</b>		General
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 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4500.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020814114

**SCHEDULE 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 340			
	<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

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) <b>OSHKOSH CORPORATION EMPLOYEES POLITICAL ACTION COMMITTEE (OCEPAC)</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2014
A. Mailing Address P.O. Box 2566 2307 Oregon Street		Transaction ID : SA11C.34128
City Oshkosh	State WI	Zip Code 54903
FEC ID number of contributing federal political committee. C C00304477	Amount of Each Receipt this Period 5000.00 General	
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 12500.00	

Full Name (Last, First, Middle Initial) <b>PARSONS CORPORATION POLITICAL ACTION COMMITTEE</b>		Date of Receipt MM / DD / YYYY 09 / 08 / 2014
B. Mailing Address 100 West Walnut St. T-1110		Transaction ID : SA11C.33488
City Pasadena	State CA	Zip Code 91124
FEC ID number of contributing federal political committee. C C00103549	Amount of Each Receipt this Period 5000.00 General	
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) <b>PETROLEUM MARKETERS ASSOCIATION OF AMERICAN SMALL BUSINESS COMMITTEE</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014
C. Mailing Address 1901 North Fort Myer Drive Suite 500		Transaction ID : SA11C.34210
City Arlington	State VA	Zip Code 22209
FEC ID number of contributing federal political committee. C C00035204	Amount of Each Receipt this Period 2000.00 General	
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	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	12000.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020814115



**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 340

(check only one)

<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) <b>PETROLEUM MARKETERS ASSOCIATION OF AMERICAN SMALL BUSINESS COMMITTEE</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014
A. Mailing Address 1901 North Fort Myer Drive Suite 500		Transaction ID : SA11C.34318
City Arlington	State Zip Code VA 22209	
FEC ID number of contributing federal political committee. C C00035204	Amount of Each Receipt this Period 1000.00	
Name of Employer	Occupation	Run-Off Debt
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other-RunoffDebt	Election Cycle-to-Date 11000.00	

Full Name (Last, First, Middle Initial) <b>PFIZER INC. PAC</b>		Date of Receipt MM / DD / YYYY 09 / 10 / 2014
B. Mailing Address 235 EAST 42ND STREET		Transaction ID : SA11C.33544
City NEW YORK	State Zip Code NY 10017	
FEC ID number of contributing federal political committee. C C00016683	Amount of Each Receipt this Period 2500.00	
Name of Employer	Occupation	General
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 6500.00	

Full Name (Last, First, Middle Initial) <b>PFIZER INC. PAC</b>		Date of Receipt MM / DD / YYYY 09 / 10 / 2014
C. Mailing Address 235 EAST 42ND STREET		Transaction ID : SA11C.33545
City NEW YORK	State Zip Code NY 10017	
FEC ID number of contributing federal political committee. C C00016683	Amount of Each Receipt this Period 2500.00	
Name of Employer	Occupation	General
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 9000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6000.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020814116

**SCHEDULE 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 340
<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)  
PHILIPS ELECTRONICS NORTH AMERICA CORPORATION EMPLOYEES POLITICAL ACTION COMMITTEE

Mailing Address 1050 K STREET, NW  
SUITE 900

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00239780

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
MM / DD / YYYY  
09 / 09 / 2014

Transaction ID : SA11C.33294

Amount of Each Receipt this Period  
1000.00

General

**B.** Full Name (Last, First, Middle Initial)  
POLSINELLI SHUGHART PC PAC

Mailing Address 700 W. 47th Street  
Suite 1000

City KANSAS CITY State MO Zip Code 64112

FEC ID number of contributing federal political committee. **C** C00445981

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
MM / DD / YYYY  
09 / 05 / 2014

Transaction ID : SA11C.33764

Amount of Each Receipt this Period  
1500.00

General

**C.** Full Name (Last, First, Middle Initial)  
RANKIN COUNTY REPUBLICAN EXEC COMM

Mailing Address P.O. BOX 97776

City PEARL State MS Zip Code 39288

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2014

Transaction ID : SA11C.34157

Amount of Each Receipt this Period  
1000.00

General

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

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

3500.00

14020814117

**SCHEDULE 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 340
	<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) <b>RED GOLD, INC. POLITICAL ACTION COMMITTEE</b>			Date of Receipt MM / DD / YYYY 09 / 25 / 2014	
Mailing Address PO BOX 83			Transaction ID : SA11C.33896	
City ELWOOD	State IN	Zip Code 46036	Amount of Each Receipt this Period 500.00 General	
FEC ID number of contributing federal political committee. C C00390112				
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 500.00		

Full Name (Last, First, Middle Initial) <b>RELY ON YOUR BELIEFS FUND</b>			Date of Receipt MM / DD / YYYY 07 / 11 / 2014	
Mailing Address 209 PENNSYLVANIA AVENUE, SE			Transaction ID : SA11C.32748	
City WASHINGTON	State DC	Zip Code 20003	Amount of Each Receipt this Period 5000.00 General	
FEC ID number of contributing federal political committee. C C00344648				
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 20000.00		

Full Name (Last, First, Middle Initial) <b>RENASANT BANK EMPLOYEES' VOLUNTARY POLITICAL COMMITTEE</b>			Date of Receipt MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 209 TROY STREET PO BOX 709			Transaction ID : SA11C.33410	
City TUPELO	State MS	Zip Code 38802	Amount of Each Receipt this Period 5000.00 General	
FEC ID number of contributing federal political committee. C C00191759				
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		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10500.00
<b>TOTAL</b> This Period (last page this line number only).....	10500.00

14020814118

**SCHEDULE 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 340
<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)  
**RESOLUTE FOREST PRODUCTS US INC. POLITICAL ACTION COMMITTEE**

Mailing Address **3502 REGENTS PARK COURT**

City	State	Zip Code
ARLINGTON	TX	76017

FEC ID number of contributing federal political committee. **C00350884**

Name of Employer	Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
MM / DD / YYYY  
**07 / 30 / 2014**

Transaction ID : **SA11C.32751**

Amount of Each Receipt this Period  
**1000.00**

General

**B.** Full Name (Last, First, Middle Initial)  
**SANOFI US SERVICES INC. EMPLOYEES' POLITICAL ACTION COMMITTEE**

Mailing Address **55 CORPORATE DRIVE**

City	State	Zip Code
BRIDGEWATER	NJ	08807

FEC ID number of contributing federal political committee. **C00144345**

Name of Employer	Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**7250.00**

Date of Receipt  
MM / DD / YYYY  
**09 / 05 / 2014**

Transaction ID : **SA11C.33223**

Amount of Each Receipt this Period  
**2000.00**

General

**C.** Full Name (Last, First, Middle Initial)  
**SENATE VICTORY FUND PAC, THE**

Mailing Address **PO BOX 7274**

City	State	Zip Code
TUPELO	MS	38802

FEC ID number of contributing federal political committee. **C00202861**

Name of Employer	Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  Other-Legal Fund

Election Cycle-to-Date  
**20000.00**

Date of Receipt  
MM / DD / YYYY  
**07 / 28 / 2014**

Transaction ID : **SA11C.33278**

Amount of Each Receipt this Period  
**5000.00**

Legal Fund

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

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

**8000.00**

14020814119

**SCHEDULE 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 157 OF 340
	<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**

**A.** Full Name (Last, First, Middle Initial)  
**SOUTHWEST AIRLINES CO FREEDOM FUND**

Mailing Address **PO BOX 36611 HDQ 4GA**

City <b>DALLAS</b>	State <b>TX</b>	Zip Code <b>75235</b>
-----------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C00341602**

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  
**09 / 16 / 2014**

Transaction ID : **SA11C.33761**

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

**B.** Full Name (Last, First, Middle Initial)  
**SPACE EXPLORATION TECHNOLOGIES CORPORATION PAC**

Mailing Address **1030 15TH STREET, NW  
SUITE 220 E**

City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20005</b>
---------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C00411116**

Name of Employer	Occupation
------------------	------------

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**6100.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 12 / 2014**

Transaction ID : **SA11C.33690**

Amount of Each Receipt this Period  
**2500.00**  
 General

**C.** Full Name (Last, First, Middle Initial)  
**SPECTRA ENERGY CORP POLITICAL ACTION COMMITTEE (SPECTRA-DCP PAC)**

Mailing Address **5400 Westheimer Court**

City <b>Houston</b>	State <b>TX</b>	Zip Code <b>77056</b>
------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C00429662**

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  
**08 / 27 / 2014**

Transaction ID : **SA11C.33240**

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

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

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

**4500.00**

14020814120

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

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

FOR LINE NUMBER: PAGE 158 OF 340  
(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)  
**SYNGENTA CORPORATION POLITICAL ACTION COMMITTEE (SYNGENTA PAC)**

Mailing Address **1201 F STREET NW SUITE 875**

City **WASHINGTON** State **DC** Zip Code **20004**

FEC ID number of contributing federal political committee. **C00363945**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **6000.00**

Date of Receipt  
 MM / DD / YYYY  
**09 / 12 / 2014**

Transaction ID : **SA11C.33675**

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

**B.** Full Name (Last, First, Middle Initial)  
**T-MOBILE USA INC. POLITICAL ACTION COMMITTEE (T-PAC)**

Mailing Address **401 9th STREET NW SUITE 550**

City **WASHINGTON** State **DC** Zip Code **20004**

FEC ID number of contributing federal political committee. **C00361758**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **6000.00**

Date of Receipt  
 MM / DD / YYYY  
**09 / 18 / 2014**

Transaction ID : **SA11C.33888**

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

**C.** Full Name (Last, First, Middle Initial)  
**TENN POLITICAL ACTION COMMITTEE INC (TENN PAC)**

Mailing Address **228 SOUTH WASHINGTON SUITE 115**

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

FEC ID number of contributing federal political committee. **C00388421**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **15000.00**

Date of Receipt  
 MM / DD / YYYY  
**09 / 22 / 2014**

Transaction ID : **SA11C.34216**

Amount of Each Receipt this Period  
**5000.00**  
 General

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

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

**7000.00**

14020814121

**SCHEDULE 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 159 OF 340
	<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)  
**THE HOME DEPOT INC. POLITICAL ACTION COMMITTEE**

Mailing Address **1155 F STREET, NW  
SUITE 400**

City **WASHINGTON** State **DC** Zip Code **20004**

FEC ID number of contributing federal political committee. **C C00284885**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **14000.00**

Date of Receipt  
 MM / DD / YYYY  
**09 / 25 / 2014**

Transaction ID : **SA11C.33952**

Amount of Each Receipt this Period  
**5000.00**

General

**B.** 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. **C C00542365**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4000.00**

Date of Receipt  
 MM / DD / YYYY  
**09 / 30 / 2014**

Transaction ID : **SA11C.34053**

Amount of Each Receipt this Period  
**1000.00**

General

**C.** Full Name (Last, First, Middle Initial)  
**TRUCKING POLITICAL ACTION COMMITTEE OF THE AMERICAN TRUCKING ASSOCIATIONS' INC**

Mailing Address **430 FIRST STREET SE 2ND FLOOR**

City **WASHINGTON** State **DC** Zip Code **20003**

FEC ID number of contributing federal political committee. **C C00002881**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **9500.00**

Date of Receipt  
 MM / DD / YYYY  
**09 / 25 / 2014**

Transaction ID : **SA11C.34159**

Amount of Each Receipt this Period  
**5000.00**

General

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

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

**11000.00**

14020814122

**SCHEDULE 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 160 OF 340
<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) TYCO INTERNATIONAL MANAGEMENT COMPANY EMPLOYEES POLITICAL ACTION COMMITTEE (TYCO EMPLOYEES)		Date of Receipt MM / DD / YYYY 09 / 26 / 2014
A. Mailing Address 9 ROSZEL ROAD		Transaction ID : SA11C.34196
City PRINCETON	State NJ	Zip Code 08540
FEC ID number of contributing federal political committee.	C C00113753	
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 2500.00	
		Amount of Each Receipt this Period 2500.00 General

Full Name (Last, First, Middle Initial) B. TYSON FOODS INC POLITICAL ACTION COMMITTEE (TYPAC)		Date of Receipt MM / DD / YYYY 08 / 18 / 2014
Mailing Address PO BOX 2020		Transaction ID : SA11C.34195
City SPRINGDALE	State AR	Zip Code 72765
FEC ID number of contributing federal political committee.	C C00169821	
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 2000.00	
		Amount of Each Receipt this Period 2000.00 General

Full Name (Last, First, Middle Initial) C. UNION PACIFIC CORP FUND FOR EFFECTIVE GOVERNMENT		Date of Receipt MM / DD / YYYY 09 / 24 / 2014
Mailing Address 600 13TH STREET NW SUITE 340		Transaction ID : SA11C.33953
City WASHINGTON	State DC	Zip Code 20005
FEC ID number of contributing federal political committee.	C C00010470	
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 15000.00	
		Amount of Each Receipt this Period 5000.00 General

SUBTOTAL of Receipts This Page (optional).....	9500.00
TOTAL This Period (last page this line number only).....	

14020814123



**SCHEDULE 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 161 OF 340
	<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)**  
**UNITED EGG ASSOCIATION POLITICAL ACTION COMMITTEE (EGGPAC)**

Mailing Address 1303 HIGHTOWER TRAIL - SUITE 200

City ATLANTA State GA Zip Code 30350

FEC ID number of contributing federal political committee. **C** C00172841

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 15000.00

Date of Receipt  
 MM / DD / YYYY  
 09 / 09 / 2014

Transaction ID : SA11C.33921

Amount of Each Receipt this Period  
 1000.00

General

**B. Full Name (Last, First, Middle Initial)**  
**UNITED FRESH PRODUCE ASSOCIATION (FRESH PAC)**

Mailing Address 1901 PENNSYLVANIA AVE., NW STE 1100

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00040725

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3437.50

Date of Receipt  
 MM / DD / YYYY  
 09 / 25 / 2014

Transaction ID : SA11C.34204

Amount of Each Receipt this Period  
 1500.00

General

**C. Full Name (Last, First, Middle Initial)**  
**UNITED PARCEL SERVICE INC. POLITICAL ACTION COMMITTEE**

Mailing Address 55 Glenlake Parkway N.E.

City Atlanta State GA Zip Code 30328

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3500.00

Date of Receipt  
 MM / DD / YYYY  
 07 / 31 / 2014

Transaction ID : SA11C.33211

Amount of Each Receipt this Period  
 500.00

General

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

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

3000.00

14020814124

**SCHEDULE 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 340
<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 STATES SUGAR CORPORATION EMPLOYEE STOCK OWNERSHIP PLAN POLITICAL ACTION COMMITTEE.

**A.** Mailing Address 111 PONCE DE LEON AVENUE

City	State	Zip Code
CLEWISTON	FL	33440

FEC ID number of contributing federal political committee. **C** C00234120

Name of Employer	Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
08 / 29 / 2014

Transaction ID : SA11C.33296

Amount of Each Receipt this Period  
1000.00

General

**B.** Full Name (Last, First, Middle Initial)  
**USA RICE FEDERATION POLITICAL ACTION COMMITTEE**

Mailing Address 4301 NORTH FAIRFAX DRIVE SUITE 305

City	State	Zip Code
ARLINGTON	VA	22203

FEC ID number of contributing federal political committee. **C** C00308478

Name of Employer	Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Other-Legal Fund

Election Cycle-to-Date  
17000.00

Date of Receipt  
09 / 30 / 2014

Transaction ID : SA11C.34063

Amount of Each Receipt this Period  
2000.00

Legal Fund

**C.** Full Name (Last, First, Middle Initial)  
**US RICE PRODUCERS PAC**

Mailing Address 300 INDEPENDENCE AVE SE SUITE 700

City	State	Zip Code
WASHINGTON	DC	20003

FEC ID number of contributing federal political committee. **C** C00383661

Name of Employer	Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
08 / 28 / 2014

Transaction ID : SA11C.33922

Amount of Each Receipt this Period  
1000.00

General

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

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

4000.00

14020814125

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

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

FOR LINE NUMBER: PAGE 163 OF 340  
(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)  
VERIZON COMMUNICATIONS INC GOOD GOVERNMENT CLUB (FKA BELL ATLANTIC CORPORATION PAC)

A. Mailing Address 1717 ARCH STREET

City State Zip Code  
PHILADELPHIA PA 19103

FEC ID number of contributing federal political committee. **C** C00186288

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y  
 08 18 2014  
 Transaction ID : SA11C.33892

Amount of Each Receipt this Period  
 2500.00  
 General

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

Mailing Address PO BOX 2713

City State Zip Code  
ALEXANDRIA VA 22301

FEC ID number of contributing federal political committee. **C** C00484535

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 27550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y  
 07 10 2014  
 Transaction ID : SA11C.32678

Amount of Each Receipt this Period  
 950.00  
 See Credit Memos

C. Full Name (Last, First, Middle Initial)  
VOTESANE PAC

Mailing Address PO BOX 2713

City State Zip Code  
ALEXANDRIA VA 22301

FEC ID number of contributing federal political committee. **C** C00484535

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 28975.00

Date of Receipt  
 M M M / D D D / Y Y Y Y  
 07 24 2014  
 Transaction ID : SA11C.32694

Amount of Each Receipt this Period  
 1425.00  
 See Credit Memos

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

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

4875.00

14020814126

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

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

FOR LINE NUMBER: PAGE 164 OF 340  
(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)  
**VOTESANE PAC**

Mailing Address **PO BOX 2713**

City **ALEXANDRIA** State **VA** Zip Code **22301**

FEC ID number of contributing federal political committee. **C00484535**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**29925.00**

Date of Receipt  
MM / DD / YYYY  
**07 / 31 / 2014**

Transaction ID : **SA11C.32760**

Amount of Each Receipt this Period  
**950.00**

See Credit Memos

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

Mailing Address **PO BOX 2713**

City **ALEXANDRIA** State **VA** Zip Code **22301**

FEC ID number of contributing federal political committee. **C00484535**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**31825.00**

Date of Receipt  
MM / DD / YYYY  
**08 / 07 / 2014**

Transaction ID : **SA11C.32790**

Amount of Each Receipt this Period  
**1900.00**

See Credit Memos

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

Mailing Address **PO BOX 2713**

City **ALEXANDRIA** State **VA** Zip Code **22301**

FEC ID number of contributing federal political committee. **C00484535**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**32300.00**

Date of Receipt  
MM / DD / YYYY  
**08 / 18 / 2014**

Transaction ID : **SA11C.32791**

Amount of Each Receipt this Period  
**475.00**

See Credit Memos

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

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

**3325.00**

14020814127

**SCHEDULE 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 340
<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) <b>VOTESANE PAC</b>		Date of Receipt MM / DD / YYYY 08 / 21 / 2014
Mailing Address <b>PO BOX 2713</b>		Transaction ID : <b>SA11C.32778</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22301</b>
FEC ID number of contributing federal political committee.	<b>C</b> <b>C00484535</b>	Amount of Each Receipt this Period <b>1900.00</b>
Name of Employer	Occupation	See Credit Memos
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>34200.00</b>	

Full Name (Last, First, Middle Initial) <b>VOTESANE PAC</b>		Date of Receipt MM / DD / YYYY 08 / 28 / 2014
Mailing Address <b>PO BOX 2713</b>		Transaction ID : <b>SA11C.33216</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22301</b>
FEC ID number of contributing federal political committee.	<b>C</b> <b>C00484535</b>	Amount of Each Receipt this Period <b>950.00</b>
Name of Employer	Occupation	See Credit Memos
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>35150.00</b>	

Full Name (Last, First, Middle Initial) <b>VOTESANE PAC</b>		Date of Receipt MM / DD / YYYY 09 / 04 / 2014
Mailing Address <b>PO BOX 2713</b>		Transaction ID : <b>SA11C.33229</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22301</b>
FEC ID number of contributing federal political committee.	<b>C</b> <b>C00484535</b>	Amount of Each Receipt this Period <b>1900.00</b>
Name of Employer	Occupation	See Credit Memos
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>37050.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>4750.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

14020814128

**SCHEDULE 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 166 OF 340
<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)  
**VOTESANE PAC**

Mailing Address **PO BOX 2713**

City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22301</b>
---------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C00484535**

Name of Employer	Occupation
------------------	------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**38000.00**

Date of Receipt  
MM / DD / YYYY  
**09 / 11 / 2014**

Transaction ID : **SA11C.33550**

Amount of Each Receipt this Period  
**950.00**

See Credit Memos

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

Mailing Address **PO BOX 2713**

City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22301</b>
---------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C00484535**

Name of Employer	Occupation
------------------	------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**39900.00**

Date of Receipt  
MM / DD / YYYY  
**09 / 18 / 2014**

Transaction ID : **SA11C.33777**

Amount of Each Receipt this Period  
**1900.00**

See Credit Memos

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

Mailing Address **PO BOX 2713**

City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22301</b>
---------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C00484535**

Name of Employer	Occupation
------------------	------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**41325.00**

Date of Receipt  
MM / DD / YYYY  
**09 / 25 / 2014**

Transaction ID : **SA11C.33938**

Amount of Each Receipt this Period  
**1425.00**

See Credit Memos

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

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

**4275.00**

14020814129

**SCHEDULE 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 340
<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)  
**VOTESANE PAC**

Mailing Address **PO BOX 2713**

City **ALEXANDRIA** State **VA** Zip Code **22301**

FEC ID number of contributing federal political committee. **C00484535**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**49400.00**

Date of Receipt  
MM / DD / YYYY  
**09 / 30 / 2014**

Transaction ID : **SA11C.34223**

Amount of Each Receipt this Period  
**8075.00**

See Credit Memos

**B.** Full Name (Last, First, Middle Initial)  
**WAL-MART STORES INC. PAC FOR RESPONSIBLE GOVERNMENT**

Mailing Address **702 S.W. 8th Street**

City **Bentonville** State **AR** Zip Code **72716**

FEC ID number of contributing federal political committee. **C00093054**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) **Other-Runoff Deb**

Election Cycle-to-Date  
**6500.00**

Date of Receipt  
MM / DD / YYYY  
**07 / 29 / 2014**

Transaction ID : **SA11C.32752**

Amount of Each Receipt this Period  
**2500.00**

Runoff Debt Retirement

**C.** Full Name (Last, First, Middle Initial)  
**WAL-MART STORES INC. PAC FOR RESPONSIBLE GOVERNMENT**

Mailing Address **702 S.W. 8th Street**

City **Bentonville** State **AR** Zip Code **72716**

FEC ID number of contributing federal political committee. **C00093054**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**8500.00**

Date of Receipt  
MM / DD / YYYY  
**09 / 16 / 2014**

Transaction ID : **SA11C.33891**

Amount of Each Receipt this Period  
**2000.00**

General

**SUBTOTAL** of Receipts This Page (optional)..... **12575.00**

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

14020814130

**SCHEDULE 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 340
	<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)  
WELLS FARGO AND COMPANY EMPLOYEE PAC (AKA WELLS FARGO EMPLOYEE PAC)

Mailing Address **SIXTH AND MARQUETTE**  
**MAC N9305-084**

City **MINNEAPOLIS** State **MN** Zip Code **55479**

FEC ID number of contributing federal political committee. **C00034595**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**9000.00**

Date of Receipt  
MM / DD / YYYY  
**08 / 26 / 2014**

Transaction ID : **SA11C.33225**

Amount of Each Receipt this Period  
**2000.00**

General

**B.** Full Name (Last, First, Middle Initial)  
**WESTERN ENERGY ALLIANCE PAC**

Mailing Address **1775 SHERMAN ST**  
**SUITE 2700**

City **DENVER** State **CO** Zip Code **80203**

FEC ID number of contributing federal political committee. **C000426569**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt  
MM / DD / YYYY  
**09 / 09 / 2014**

Transaction ID : **SA11C.33677**

Amount of Each Receipt this Period  
**2500.00**

General

**C.** Full Name (Last, First, Middle Initial)  
**WINE AND SPIRITS WHOLESALERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE**

Mailing Address **805 FIFTEENTH ST NW SUITE 430**

City **WASHINGTON** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C00147173**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**7000.00**

Date of Receipt  
MM / DD / YYYY  
**09 / 15 / 2014**

Transaction ID : **SA11C.33899**

Amount of Each Receipt this Period  
**2000.00**

General

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

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

**6500.00**

14020814131



**SCHEDULE 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 340
<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)  
**WINE INSTITUTE POLITICAL ACTION COMMITTEE**

Mailing Address 607 14th Street NW  
Suite 800

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00065219

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
09 / 11 / 2014

Transaction ID : SA11C.33760

Amount of Each Receipt this Period  
5000.00

General

**B.** Full Name (Last, First, Middle Initial)  
**ZOETIS GOOD GOVERNMENT FUND**

Mailing Address 701 8TH STREET, NW  
SUITE 500

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00541177

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
09 / 09 / 2014

Transaction ID : SA11C.33495

Amount of Each Receipt this Period  
2000.00

General

**C.** Full Name (Last, First, Middle Initial)  
**ZURICH HOLDING COMPANY OF AMERICA COMMITTEE FOR GOOD GOVERNMENT (Z-PAC)**

Mailing Address 1201 F STREET NW

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00235036

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
09 / 30 / 2014

Transaction ID : SA11C.34097

Amount of Each Receipt this Period  
2000.00

General

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

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

9000.00

401600.00

14020814132

**SCHEDULE 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 170 OF 340
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input checked="" 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)  
**2014 SENATORS CLASSIC COMMITTEE**

Mailing Address **228 S WASHINGTON STREET SUITE 115**

City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>
---------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C00561845**

Name of Employer	Occupation
------------------	------------

Receipt For: 2014  
 Primary    General  
 Other (specify)

Election Cycle-to-Date  
**58209.34**

Date of Receipt  
MM / DD / YYYY  
**09 / 12 / 2014**

Transaction ID : **SA12.33507**

Amount of Each Receipt this Period  
**4604.60**

Transfer of joint fundraising proceeds. Transfer includes memo donors previously itemized

**B.** Full Name (Last, First, Middle Initial)  
**FRATERNITY AND SORORITY POLITICAL ACTION COMMITTEE**

Mailing Address **PO Box 50731**

City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20091</b>
---------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C00410068**

Name of Employer	Occupation
------------------	------------

Receipt For: 2014  
 Primary    General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
MM / DD / YYYY  
**07 / 24 / 2014**

Transaction ID : **SA12.33509**

Amount of Each Receipt this Period  
**1000.00**

2014 Senators Classic Committee  
**[MEMO ITEM]**

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

Mailing Address **3609 N. ROCKINGHAM STREET**

City <b>ARLINGTON</b>	State <b>VA</b>	Zip Code <b>22213</b>
--------------------------	--------------------	--------------------------

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

Name of Employer <b>FTI CONSULTING</b>	Occupation <b>MANAGING DIRECTOR</b>
---	--

Receipt For: 2014  
 Primary    General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
MM / DD / YYYY  
**07 / 02 / 2014**

Transaction ID : **SA12.33510**

Amount of Each Receipt this Period  
**1000.00**

2014 Senators Classic Committee  
**[MEMO ITEM]**

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

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

**4604.60**

**4604.60**

14020814133

**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 340  
(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)  
**RENASANT BANK**

Mailing Address P.O. BOX 709

City State Zip Code  
TUPELO MS 38802

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6538.19

Date of Receipt  
MM / DD / YYYY  
07 / 22 / 2014

Transaction ID : SA15.33100

Amount of Each Receipt this Period  
1.37

Interest Income

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

Mailing Address P.O. BOX 709

City State Zip Code  
TUPELO MS 38802

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6541.03

Date of Receipt  
MM / DD / YYYY  
07 / 23 / 2014

Transaction ID : SA15.33101

Amount of Each Receipt this Period  
2.84

Interest Income

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

Mailing Address P.O. BOX 709

City State Zip Code  
TUPELO MS 38802

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6593.24

Date of Receipt  
MM / DD / YYYY  
07 / 31 / 2014

Transaction ID : SA15.33099

Amount of Each Receipt this Period  
52.21

Interest Income

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

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

56.42

14020814134

**SCHEDULE 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 172 OF 340
<input 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 checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial) <b>RENASANT BANK</b>		Date of Receipt MM / DD / YYYY 08 / 31 / 2014
Mailing Address P.O. BOX 709		Transaction ID : SA15.33250
City TUPELO	State MS	Zip Code 38802
FEC ID number of contributing federal political committee.	<input type="checkbox"/> C	Amount of Each Receipt this Period 43.53
Name of Employer	Occupation	Interest
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 6636.77	

Full Name (Last, First, Middle Initial) <b>RENASANT BANK</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014
Mailing Address P.O. BOX 709		Transaction ID : SA15.34322
City TUPELO	State MS	Zip Code 38802
FEC ID number of contributing federal political committee.	<input type="checkbox"/> C	Amount of Each Receipt this Period 34.68
Name of Employer	Occupation	Interest Income
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 6671.45	

Full Name (Last, First, Middle Initial)		Date of Receipt MM / DD / YYYY
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee.	<input type="checkbox"/> 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	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	78.21
<b>TOTAL</b> This Period (last page this line number only).....	134.63

14020814135

**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) <b>A. A2Z PRINTING</b>		Date of Disbursement MM / DD / YYYY 07 / 28 / 2014
Mailing Address 5468 NORTH STATE STREET		Amount of Each Disbursement this Period 15250.00 Transaction ID : SB17.34311
City JACKSON	State MS Zip Code 39206	
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 type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. A2Z PRINTING</b>		Date of Disbursement MM / DD / YYYY 08 / 07 / 2014
Mailing Address 5468 NORTH STATE STREET		Amount of Each Disbursement this Period 15250.00 Transaction ID : SB17.34312
City JACKSON	State MS Zip Code 39206	
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 type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. A2Z PRINTING</b>		Date of Disbursement MM / DD / YYYY 08 / 18 / 2014
Mailing Address 5468 NORTH STATE STREET		Amount of Each Disbursement this Period 10000.00 Transaction ID : SB17.34313
City JACKSON	State MS Zip Code 39206	
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 type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	40500.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020814136

**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 174 OF 340			
	<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. A2Z PRINTING**

Date of Disbursement  
MM / DD / YYYY  
09 / 08 / 2014

Mailing Address 5468 NORTH STATE STREET

City JACKSON State MS Zip Code 39206

Purpose of Disbursement  
Printing - Signs/Stickers

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Amount of Each Disbursement this Period  
2106.00

Transaction ID : SB17.33348

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

Date of Disbursement  
MM / DD / YYYY  
07 / 22 / 2014

Mailing Address 2005 SEMINOLE RD

City COLUMBUS State MS Zip Code 39705

Purpose of Disbursement  
Mileage reimbursement/GOTV - door to door

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Amount of Each Disbursement this Period  
1150.00

Transaction ID : SB17.32900

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

Date of Disbursement  
MM / DD / YYYY  
07 / 17 / 2014

Mailing Address 710 CORINNE STREET

City HATTIESBURG State MS Zip Code 39401

Purpose of Disbursement  
Signs/Food/Beverage

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Amount of Each Disbursement this Period  
1993.63

Transaction ID : SB17.34348

**SUBTOTAL** of Disbursements This Page (optional)..... 5249.63

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

14020814137

**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 175 OF 340
	<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) <b>A. STACY T. AHUA</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2014
Mailing Address 710 CORINNE STREET		Amount of Each Disbursement this Period 1191.25 Transaction ID : SB17.33076
City HATTIESBURG	State MS	
Zip Code 39401	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State:      District:	

Full Name (Last, First, Middle Initial) <b>B. STACY T. AHUA</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2014
Mailing Address 710 CORINNE STREET		Amount of Each Disbursement this Period 1191.25 Transaction ID : SB17.33650
City HATTIESBURG	State MS	
Zip Code 39401	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State:      District:	

Full Name (Last, First, Middle Initial) <b>C. STACY T. AHUA</b>		Date of Disbursement MM / DD / YYYY 09 / 15 / 2014
Mailing Address 710 CORINNE STREET		Amount of Each Disbursement this Period 1191.25 Transaction ID : SB17.33632
City HATTIESBURG	State MS	
Zip Code 39401	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State:      District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3573.75
<b>TOTAL</b> This Period (last page this line number only).....	

14020814138

**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 176 OF 340
	<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) <b>A. AJAX DINER</b>		Date of Disbursement
Mailing Address 118 Courthouse Square		MM / DD / YYYY 08 / 01 / 2014
City Oxford	State MS	Zip Code 38655
Purpose of Disbursement Meal	Category/ Type	Amount of Each Disbursement this Period 55.53
Candidate Name	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.33205
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. HANNAH ALDRICH</b>		Date of Disbursement
Mailing Address 428 OLIVE BRANCH		MM / DD / YYYY 08 / 20 / 2014
City OXFORD	State MS	Zip Code 38655
Purpose of Disbursement Mileage reimbursement	Category/ Type	Amount of Each Disbursement this Period 85.00
Candidate Name	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.32993
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>C. RACHEL ALLEN</b>		Date of Disbursement
Mailing Address 5247 SUFFOLK CIRCLE		MM / DD / YYYY 07 / 01 / 2014
City JACKSON	State MS	Zip Code 39211
Purpose of Disbursement Payroll	Category/ Type	Amount of Each Disbursement this Period 2421.90
Candidate Name	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.33021
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2506.90
<b>TOTAL</b> This Period (last page this line number only).....	

14020814139



**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 177 OF 340			
	<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) <b>A. RACHEL ALLEN</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2014
Mailing Address 5247 SUFFOLK CIRCLE		Amount of Each Disbursement this Period 2421.90 Transaction ID : SB17.33043
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. RACHEL ALLEN</b>		Date of Disbursement MM / DD / YYYY 07 / 17 / 2014
Mailing Address 5247 SUFFOLK CIRCLE		Amount of Each Disbursement this Period 1402.80 Transaction ID : SB17.32820
City JACKSON State MS Zip Code 39211	Purpose of Disbursement Telephone Service - GOTV	
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>C. RACHEL ALLEN</b>		Date of Disbursement MM / DD / YYYY 08 / 01 / 2014
Mailing Address 5247 SUFFOLK CIRCLE		Amount of Each Disbursement this Period 2421.90 Transaction ID : SB17.33060
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6246.60
<b>TOTAL</b> This Period (last page this line number only).....	

14020814140

**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 178 OF 340	
	<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) <b>A. RACHEL ALLEN</b>		Date of Disbursement 08 / 15 / 2014
Mailing Address 5247 SUFFOLK CIRCLE		Amount of Each Disbursement this Period 2421.90 Transaction ID : SB17.33079
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. RACHEL ALLEN</b>		Date of Disbursement 09 / 02 / 2014
Mailing Address 5247 SUFFOLK CIRCLE		Amount of Each Disbursement this Period 2421.90 Transaction ID : SB17.33651
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. RACHEL ALLEN</b>		Date of Disbursement 09 / 09 / 2014
Mailing Address 5247 SUFFOLK CIRCLE		Amount of Each Disbursement this Period 479.50 Transaction ID : SB17.33367
City JACKSON State MS Zip Code 39211	Purpose of Disbursement Mileage reimbursement	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5323.30
<b>TOTAL</b> This Period (last page this line number only) .....	

14020814141

**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 179 OF 340
	<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) <b>A. RACHEL ALLEN</b>		Date of Disbursement MM / DD / YYYY 09 / 15 / 2014
Mailing Address 5247 SUFFOLK CIRCLE		Amount of Each Disbursement this Period 2421.90 Transaction ID : SB17.33633
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:    District:		

Full Name (Last, First, Middle Initial) <b>B. ALLIANCE BUSINESS SERVICES</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2014
Mailing Address 109 E. STATE STREET		Amount of Each Disbursement this Period 26.75 Transaction ID : SB17.32957
City RIDGELAND    State MS    Zip Code 39157	Purpose of Disbursement Printing	
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>C. ALLIANCE BUSINESS SERVICES</b>		Date of Disbursement MM / DD / YYYY 09 / 08 / 2014
Mailing Address 109 E. STATE STREET		Amount of Each Disbursement this Period 2173.02 Transaction ID : SB17.33345
City RIDGELAND    State MS    Zip Code 39157	Purpose of Disbursement Printing - Invitations	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4621.67
<b>TOTAL</b> This Period (last page this line number only).....	

14020814142

**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 180 OF 340	
	<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) <b>A. ALL SIGNS, INC.</b>		Date of Disbursement
Mailing Address P.O. BOX 6265		M M / D D / Y Y Y Y 07 / 23 / 2014
City GULFPORT	State MS	Zip Code 39507
Purpose of Disbursement Signs	Category/ Type	Amount of Each Disbursement this Period 4988.88
Candidate Name		Transaction ID : SB17.32925
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>B. GREGORY ALSTON</b>		Date of Disbursement
Mailing Address 808 W. PINE ST.		M M / D D / Y Y Y Y 07 / 07 / 2014
City HATTIESBURG	State MS	Zip Code 39401
Purpose of Disbursement Payroll	Category/ Type	Amount of Each Disbursement this Period 1024.20
Candidate Name		Transaction ID : SB17.33035
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>C. GREGORY ALSTON</b>		Date of Disbursement
Mailing Address 808 W. PINE ST.		M M / D D / Y Y Y Y 07 / 17 / 2014
City HATTIESBURG	State MS	Zip Code 39401
Purpose of Disbursement Mileage Reimbursement/Food/Beverage	Category/ Type	Amount of Each Disbursement this Period 388.19
Candidate Name		Transaction ID : SB17.32822
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6401.27
<b>TOTAL</b> This Period (last page this line number only).....	

14020814143

**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 181 OF 340
	<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) <b>A. GREGORY ALSTON</b>		Date of Disbursement
Mailing Address 808 W. PINE ST.		MM / DD / YYYY 08 / 06 / 2014
City HATTIESBURG	State MS	Zip Code 39401
Purpose of Disbursement Mileage reimbursement/Food/Beverage/Copies/Signs		Amount of Each Disbursement this Period 1504.38
Candidate Name	Category/ Type	Transaction ID : <b>SB17.32950</b>
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>B. GREGORY ALSTON</b>		Date of Disbursement
Mailing Address 808 W. PINE ST.		MM / DD / YYYY 08 / 15 / 2014
City HATTIESBURG	State MS	Zip Code 39401
Purpose of Disbursement Payroll		Amount of Each Disbursement this Period 512.10
Candidate Name	Category/ Type	Transaction ID : <b>SB17.33080</b>
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>C. GREGORY ALSTON</b>		Date of Disbursement
Mailing Address 808 W. PINE ST.		MM / DD / YYYY 09 / 02 / 2014
City HATTIESBURG	State MS	Zip Code 39401
Purpose of Disbursement Payroll		Amount of Each Disbursement this Period 512.10
Candidate Name	Category/ Type	Transaction ID : <b>SB17.33652</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2528.58
<b>TOTAL</b> This Period (last page this line number only).....	

14020814144

**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 182 OF 340			
	<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. GREGORY ALSTON**

Full Name (Last, First, Middle Initial)

Mailing Address 808 W. PINE ST.

City HATTIESBURG State MS Zip Code 39401

Purpose of Disbursement  
Mileage reimbursement, food, lodging

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 09 / 2014

Amount of Each Disbursement this Period: 328.81

Transaction ID : SB17.33361

Category/Type

**B. GREGORY ALSTON**

Full Name (Last, First, Middle Initial)

Mailing Address 808 W. PINE ST.

City HATTIESBURG State MS Zip Code 39401

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 15 / 2014

Amount of Each Disbursement this Period: 512.10

Transaction ID : SB17.33634

Category/Type

**C. AMERICAN AIRLINES**

Full Name (Last, First, Middle Initial)

Mailing Address 4333 AMAN CARTER BLVD  
MD 5675

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement  
Airfare

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement: 06 / 18 / 2014

Amount of Each Disbursement this Period: 907.00

Transaction ID : SB17.33594

[MEMO ITEM]

Category/Type

**SUBTOTAL** of Disbursements This Page (optional) ..... 840.91

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

14020814145

**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 183 OF 340	
	<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) <b>A. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 06 / 26 / 2014
Mailing Address 4333 AMAN CARTER BLVD MD 5675		Amount of Each Disbursement this Period 803.00 Transaction ID : SB17.33160 [MEMO ITEM]
City FORT WORTH	State TX Zip Code 76155	
Purpose of Disbursement Airfare - Tim Wolverton		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) <b>B. ARBY'S - RIDGELAND</b>		Date of Disbursement MM / DD / YYYY 06 / 25 / 2014
Mailing Address 804 LAKE HARBOUR DR		Amount of Each Disbursement this Period 8.02 Transaction ID : SB17.33153 [MEMO ITEM]
City RIDGELAND	State MS Zip Code 39157	
Purpose of Disbursement Meal		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) <b>C. ARTIE ARMSTRONG</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2014
Mailing Address 6655 LYNDON B. JOHNSON DR		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.33095
City JACKSON	State MS Zip Code 39213	
Purpose of Disbursement GOTV - door to door/Transportation		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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020814146

**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 184 OF 340	
	<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) <b>A. TINA ARNOLD</b>		Date of Disbursement MM / DD / YYYY 07 / 17 / 2014
Mailing Address 267 LAKE CIRCLE		Amount of Each Disbursement this Period 417.19 Transaction ID : SB17.32823
City MADISON	State MS	
Zip Code 39110		Category/ Type
Purpose of Disbursement Food/Beverage/Supplies for signs/GOTV - door to door		
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) <b>B. WARREN ASHMORE</b>		Date of Disbursement MM / DD / YYYY 08 / 01 / 2014
Mailing Address 105 NOBLE DRIVE		Amount of Each Disbursement this Period 650.00 Transaction ID : SB17.32946
City BROOKHAVEN	State MS	
Zip Code 39603		Category/ Type
Purpose of Disbursement Mileage reimbursement/Deliver signs		
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) <b>C. SALEEM BAIRD</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2014
Mailing Address P.O. BOX 737		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.33041
City TOUGALOO	State MS	
Zip Code 39174		Category/ Type
Purpose of Disbursement GOTV - door to door/minority outreach		
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3567.19
<b>TOTAL</b> This Period (last page this line number only) .....	

14020814147



**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 185 OF 340
	<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. BANK OF NEW ALBANY**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 811

City NEW ALBANY State MS Zip Code 38652

Purpose of Disbursement Interest

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 29 / 2014

Amount of Each Disbursement this Period: 1128.08

Transaction ID : SB17.33384

**B. AUSTIN BARBOUR**

Full Name (Last, First, Middle Initial)  
Mailing Address 4830 NORTHAMPTON DR

City JACKSON State MS Zip Code 39211

Purpose of Disbursement GOTV - Phones

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 17 / 2014

Amount of Each Disbursement this Period: 713.90

Transaction ID : SB17.32826

**C. AUSTIN BARBOUR**

Full Name (Last, First, Middle Initial)  
Mailing Address 4830 NORTHAMPTON DR

City JACKSON State MS Zip Code 39211

Purpose of Disbursement Lodging

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 22 / 2014

Amount of Each Disbursement this Period: 784.80

Transaction ID : SB17.32909

**SUBTOTAL** of Disbursements This Page (optional) ..... 2626.78

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

14020814148

**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. KATHERINE BARBOUR**

Mailing Address 151 OAKHURST TRIAL

City State Zip Code  
RIDGELAND MS 39157

Purpose of Disbursement  
Data Entry/GOTV - door to door

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 02 / 2014

Amount of Each Disbursement this Period

1200.00

Transaction ID : SB17.33008

Full Name (Last, First, Middle Initial)

**B. BEAU RIVAGE RESORT**

Mailing Address 875 BEACH BLVD.

City State Zip Code  
BILOXI MS 39530

Purpose of Disbursement  
Lodging

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 22 / 2014

Amount of Each Disbursement this Period

397.82

Transaction ID : SB17.33605

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. BEAU RIVAGE RESORT**

Mailing Address 875 BEACH BLVD.

City State Zip Code  
BILOXI MS 39530

Purpose of Disbursement  
Credit - Lodging

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 23 / 2014

Amount of Each Disbursement this Period

-397.82

Transaction ID : SB17.33624

[MEMO ITEM]

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

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

1200.00

14020814149

**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 187 OF 340			
	<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) <b>A. BEAU RIVAGE RESORT</b>		Date of Disbursement
Mailing Address 875 BEACH BLVD.		MM / DD / YYYY 06 / 26 / 2014
City	State	Amount of Each Disbursement this Period
BILOXI	MS	
Purpose of Disbursement Lodging	Zip Code 39530	198.91
Candidate Name	Category/ Type	Transaction ID : SB17.33620
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 checked="" type="checkbox"/> Other (specify) Runoff	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. TONA BECKER</b>		Date of Disbursement
Mailing Address 23 SANDALWOOD DR		MM / DD / YYYY 07 / 17 / 2014
City	State	Amount of Each Disbursement this Period
MADISON	MS	
Purpose of Disbursement GOTV - DOOR TO DOOR	Zip Code 39110	1755.00
Candidate Name	Category/ Type	Transaction ID : SB17.32869
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>C. BENCK COACHES, LLC</b>		Date of Disbursement
Mailing Address 245 HURDLE ROAD		MM / DD / YYYY 07 / 23 / 2014
City	State	Amount of Each Disbursement this Period
PELAHATCHIE	MS	
Purpose of Disbursement Campaign Bus	Zip Code 39145	35035.31
Candidate Name	Category/ Type	Transaction ID : SB17.34306
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	36790.31
<b>TOTAL</b> This Period (last page this line number only).....	

14020814150

**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 188 OF 340
	<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) <b>A. BENCK COACHES, LLC</b>		Date of Disbursement
Mailing Address 245 HURDLE ROAD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 08 / 2014
City PELAHATCHIE	State MS	Zip Code 39145
Purpose of Disbursement Campaign Bus	<input type="text"/>	
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:		
		Amount of Each Disbursement this Period <input type="text"/> 3484.48
		Transaction ID : SB17.33349

Full Name (Last, First, Middle Initial) <b>B. BENCK COACHES, LLC</b>		Date of Disbursement
Mailing Address 245 HURDLE ROAD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 15 / 2014
City PELAHATCHIE	State MS	Zip Code 39145
Purpose of Disbursement Campaign Bus Expenses	<input type="text"/>	
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:		
		Amount of Each Disbursement this Period <input type="text"/> 3146.84
		Transaction ID : SB17.33807

Full Name (Last, First, Middle Initial) <b>C. BEST WESTERN</b>		Date of Disbursement
Mailing Address 1004 TOP ST		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 19 / 2014
City FLOWOOD	State MS	Zip Code 39232
Purpose of Disbursement Lodging	<input type="text"/>	
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State:                      District:		
		Amount of Each Disbursement this Period <input type="text"/> 261.58
		Transaction ID : SB17.33600
		[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text"/> 6631.32
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

14020814151

**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 189 OF 340	
	<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) <b>A. RICKY BISHOP</b>		Date of Disbursement	
Mailing Address 413-B SANTA ANITA DR		MM / DD / YYYY 07 / 01 / 2014	
City STARKVILLE	State MS	Zip Code 39759	Amount of Each Disbursement this Period 1292.25
Purpose of Disbursement Payroll	Candidate Name		Transaction ID : SB17.33028
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)		Category/ Type
State: District:			

Full Name (Last, First, Middle Initial) <b>B. RICKY BISHOP</b>		Date of Disbursement	
Mailing Address 413-B SANTA ANITA DR		MM / DD / YYYY 07 / 17 / 2014	
City STARKVILLE	State MS	Zip Code 39759	Amount of Each Disbursement this Period 247.47
Purpose of Disbursement Mileage reimbursement/Food/Beverage/Postage	Candidate Name		Transaction ID : SB17.32827
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)		Category/ Type
State: District:			

Full Name (Last, First, Middle Initial) <b>C. RICKY BISHOP</b>		Date of Disbursement	
Mailing Address 413-B SANTA ANITA DR		MM / DD / YYYY 07 / 17 / 2014	
City STARKVILLE	State MS	Zip Code 39759	Amount of Each Disbursement this Period 853.73
Purpose of Disbursement Mileage reimbursement/food/beverage/copies/postage	Candidate Name		Transaction ID : SB17.32828
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)		Category/ Type
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2393.45
<b>TOTAL</b> This Period (last page this line number only).....	

14020814152

**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 190 OF 340
	<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) <b>A. RICKY BISHOP</b>		Date of Disbursement MM / DD / YYYY 08 / 01 / 2014
Mailing Address 413-B SANTA ANITA DR		Amount of Each Disbursement this Period 829.50 Transaction ID : SB17.33061
City STARKVILLE	State MS	
Purpose of Disbursement Payroll	Zip Code 39759	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) <b>B. RICKY BISHOP</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2014
Mailing Address 413-B SANTA ANITA DR		Amount of Each Disbursement this Period 1010.37 Transaction ID : SB17.33081
City STARKVILLE	State MS	
Purpose of Disbursement Payroll	Zip Code 39759	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) <b>C. RICKY BISHOP</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2014
Mailing Address 413-B SANTA ANITA DR		Amount of Each Disbursement this Period 1010.38 Transaction ID : SB17.33653
City STARKVILLE	State MS	
Purpose of Disbursement Payroll	Zip Code 39759	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2850.25
<b>TOTAL</b> 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 191 OF 340			
	<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) <b>A. RICKY BISHOP</b>		Date of Disbursement
Mailing Address 413-B SANTA ANITA DR		MM / DD / YYYY 09 / 09 / 2014
City STARKVILLE	State MS	Zip Code 39759
Purpose of Disbursement Mileage reimbursement/food	Amount of Each Disbursement this Period 1226.68	
Candidate Name	Transaction ID : SB17.33366	
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	

Full Name (Last, First, Middle Initial) <b>B. RICKY BISHOP</b>		Date of Disbursement
Mailing Address 413-B SANTA ANITA DR		MM / DD / YYYY 09 / 15 / 2014
City STARKVILLE	State MS	Zip Code 39759
Purpose of Disbursement Payroll	Amount of Each Disbursement this Period 1010.37	
Candidate Name	Transaction ID : SB17.33635	
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	

Full Name (Last, First, Middle Initial) <b>C. BISTRO ITALIANO</b>		Date of Disbursement
Mailing Address 320 D STREET NE		MM / DD / YYYY 06 / 10 / 2014
City WASHINGTON	State DC	Zip Code 20002
Purpose of Disbursement Food/Beverage	Amount of Each Disbursement this Period 49.28	
Candidate Name	Transaction ID : SB17.33194	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:	Category/ Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2237.05
<b>TOTAL</b> 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 192 OF 340			
	<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) <b>A. BISTRO ITALIANO</b>		Date of Disbursement MM / DD / YYYY 06 / 16 / 2014
Mailing Address 320 D STREET NE		Amount of Each Disbursement this Period 45.95
City WASHINGTON	State DC	
Purpose of Disbursement Food/Beverage	Zip Code 20002	Transaction ID : <b>SB17.33195</b>  [MEMO ITEM]
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. THOMAS BLAKE</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2014
Mailing Address 1004 EUCLID AVE		Amount of Each Disbursement this Period 2349.50
City LAUREL	State MS	
Purpose of Disbursement Payroll	Zip Code 39440	Transaction ID : <b>SB17.33082</b>
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>C. THOMAS BLAKE</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2014
Mailing Address 1004 EUCLID AVE		Amount of Each Disbursement this Period 1259.25
City LAUREL	State MS	
Purpose of Disbursement Payroll	Zip Code 39440	Transaction ID : <b>SB17.33654</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3608.75
<b>TOTAL</b> 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 193 OF 340			
	<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) <b>A. THOMAS BLAKE</b>		Date of Disbursement
Mailing Address 1004 EUCLID AVE		MM / DD / YYYY 09 / 09 / 2014
City LAUREL	State MS	Zip Code 39440
Purpose of Disbursement Mileage reimbursement	Amount of Each Disbursement this Period 338.00	
Candidate Name	Transaction ID : SB17.33363	
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	

Full Name (Last, First, Middle Initial) <b>B. THOMAS BLAKE</b>		Date of Disbursement
Mailing Address 1004 EUCLID AVE		MM / DD / YYYY 09 / 15 / 2014
City LAUREL	State MS	Zip Code 39440
Purpose of Disbursement Payroll	Amount of Each Disbursement this Period 1259.25	
Candidate Name	Transaction ID : SB17.33636	
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	

Full Name (Last, First, Middle Initial) <b>C. BLUFF CITY SPORTS PRINT, INC.</b>		Date of Disbursement
Mailing Address 769 S. COOPER		MM / DD / YYYY 07 / 23 / 2014
City MEMPHIS	State TN	Zip Code 38104
Purpose of Disbursement Printing - Brochures/T-shirts	Amount of Each Disbursement this Period 5490.37	
Candidate Name	Transaction ID : SB17.32927	
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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7087.62
<b>TOTAL</b> 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 194 OF 340	
	<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) <b>A. ANNE HALL BRASHIER</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2014	
Mailing Address 28 EUREKA PLANTATION		Amount of Each Disbursement this Period 276.00	
City INDIANOLA	State MS	Zip Code 38751	Transaction ID : SB17.32983
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. BREAZEALE, SAUNDERS &amp; O'NEIL, LTD</b>		Date of Disbursement MM / DD / YYYY 07 / 23 / 2014	
Mailing Address P.O. BOX 80		Amount of Each Disbursement this Period 410.01	
City JACKSON	State MS	Zip Code 39205	Transaction ID : SB17.32936
Purpose of Disbursement Accounting Services		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) <b>C. BREAZEALE, SAUNDERS &amp; O'NEIL, LTD</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2014	
Mailing Address P.O. BOX 80		Amount of Each Disbursement this Period 484.88	
City JACKSON	State MS	Zip Code 39205	Transaction ID : SB17.32968
Purpose of Disbursement Accounting Services		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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1170.89
<b>TOTAL</b> This Period (last page this line number only).....	

14020814157

**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 195 OF 340
	<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) <b>A. BROCK DEATON LAW FIRM</b>		Date of Disbursement
Mailing Address P.O. BOX 1726		MM / DD / YYYY 07 / 17 / 2014
City TUPELO	State MS	Zip Code 38802
Purpose of Disbursement Accounting/Administrative Services	Category/ Type	Amount of Each Disbursement this Period 3929.55
Candidate Name		Transaction ID : SB17.32809
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>B. BROCK DEATON LAW FIRM</b>		Date of Disbursement
Mailing Address P.O. BOX 1726		MM / DD / YYYY 08 / 06 / 2014
City TUPELO	State MS	Zip Code 38802
Purpose of Disbursement Accounting/Administrative Services	Category/ Type	Amount of Each Disbursement this Period 2741.18
Candidate Name		Transaction ID : SB17.32952
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>C. BROCK DEATON LAW FIRM</b>		Date of Disbursement
Mailing Address P.O. BOX 1726		MM / DD / YYYY 09 / 08 / 2014
City TUPELO	State MS	Zip Code 38802
Purpose of Disbursement Accounting/Administrative Services	Category/ Type	Amount of Each Disbursement this Period 2465.27
Candidate Name		Transaction ID : SB17.33353
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	9136.00
<b>TOTAL</b> This Period (last page this line number only) .....	

14020814158

**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 196 OF 340			
	<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. LEWIS BROOKS**

Date of Disbursement  
MM / DD / YYYY  
07 / 03 / 2014

Mailing Address 231 SCHOOL PARK DRIVE

City LELAND State MS Zip Code 38756

Purpose of Disbursement GOTV - door to door/Transportation

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Amount of Each Disbursement this Period  
1800.00

Transaction ID : SB17.33091

Category/Type

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

Date of Disbursement  
MM / DD / YYYY  
07 / 17 / 2014

Mailing Address 324 F STREET, NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Amount of Each Disbursement this Period  
727.67

Transaction ID : SB17.32829

Category/Type

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

Date of Disbursement  
MM / DD / YYYY  
09 / 08 / 2014

Mailing Address P.O. BOX 7097

City GULFPORT State MS Zip Code 39506

Purpose of Disbursement Printing - T-Shirts

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Amount of Each Disbursement this Period  
1230.50

Transaction ID : SB17.33343

Category/Type

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

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

3758.17

14020814159

**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 197 OF 340	
	<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) <b>A. BURGER KING - RICHLAND</b>		Date of Disbursement
Mailing Address 1010 HWY 49		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City RICHLAND	State MS	Zip Code 39218
Purpose of Disbursement Meal	<input type="text" value="Category/Type"/>	Amount of Each Disbursement this Period <input type="text" value="10.45"/>
Candidate Name		Transaction ID : SB17.33147
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. KRISTIN BUSE</b>		Date of Disbursement
Mailing Address 105 BIG DIPPER TRAIL		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City TUPELO	State MS	Zip Code 38804
Purpose of Disbursement Accounting/Administrative Services	<input type="text" value="Category/Type"/>	Amount of Each Disbursement this Period <input type="text" value="565.00"/>
Candidate Name		Transaction ID : SB17.32801
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>C. KRISTIN BUSE</b>		Date of Disbursement
Mailing Address 105 BIG DIPPER TRAIL		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City TUPELO	State MS	Zip Code 38804
Purpose of Disbursement Accounting/Administrative Services	<input type="text" value="Category/Type"/>	Amount of Each Disbursement this Period <input type="text" value="915.00"/>
Candidate Name		Transaction ID : SB17.32810
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<input type="text" value="1480.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	

14020814160

**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 198 OF 340	
	<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) <b>A. C&amp;J PROPERTY MANAGEMENT, LLC</b>		Date of Disbursement
Mailing Address P.O. BOX 231		<input type="text" value="MM"/> <input type="text" value="DD"/> / <input type="text" value="YYYY"/> <input type="text" value="YY"/>
City JACKSON	State MS	Zip Code 39205
Purpose of Disbursement Rent - Campaign Office	<input type="text" value="Category/Type"/>	Amount of Each Disbursement this Period <input type="text" value="2032.88"/>
Candidate Name		<b>Transaction ID : SB17.32806</b>
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>B. C&amp;J PROPERTY MANAGEMENT, LLC</b>		Date of Disbursement
Mailing Address P.O. BOX 231		<input type="text" value="MM"/> <input type="text" value="DD"/> / <input type="text" value="YYYY"/> <input type="text" value="YY"/>
City JACKSON	State MS	Zip Code 39205
Purpose of Disbursement Rent - Campaign Office	<input type="text" value="Category/Type"/>	Amount of Each Disbursement this Period <input type="text" value="2032.88"/>
Candidate Name		<b>Transaction ID : SB17.32949</b>
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>C. C&amp;J PROPERTY MANAGEMENT, LLC</b>		Date of Disbursement
Mailing Address P.O. BOX 231		<input type="text" value="MM"/> <input type="text" value="DD"/> / <input type="text" value="YYYY"/> <input type="text" value="YY"/>
City JACKSON	State MS	Zip Code 39205
Purpose of Disbursement Rent - Campaign Office	<input type="text" value="Category/Type"/>	Amount of Each Disbursement this Period <input type="text" value="2032.88"/>
Candidate Name		<b>Transaction ID : SB17.33342</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<input type="text" value="6098.64"/>
<b>TOTAL</b> This Period (last page this line number only).....	

14020814161

**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 199 OF 340			
	<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. CAPITOL HILL CLUB**

Full Name (Last, First, Middle Initial)

Mailing Address 300 FIRST STREET S.E.

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement Fundraiser - Catering

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement 07 / 23 / 2014

Amount of Each Disbursement this Period 3591.80

Transaction ID : SB17.32920

Category/Type

**B. CAR CARE CLINIC**

Full Name (Last, First, Middle Initial)

Mailing Address 816 HWY 51

City MADISON State MS Zip Code 39110

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Other (specify) Runoff  Primary  General

State: District:

Date of Disbursement 06 / 05 / 2014

Amount of Each Disbursement this Period 54.56

Transaction ID : SB17.33123

[MEMO ITEM]

Category/Type

**C. CARDINAL GROUP**

Full Name (Last, First, Middle Initial)

Mailing Address 312 WASHINGTON AVE

City OCEAN SPRINGS State MS Zip Code 39564

Purpose of Disbursement Media Services - Website

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Other (specify) Runoff  Primary  General

State: District:

Date of Disbursement 08 / 26 / 2014

Amount of Each Disbursement this Period 3000.00

Transaction ID : SB17.34345

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 6591.80

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

14020814162

**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 200 OF 340			
	<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) <b>A. CARDINAL GROUP</b>		Date of Disbursement
Mailing Address 312 WASHINGTON AVE		MM / DD / YYYY 09 / 15 / 2014
City OCEAN SPRINGS	State MS	Zip Code 39564
Purpose of Disbursement Media Services - Website		Amount of Each Disbursement this Period 3000.00
Candidate Name	Category/Type	Transaction ID : SB17.34346
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CARDMEMBER SERVICE</b>		Date of Disbursement
Mailing Address P.O. BOX 790408		MM / DD / YYYY 06 / 23 / 2014
City ST. LOUIS	State MO	Zip Code 63179-0408
Purpose of Disbursement Processing Fee		Amount of Each Disbursement this Period 10.00
Candidate Name	Category/Type	Transaction ID : SB17.33621
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CARDMEMBER SERVICE</b>		Date of Disbursement
Mailing Address P.O. BOX 790408		MM / DD / YYYY 07 / 01 / 2014
City ST. LOUIS	State MO	Zip Code 63179-0408
Purpose of Disbursement Late Fee		Amount of Each Disbursement this Period 29.00
Candidate Name	Category/Type	Transaction ID : SB17.33161
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

14020814163



**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 201 OF 340	
	<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**

Mailing Address **P.O. BOX 790408**

City **ST. LOUIS** State **MO** Zip Code **63179-0408**

Purpose of Disbursement  
See Credit Memos

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
**07 / 09 / 2014**

Amount of Each Disbursement this Period  
**61.00**

Transaction ID : **SB17.33003**

Category/Type

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

Mailing Address **P.O. BOX 790408**

City **ST. LOUIS** State **MO** Zip Code **63179-0408**

Purpose of Disbursement  
See Credit Memos

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
**07 / 17 / 2014**

Amount of Each Disbursement this Period  
**2138.66**

Transaction ID : **SB17.32814**

Category/Type

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

Mailing Address **P.O. BOX 790408**

City **ST. LOUIS** State **MO** Zip Code **63179-0408**

Purpose of Disbursement  
See Credit Memos

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
**07 / 17 / 2014**

Amount of Each Disbursement this Period  
**1938.79**

Transaction ID : **SB17.32815**

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... **4138.45**

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

14020814164

**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) <b>A. CARDMEMBER SERVICE</b>		Date of Disbursement MM / DD / YYYY 07 / 17 / 2014
Mailing Address P.O. BOX 790408		Amount of Each Disbursement this Period 74.50 Transaction ID : SB17.32816
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. CARDMEMBER SERVICE</b>		Date of Disbursement MM / DD / YYYY 07 / 17 / 2014
Mailing Address P.O. BOX 790408		Amount of Each Disbursement this Period 5822.43 Transaction ID : SB17.32817
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. CARDMEMBER SERVICE</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2014
Mailing Address P.O. BOX 790408		Amount of Each Disbursement this Period 173.93 Transaction ID : SB17.32971
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6070.86
<b>TOTAL</b> This Period (last page this line number only).....	

14020814165

**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 203 OF 340	
	<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) <b>A. CARDMEMBER SERVICE</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2014
Mailing Address P.O. BOX 790408		Amount of Each Disbursement this Period 418.30 Transaction ID : SB17.32972
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. CARDMEMBER SERVICE</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2014
Mailing Address P.O. BOX 790408		Amount of Each Disbursement this Period 1043.78 Transaction ID : SB17.32974
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. CARDMEMBER SERVICE</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2014
Mailing Address P.O. BOX 790408		Amount of Each Disbursement this Period 988.56 Transaction ID : SB17.32975
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2450.64
<b>TOTAL</b> This Period (last page this line number only).....	

14020814166

**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 204 OF 340

<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) <b>A. CARDMEMBER SERVICE</b>		Date of Disbursement																				
Mailing Address P.O. BOX 790408		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>08</td><td></td><td></td><td>14</td><td></td><td></td><td>2014</td><td></td><td></td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	08			14			2014			
M	M	/	D	D	/	Y	Y	Y	Y													
08			14			2014																
City ST. LOUIS	State MO	Zip Code 63179-0408																				
Purpose of Disbursement See Credit Memos		Amount of Each Disbursement this Period <table border="1"><tr><td>943.63</td></tr></table>	943.63																			
943.63																						
Candidate Name		Transaction ID : SB17.32976																				
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>B. CARDMEMBER SERVICE</b>		Date of Disbursement																				
Mailing Address P.O. BOX 790408		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>08</td><td></td><td></td><td>14</td><td></td><td></td><td>2014</td><td></td><td></td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	08			14			2014			
M	M	/	D	D	/	Y	Y	Y	Y													
08			14			2014																
City ST. LOUIS	State MO	Zip Code 63179-0408																				
Purpose of Disbursement See Credit Memos		Amount of Each Disbursement this Period <table border="1"><tr><td>65.19</td></tr></table>	65.19																			
65.19																						
Candidate Name		Transaction ID : SB17.32977																				
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>C. CARROLL TRAVEL</b>		Date of Disbursement																				
Mailing Address 201 MASSACHUSETTS AVENUE NE SUITE C-9		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>07</td><td></td><td></td><td>02</td><td></td><td></td><td>2014</td><td></td><td></td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	07			02			2014			
M	M	/	D	D	/	Y	Y	Y	Y													
07			02			2014																
City WASHINGTON	State DC	Zip Code 20002																				
Purpose of Disbursement Agent Fee		Amount of Each Disbursement this Period <table border="1"><tr><td>80.00</td></tr></table>	80.00																			
80.00																						
Candidate Name		Transaction ID : SB17.33203																				
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:																					

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>1008.82</td></tr></table>	1008.82
1008.82		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

14020814167

**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 205 OF 340			
	<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) <b>A. CARROLL TRAVEL</b>		Date of Disbursement MM / DD / YYYY 07 / 25 / 2014
Mailing Address 201 MASSACHUSETTS AVENUE NE SUITE C-9		Amount of Each Disbursement this Period 80.00
City WASHINGTON	State DC	
Purpose of Disbursement Agent Fee	Zip Code 20002	Transaction ID : SB17.33186
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CARROLL TRAVEL</b>		Date of Disbursement MM / DD / YYYY 07 / 29 / 2014
Mailing Address 201 MASSACHUSETTS AVENUE NE SUITE C-9		Amount of Each Disbursement this Period 40.00
City WASHINGTON	State DC	
Purpose of Disbursement Agent Fee	Zip Code 20002	Transaction ID : SB17.33189
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CRAIG CARTER</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2014
Mailing Address 103 BRADSHAW CROSSING		Amount of Each Disbursement this Period 2500.00
City CANTON	State MS	
Purpose of Disbursement GOTV - door to door/sign distribution	Zip Code 39046	Transaction ID : SB17.33015
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

14020814168

**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 206 OF 340	
	<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) <b>A. CRAIG CARTER</b>		Date of Disbursement MM / DD / YYYY 07 / 17 / 2014
Mailing Address 103 BRADSHAW CROSSING		Amount of Each Disbursement this Period 484.55 Transaction ID : SB17.32831
City CANTON	State MS	
Purpose of Disbursement Mileage reimbursement/Food	Zip Code 39046	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) <b>B. DONNIE CHAMBLISS</b>		Date of Disbursement MM / DD / YYYY 07 / 17 / 2014
Mailing Address 2088 MALLARD COVE		Amount of Each Disbursement this Period 1551.93 Transaction ID : SB17.32877
City SOUTHAVEN	State MS	
Purpose of Disbursement GOTV - DOOR TO DOOR	Zip Code 38672	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) <b>C. CHEVRON - OXFORD</b>		Date of Disbursement MM / DD / YYYY 06 / 07 / 2014
Mailing Address 2625 JACKSON AVE.		Amount of Each Disbursement this Period 1.00 Transaction ID : SB17.33125 [MEMO ITEM]
City OXFORD	State MS	
Purpose of Disbursement Food/Beverage	Zip Code 38655	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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2036.48
<b>TOTAL</b> This Period (last page this line number only).....	

14020814169

**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 207 OF 340	
	<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. CHEVRON - OXFORD**

Full Name (Last, First, Middle Initial)  
Mailing Address 2625 JACKSON AVE.

City OXFORD State MS Zip Code 38655

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement: 06 / 08 / 2014

Amount of Each Disbursement this Period: 3.50

Transaction ID : SB17.33128

[MEMO ITEM]

**B. CHEVRON - OXFORD**

Full Name (Last, First, Middle Initial)  
Mailing Address 2625 JACKSON AVE.

City OXFORD State MS Zip Code 38655

Purpose of Disbursement Fuel-Campaign Vehicle

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 08 / 03 / 2014

Amount of Each Disbursement this Period: 30.59

Transaction ID : SB17.33182

[MEMO ITEM]

**C. CHUCK KELLY SALON**

Full Name (Last, First, Middle Initial)  
Mailing Address 360 CTHOUSE RD

City GULFPORT State MS Zip Code 39507

Purpose of Disbursement Haircut

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement: 06 / 13 / 2014

Amount of Each Disbursement this Period: 20.00

Transaction ID : SB17.33136

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... 0.00

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

14020814170

**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 208 OF 340
	<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) <b>A. CITY GROCERY</b>		Date of Disbursement MM / DD / YYYY 06 / 22 / 2014
Mailing Address 152 COURTHOUSE SQUARE		Amount of Each Disbursement this Period 180.00
City OXFORD	State MS	
Zip Code 38655	Purpose of Disbursement Meal	Transaction ID : SB17.33146
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)    Runoff	
State:                  District:		

Full Name (Last, First, Middle Initial) <b>B. CITY OF BILOXI</b>		Date of Disbursement MM / DD / YYYY 09 / 23 / 2014
Mailing Address 1050 BEACH BLVD		Amount of Each Disbursement this Period 1250.00
City BILOXI	State MS	
Zip Code 39530	Purpose of Disbursement Event Expense - Facility Rental	Transaction ID : SB17.33819
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>C. DAVID CLANTON</b>		Date of Disbursement MM / DD / YYYY 07 / 17 / 2014
Mailing Address P.O. BOX 463		Amount of Each Disbursement this Period 130.00
City MEADVILLE	State MS	
Zip Code 39653	Purpose of Disbursement Food/Beverage	Transaction ID : SB17.32833
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1380.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020814171



**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 209 OF 340	
	<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) <b>A. DAVID CLANTON</b>		Date of Disbursement
Mailing Address P.O. BOX 463		MM / DD / YYYY 07 / 17 / 2014
City MEADVILLE	State MS	Zip Code 39653
Purpose of Disbursement Mileage reimbursement/food/beverage	Category/ Type	Amount of Each Disbursement this Period 1616.45
Candidate Name	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.32834
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>B. DAVID CLANTON</b>		Date of Disbursement
Mailing Address P.O. BOX 463		MM / DD / YYYY 07 / 17 / 2014
City MEADVILLE	State MS	Zip Code 39653
Purpose of Disbursement Mileage reimbursement/food/beverage	Category/ Type	Amount of Each Disbursement this Period 2541.72
Candidate Name	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.32835
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>C. DAVID CLANTON</b>		Date of Disbursement
Mailing Address P.O. BOX 463		MM / DD / YYYY 08 / 01 / 2014
City MEADVILLE	State MS	Zip Code 39653
Purpose of Disbursement GOTV - organizer/director of statewide field operations	Category/ Type	Amount of Each Disbursement this Period 4000.00
Candidate Name	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.33051
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8158.17
<b>TOTAL</b> This Period (last page this line number only).....	

14020814172

**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 210 OF 340

<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) <b>A. DAVID CLANTON</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2014
Mailing Address P.O. BOX 463		Amount of Each Disbursement this Period 4000.00 Transaction ID : SB17.33073
City MEADVILLE	State MS	
Purpose of Disbursement Director of Statewide Field Operations/GOTV	Zip Code 39653	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) <b>B. DAVID CLANTON</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2014
Mailing Address P.O. BOX 463		Amount of Each Disbursement this Period 2039.50 Transaction ID : SB17.32990
City MEADVILLE	State MS	
Purpose of Disbursement Mileage/Neshoba Fair tickets	Zip Code 39653	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) <b>C. DAVID CLANTON</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2014
Mailing Address P.O. BOX 463		Amount of Each Disbursement this Period 4000.00 Transaction ID : SB17.33670
City MEADVILLE	State MS	
Purpose of Disbursement Director of Statewide Field Operations	Zip Code 39653	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: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10039.50
<b>TOTAL</b> This Period (last page this line number only).....	

14020814173

**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 211 OF 340
	<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) <b>A. DAVID CLANTON</b>		Date of Disbursement MM / DD / YYYY 09 / 11 / 2014
Mailing Address P.O. BOX 463		Amount of Each Disbursement this Period 1838.61 Transaction ID : SB17.33799
City MEADVILLE	State MS	
Purpose of Disbursement Mileage reimbursement, food, beverage	Zip Code 39653	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) <b>B. DAVID CLANTON</b>		Date of Disbursement MM / DD / YYYY 09 / 15 / 2014
Mailing Address P.O. BOX 463		Amount of Each Disbursement this Period 4000.00 Transaction ID : SB17.33629
City MEADVILLE	State MS	
Purpose of Disbursement Director of Statewide Field Operations	Zip Code 39653	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) <b>C. CLAY'S PRINT SHOP</b>		Date of Disbursement MM / DD / YYYY 06 / 10 / 2014
Mailing Address 1513 24TH AVE		Amount of Each Disbursement this Period 85.60 Transaction ID : SB17.33192 [MEMO ITEM]
City GULFPORT	State MS	
Purpose of Disbursement Printing	Zip Code 39501	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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5838.61
<b>TOTAL</b> This Period (last page this line number only).....	

14020814174

**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 212 OF 340	
	<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) <b>A. CLOYD &amp; ASSOCIATES, LLC</b>		Date of Disbursement
Mailing Address 433 E. BEACH DR.		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City OCEAN SPRINGS	State MS	Zip Code 39564
Purpose of Disbursement GOTV - door to door/sign distribution	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="3500.00"/>
Candidate Name	Category/ Type	Transaction ID : SB17.33018
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>B. JOE CLOYD</b>		Date of Disbursement
Mailing Address 433 E. BEACH BLVD		<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City OCEAN SPRINGS	State MS	Zip Code 39564
Purpose of Disbursement Mileage reimbursement/printing/food/beverage/signs	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="7976.41"/>
Candidate Name	Category/ Type	Transaction ID : SB17.32836
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>C. THAD COCHRAN</b>		Date of Disbursement
Mailing Address 386A HWY 7 S		<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City OXFORD	State MS	Zip Code 38655
Purpose of Disbursement Airfare/Meal	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="2047.50"/>
Candidate Name	Category/ Type	Transaction ID : SB17.32837
Office Sought: <input type="checkbox"/> House <input checked="" 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: MS District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<input type="text" value="13523.91"/>
<b>TOTAL</b> This Period (last page this line number only).....	

14020814175

**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 213 OF 340	
	<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) <b>A. THAD COCHRAN</b>		Date of Disbursement
Mailing Address 386A HWY 7 S		MM / DD / YYYY 09 / 15 / 2014
City OXFORD	State MS	Zip Code 38655
Purpose of Disbursement Mileage reimbursement, meals	Category/ Type	Amount of Each Disbursement this Period 953.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input checked="" 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: MS	District: 00	Transaction ID : SB17.33809

Full Name (Last, First, Middle Initial) <b>B. THAD COCHRAN</b>		Date of Disbursement
Mailing Address 386A HWY 7 S		MM / DD / YYYY 09 / 23 / 2014
City OXFORD	State MS	Zip Code 38655
Purpose of Disbursement Meal	Category/ Type	Amount of Each Disbursement this Period 49.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input checked="" 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: MS	District: 00	Transaction ID : SB17.33818

Full Name (Last, First, Middle Initial) <b>C. LYDIA COLLINS</b>		Date of Disbursement
Mailing Address 160 12TH ST SE		MM / DD / YYYY 07 / 22 / 2014
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement Airfare	Category/ Type	Amount of Each Disbursement this Period 240.00
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:	Transaction ID : SB17.32916

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1242.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020814176

**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 214 OF 340	
	<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) <b>A. COUNTRY INN &amp; SUITES</b>		Date of Disbursement MM / DD / YYYY 06 / 24 / 2014
Mailing Address 13900 WILFRED SEYMOUR RD		Amount of Each Disbursement this Period 512.94
City OCEAN SPRINGS	State MS	
Zip Code 39564	Purpose of Disbursement Lodging	Transaction ID : SB17.33613  [MEMO ITEM]
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. C SPIRE WIRELESS</b>		Date of Disbursement MM / DD / YYYY 07 / 17 / 2014
Mailing Address P.O. BOX 519		Amount of Each Disbursement this Period 651.93
City MEADVILLE	State MS	
Zip Code 39653	Purpose of Disbursement Telephone	Transaction ID : SB17.32811
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>C. C SPIRE WIRELESS</b>		Date of Disbursement MM / DD / YYYY 07 / 23 / 2014
Mailing Address P.O. BOX 519		Amount of Each Disbursement this Period 211.86
City MEADVILLE	State MS	
Zip Code 39653	Purpose of Disbursement Phone Banks	Transaction ID : SB17.32922
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	863.79
<b>TOTAL</b> This Period (last page this line number only) .....	

14020814177

**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. C SPIRE WIRELESS**

Mailing Address P.O. BOX 519

City MEADVILLE State MS Zip Code 39653

Purpose of Disbursement  
Cell phone service

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM	DD	YYYY
08	06	2014

Amount of Each Disbursement this Period

Amount
1594.34

Transaction ID : SB17.32953

Category/  
Type

**B. C SPIRE WIRELESS**

Mailing Address P.O. BOX 519

City MEADVILLE State MS Zip Code 39653

Purpose of Disbursement  
Cell phone service

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM	DD	YYYY
09	08	2014

Amount of Each Disbursement this Period

Amount
240.18

Transaction ID : SB17.33350

Category/  
Type

**C. BRAD DAVIS**

Mailing Address 206 TERRAPIN CREEK RD

City BRANDON State MS Zip Code 39042

Purpose of Disbursement  
Food/Beverage

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM	DD	YYYY
07	17	2014

Amount of Each Disbursement this Period

Amount
543.18

Transaction ID : SB17.32838

Category/  
Type

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

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

Amount
2377.70

14020814178

**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 216 OF 340
	<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) <b>A. BRAD DAVIS</b>		Date of Disbursement
Mailing Address 206 TERRAPIN CREEK RD		MM / DD / YYYY 08 / 01 / 2014
City BRANDON	State MS	Zip Code 39042
Purpose of Disbursement Payroll		Amount of Each Disbursement this Period 5097.25
Candidate Name	Category/ Type	Transaction ID : SB17.33062
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>B. BRAD DAVIS</b>		Date of Disbursement
Mailing Address 206 TERRAPIN CREEK RD		MM / DD / YYYY 08 / 15 / 2014
City BRANDON	State MS	Zip Code 39042
Purpose of Disbursement Payroll		Amount of Each Disbursement this Period 5097.25
Candidate Name	Category/ Type	Transaction ID : SB17.33084
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>C. BRAD DAVIS</b>		Date of Disbursement
Mailing Address 206 TERRAPIN CREEK RD		MM / DD / YYYY 09 / 02 / 2014
City BRANDON	State MS	Zip Code 39042
Purpose of Disbursement Payroll		Amount of Each Disbursement this Period 5097.25
Candidate Name	Category/ Type	Transaction ID : SB17.33655
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	15291.75
<b>TOTAL</b> This Period (last page this line number only) .....	

14020814179



**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 217 OF 340			
	<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) <b>A. BRAD DAVIS</b>		Date of Disbursement MM / DD / YYYY 09 / 15 / 2014
Mailing Address 206 TERRAPIN CREEK RD		Amount of Each Disbursement this Period 5097.25 Transaction ID : SB17.33637
City BRANDON	State MS	
Purpose of Disbursement Payroll	Zip Code 39042	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) <b>B. WINDLE DAVIS</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2014
Mailing Address 600 S. ADAMS ST.		Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.32998
City FULTON	State MS	
Purpose of Disbursement In-kind - Vehicle Lease	Zip Code 38843	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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. WINDLE DAVIS</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2014
Mailing Address 600 S. ADAMS ST.		Amount of Each Disbursement this Period 900.00 Transaction ID : SB17.32997
City FULTON	State MS	
Purpose of Disbursement In-kind - Vehicle lease	Zip Code 38843	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6797.25
<b>TOTAL</b> This Period (last page this line number only).....	

14020814180

**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 218 OF 340	
	<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) <b>A. WINDLE DAVIS</b>		Date of Disbursement MM / DD / YYYY 09 / 15 / 2014
Mailing Address 600 S. ADAMS ST.		Amount of Each Disbursement this Period 900.00 Transaction ID : SB17.34263
City FULTON	State MS	
Purpose of Disbursement In-kind - Vehicle Lease	Zip Code 38843	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) <b>B. DELTA AIR LINES</b>		Date of Disbursement MM / DD / YYYY 07 / 17 / 2014
Mailing Address P.O. BOX 20706		Amount of Each Disbursement this Period 1757.00 Transaction ID : SB17.33116 [MEMO ITEM]
City ATLANTA	State GA	
Purpose of Disbursement Airfare - Adam Telle	Zip Code 30320	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) <b>C. DELTA AIR LINES</b>		Date of Disbursement MM / DD / YYYY 07 / 17 / 2014
Mailing Address P.O. BOX 20706		Amount of Each Disbursement this Period 681.00 Transaction ID : SB17.33117 [MEMO ITEM]
City ATLANTA	State GA	
Purpose of Disbursement Airfare - Sara Rawlings	Zip Code 30320	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	900.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020814181

**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 219 OF 340			
	<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) <b>A. DELTA AIR LINES</b>		Date of Disbursement MM / DD / YYYY 07 / 22 / 2014
Mailing Address P.O. BOX 20706		Amount of Each Disbursement this Period 276.00
City ATLANTA	State GA Zip Code 30320	
Purpose of Disbursement Airfare - Connor Smith		Transaction ID : SB17.33113 <b>[MEMO ITEM]</b>
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>B. DELTA AIR LINES</b>		Date of Disbursement MM / DD / YYYY 07 / 25 / 2014
Mailing Address P.O. BOX 20706		Amount of Each Disbursement this Period 894.20
City ATLANTA	State GA Zip Code 30320	
Purpose of Disbursement Airfare - Tim Wolverton		Transaction ID : SB17.33187 <b>[MEMO ITEM]</b>
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>C. DELTA AIR LINES</b>		Date of Disbursement MM / DD / YYYY 07 / 25 / 2014
Mailing Address P.O. BOX 20706		Amount of Each Disbursement this Period 757.10
City ATLANTA	State GA Zip Code 30320	
Purpose of Disbursement Airfare - Thad Cochran		Transaction ID : SB17.33188 <b>[MEMO ITEM]</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020814182

**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 220 OF 340	
	<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) <b>A. DELTA AIR LINES</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2014
Mailing Address P.O. BOX 20706		Amount of Each Disbursement this Period 276.00
City ATLANTA	State GA	
Zip Code 30320	Purpose of Disbursement Airfare - Anne Hall Brashier	Transaction ID : SB17.33119
Candidate Name	Category/ Type	[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:		

Full Name (Last, First, Middle Initial) <b>B. ELIZABETH CLAIRE'S</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2014
Mailing Address 128 INDUSTRIAL RD.,		Amount of Each Disbursement this Period 77.93
City TUPELO	State MS	
Zip Code 38801	Purpose of Disbursement Host Gift - Fundraiser	Transaction ID : SB17.33181
Candidate Name	Category/ Type	[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:		

Full Name (Last, First, Middle Initial) <b>C. ERIK JASON INTERIORS</b>		Date of Disbursement MM / DD / YYYY 06 / 24 / 2014
Mailing Address 2406 E. NORTHSIDE DR		Amount of Each Disbursement this Period 83.46
City JACKSON	State MS	
Zip Code 39211	Purpose of Disbursement Host Gift - Fundraiser	Transaction ID : SB17.33610
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020814183

**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 221 OF 340

<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. EXXONMOBIL**

Mailing Address 2025 SUNSET DR.

City GRENADA State MS Zip Code 38901

Purpose of Disbursement  
Food/Beverage

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2014

Amount of Each Disbursement this Period

3.72

Transaction ID : SB17.33120

[MEMO ITEM]

**B. CLAYTON FAGGERT**

Mailing Address 507 PRESCOTT COVE

City OXFORD State MS Zip Code 38655

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  
07 / 01 / 2014

Amount of Each Disbursement this Period

2596.25

Transaction ID : SB17.33029

**C. CLAYTON FAGGERT**

Mailing Address 507 PRESCOTT COVE

City OXFORD State MS Zip Code 38655

Purpose of Disbursement  
Mileage reimbursement/food/beverage

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 17 / 2014

Amount of Each Disbursement this Period

1010.94

Transaction ID : SB17.32839

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

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

3607.19

14020814184

**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 222 OF 340	
	<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) <b>A. CLAYTON FAGGERT</b>		Date of Disbursement MM / DD / YYYY 07 / 17 / 2014
Mailing Address 507 PRESCOTT COVE		Amount of Each Disbursement this Period 1234.31 Transaction ID : SB17.32840
City OXFORD	State MS	
Zip Code 38655	Purpose of Disbursement Mileage reimbursement/Food/Beverage	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) <b>B. WILLIAM FAGGERT</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2014
Mailing Address P.O. BOX 505		Amount of Each Disbursement this Period 2726.25 Transaction ID : SB17.33031
City HEIDELBERG	State MS	
Zip Code 39439	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. WILLIAM FAGGERT</b>		Date of Disbursement MM / DD / YYYY 07 / 22 / 2014
Mailing Address P.O. BOX 505		Amount of Each Disbursement this Period 2199.30 Transaction ID : SB17.32888
City HEIDELBERG	State MS	
Zip Code 39439	Purpose of Disbursement Mileage reimbursement/food/beverage/copies	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6159.86
<b>TOTAL</b> This Period (last page this line number only).....	

14020814185

**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 223 OF 340
	<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) <b>A. FEDERAL EXPRESS</b>		Date of Disbursement
Mailing Address P.O. BOX 1140		MM / DD / YYYY 07 / 17 / 2014
City	State	Zip Code
MEMPHIS	TN	38101
Purpose of Disbursement Delivery Charges		Amount of Each Disbursement this Period 482.03
Candidate Name	Category/ Type	Transaction ID : SB17.32813
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>B. FEDERAL EXPRESS</b>		Date of Disbursement
Mailing Address P.O. BOX 1140		MM / DD / YYYY 08 / 14 / 2014
City	State	Zip Code
MEMPHIS	TN	38101
Purpose of Disbursement Shipping/delivery service		Amount of Each Disbursement this Period 241.22
Candidate Name	Category/ Type	Transaction ID : SB17.32970
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>C. FEDERAL EXPRESS</b>		Date of Disbursement
Mailing Address P.O. BOX 1140		MM / DD / YYYY 09 / 08 / 2014
City	State	Zip Code
MEMPHIS	TN	38101
Purpose of Disbursement Delivery/Shipping Service		Amount of Each Disbursement this Period 253.01
Candidate Name	Category/ Type	Transaction ID : SB17.33352
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	976.26
<b>TOTAL</b> This Period (last page this line number only) .....	

14020814186

**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 224 OF 340			
	<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) <b>A. BRAD FERGUSON</b>		Date of Disbursement
Mailing Address 5512 AHONI ST		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City DIAMONHEAD	State MS	Zip Code 39525
Purpose of Disbursement Mileage reimbursement		Amount of Each Disbursement this Period <input type="text" value="775.00"/>
Candidate Name	Category/ Type	Transaction ID : SB17.32841
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>B. FOUR POINTS SHERATON</b>		Date of Disbursement
Mailing Address 940 BEACH BLVD		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City BILOXI	State MS	Zip Code 39530
Purpose of Disbursement Lodging		Amount of Each Disbursement this Period <input type="text" value="689.40"/>
Candidate Name	Category/ Type	Transaction ID : SB17.33604
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. FOUR POINTS SHERATON</b>		Date of Disbursement
Mailing Address 940 BEACH BLVD		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City BILOXI	State MS	Zip Code 39530
Purpose of Disbursement Lodging		Amount of Each Disbursement this Period <input type="text" value="191.66"/>
Candidate Name	Category/ Type	Transaction ID : SB17.33597
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<input type="text" value="775.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text" value="775.00"/>

14020814187



**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 225 OF 340	
	<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) <b>A. FRONTIER STRATEGIES</b>		Date of Disbursement MM / DD / YYYY 08 / 18 / 2014
Mailing Address P.O. BOX 13292		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.34314
City JACKSON	State MS	
Zip Code 39236	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 type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) <b>B. FRONTIER STRATEGIES</b>		Date of Disbursement MM / DD / YYYY 09 / 15 / 2014
Mailing Address P.O. BOX 13292		Amount of Each Disbursement this Period 5174.47 Transaction ID : SB17.34315
City JACKSON	State MS	
Zip Code 39236	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 type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) <b>C. GODWIN GROUP</b>		Date of Disbursement MM / DD / YYYY 07 / 28 / 2014
Mailing Address P.O. BOX 531		Amount of Each Disbursement this Period 19000.00 Transaction ID : SB17.34307
City JACKSON	State MS	
Zip Code 39205	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 type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	29174.47
<b>TOTAL</b> This Period (last page this line number only) .....	

14020814188

**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 226 OF 340			
	<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) <b>A. GODWIN GROUP</b>		Date of Disbursement MM / DD / YYYY 08 / 18 / 2014
Mailing Address P.O. BOX 531		Amount of Each Disbursement this Period 10000.00 Transaction ID : SB17.34308
City JACKSON	State MS	
Zip Code 39205	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 type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) <b>B. GODWIN GROUP</b>		Date of Disbursement MM / DD / YYYY 09 / 19 / 2014
Mailing Address P.O. BOX 531		Amount of Each Disbursement this Period 47764.72 Transaction ID : SB17.34309
City JACKSON	State MS	
Zip Code 39205	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 type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) <b>C. ZACH GREGORY</b>		Date of Disbursement MM / DD / YYYY 07 / 17 / 2014
Mailing Address 788 SHADOW VIEW DR		Amount of Each Disbursement this Period 1991.00 Transaction ID : SB17.32843
City HERNANDO	State MS	
Zip Code 38632	Purpose of Disbursement Mileage reimbursement/GOTV - door to door	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	59755.72
<b>TOTAL</b> This Period (last page this line number only).....	

14020814189

**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 227 OF 340	
	<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. ZACH GREGORY**

Full Name (Last, First, Middle Initial)

Mailing Address 788 SHADOW VIEW DR

City HERNANDO State MS Zip Code 38632

Purpose of Disbursement Mileage reimbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 22 / 2014

Amount of Each Disbursement this Period: 209.50

Transaction ID : SB17.32898

Category/Type

**B. HAMPTON INN JACKSON**

Full Name (Last, First, Middle Initial)

Mailing Address 320 GREYMONT AVE

City JACKSON State MS Zip Code 39202

Purpose of Disbursement Lodging

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement: 06 / 24 / 2014

Amount of Each Disbursement this Period: 93.71

Transaction ID : SB17.33612

[MEMO ITEM]

Category/Type

**C. HAMPTON INN JACKSON**

Full Name (Last, First, Middle Initial)

Mailing Address 320 GREYMONT AVE

City JACKSON State MS Zip Code 39202

Purpose of Disbursement Lodging

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 06 / 26 / 2014

Amount of Each Disbursement this Period: 93.71

Transaction ID : SB17.33619

[MEMO ITEM]

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 209.50

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

14020814190

**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 228 OF 340			
	<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) <b>A. DIANE HAWKS</b>		Date of Disbursement
Mailing Address <b>6 FONDREN GREEN CIRCLE</b>		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City <b>JACKSON</b>	State <b>MS</b>	Zip Code <b>39216</b>
Purpose of Disbursement Payroll	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="956.20"/>
Candidate Name	Category/ Type	Transaction ID : <b>SB17.33032</b>
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>B. DIANE HAWKS</b>		Date of Disbursement
Mailing Address <b>6 FONDREN GREEN CIRCLE</b>		<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City <b>JACKSON</b>	State <b>MS</b>	Zip Code <b>39216</b>
Purpose of Disbursement Mileage reimbursement	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="69.05"/>
Candidate Name	Category/ Type	Transaction ID : <b>SB17.32845</b>
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>C. DIANE HAWKS</b>		Date of Disbursement
Mailing Address <b>6 FONDREN GREEN CIRCLE</b>		<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City <b>JACKSON</b>	State <b>MS</b>	Zip Code <b>39216</b>
Purpose of Disbursement Mileage reimbursement/Food/Beverage	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="561.33"/>
Candidate Name	Category/ Type	Transaction ID : <b>SB17.32846</b>
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: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<input type="text" value="1586.58"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>

14020814191

**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 229 OF 340

<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  
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
08 / 15 / 2014

Amount of Each Disbursement this Period

478.10

Transaction ID : SB17.33085

Category/  
Type

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

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
09 / 02 / 2014

Amount of Each Disbursement this Period

478.10

Transaction ID : SB17.33656

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. DIANE HAWKS**

Mailing Address 6 FONDREN GREEN CIRCLE

City JACKSON State MS Zip Code 39216

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
09 / 15 / 2014

Amount of Each Disbursement this Period

478.10

Transaction ID : SB17.33638

Category/  
Type

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

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

1434.30

14020814192

**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 230 OF 340	
	<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**

<b>A. HEDERMAN BROTHERS</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. BOX 6100 City RIDGELAND State MS Zip Code 39158 Purpose of Disbursement Printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff State: District:		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2014 Amount of Each Disbursement this Period 14000.00 Transaction ID : SB17.34310 Category/Type
--	--	--

<b>B. HEIDELBERG STEINBERGER COLMER &amp; BURROW, P.A.</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. BOX 16955 City JACKSON State MS Zip Code 39236 Purpose of Disbursement Legal Fees 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:		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2014 Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.33279 Category/Type
---	--	---

<b>C. HERTZ RENT A CAR</b> Full Name (Last, First, Middle Initial) Mailing Address 5250 PLEASANT VIEW RD. City MEMPHIS State TN Zip Code 38134 Purpose of Disbursement Rental Car - Kay Webber 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:		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2014 Amount of Each Disbursement this Period 1342.20 Transaction ID : SB17.33111 [MEMO ITEM]
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<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	19000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

14020814193

**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 231 OF 340

<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. HERTZ RENT A CAR**

Mailing Address 5250 PLEASANT VIEW RD.

Date of Disbursement

M M / D D / Y Y Y Y
09 / 15 / 2014

City MEMPHIS State TN Zip Code 38134

Amount of Each Disbursement this Period

1323.14

Purpose of Disbursement  
Rental Car - Kay Webber

Transaction ID : SB17.33822

Candidate Name

Category/  
Type

[MEMO ITEM]

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. RICHARD HEYER**

Mailing Address 2577 NORTHPLACE

Date of Disbursement

M M / D D / Y Y Y Y
09 / 04 / 2014

City TUPELO State MS Zip Code 38804

Amount of Each Disbursement this Period

1359.73

Purpose of Disbursement  
In-kind - Event Expenses

Transaction ID : SB17.34271

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. HEATH HILLMAN**

Mailing Address 401 HOLCOMB STREET

Date of Disbursement

M M / D D / Y Y Y Y
08 / 18 / 2014

City OCEAN SPRINGS State MS Zip Code 39564

Amount of Each Disbursement this Period

4000.00

Purpose of Disbursement  
Legal Fees

Transaction ID : SB17.33281

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: District:

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

5359.73

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

14020814194

**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 232 OF 340	
	<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) <b>A. HOLBERT MEDIA</b>		Date of Disbursement
Mailing Address P.O. BOX 457		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City MADISON	State MS	Zip Code 39130
Purpose of Disbursement Advertisement design	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="500.00"/>
Candidate Name	Category/ Type	Transaction ID : SB17.32944
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>B. HOLBERT MEDIA</b>		Date of Disbursement
Mailing Address P.O. BOX 457		<input type="text" value="08"/> / <input type="text" value="06"/> / <input type="text" value="2014"/>
City MADISON	State MS	Zip Code 39130
Purpose of Disbursement Advertising design	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="560.00"/>
Candidate Name	Category/ Type	Transaction ID : SB17.32954
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>C. HOLIDAY INN EXPRESS - PHILADELPHIA</b>		Date of Disbursement
Mailing Address 15211 HWY 16 W		<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>
City PHILADELPHIA	State MS	Zip Code 39350
Purpose of Disbursement Lodging	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="130.90"/>
Candidate Name	Category/ Type	Transaction ID : SB17.34253
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<input type="text" value="1060.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	

14020814195



**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 233 OF 340	
	<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) <b>A. WATSON HORNER</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2014
Mailing Address 117 EDGEWOOD BLVD		Amount of Each Disbursement this Period 1560.00 Transaction ID : SB17.33033
City OXFORD State MS Zip Code 38655	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. WATSON HORNER</b>		Date of Disbursement MM / DD / YYYY 07 / 17 / 2014
Mailing Address 117 EDGEWOOD BLVD		Amount of Each Disbursement this Period 1850.54 Transaction ID : SB17.32847
City OXFORD State MS Zip Code 38655	Purpose of Disbursement Mileage reimbursement/Food/Beverage/Copies	
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>C. LAUREN HOUK</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2014
Mailing Address 904 EUCLID AVE		Amount of Each Disbursement this Period 750.00 Transaction ID : SB17.33039
City JACKSON State MS Zip Code 39202	Purpose of Disbursement Administrative help/event organization	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4160.54
<b>TOTAL</b> This Period (last page this line number only) .....	

14020814196

**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 234 OF 340
	<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) <b>A. INGRAM SIGNS &amp; SCREEN PRINTING</b>		Date of Disbursement
Mailing Address 7605 HWY 35 SOUTH		<input type="text" value="08"/> / <input type="text" value="20"/> / <input type="text" value="2014"/>
City FOREST	State MS	Zip Code 39074
Purpose of Disbursement Printing - Yard Signs	Amount of Each Disbursement this Period <input type="text" value="6420.00"/>	
Candidate Name	Transaction ID : SB17.32985	
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	

Full Name (Last, First, Middle Initial) <b>B. INGRAM SIGNS &amp; SCREEN PRINTING</b>		Date of Disbursement
Mailing Address 7605 HWY 35 SOUTH		<input type="text" value="09"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City FOREST	State MS	Zip Code 39074
Purpose of Disbursement Printing - Signs	Amount of Each Disbursement this Period <input type="text" value="3709.69"/>	
Candidate Name	Transaction ID : SB17.33811	
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	

Full Name (Last, First, Middle Initial) <b>C. INTERNAL REVENUE SERVICE</b>		Date of Disbursement
Mailing Address 324 25TH STREET		<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City OGDEN	State UT	Zip Code 84201
Purpose of Disbursement Taxes	Amount of Each Disbursement this Period <input type="text" value="14973.74"/>	
Candidate Name	Transaction ID : SB17.32999	
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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<input type="text" value="25103.43"/>
<b>TOTAL</b> This Period (last page this line number only).....	

14020814197

**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 235 OF 340
	<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) <b>A. INTERNAL REVENUE SERVICE</b>		Date of Disbursement
Mailing Address 324 25TH STREET		MM / DD / YYYY 08 / 15 / 2014
City OGDEN	State UT	Zip Code 84201
Purpose of Disbursement Taxes	Category/ Type	Amount of Each Disbursement this Period 16674.60
Candidate Name		Transaction ID : SB17.33007
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>B. INTERNAL REVENUE SERVICE</b>		Date of Disbursement
Mailing Address 324 25TH STREET		MM / DD / YYYY 09 / 15 / 2014
City OGDEN	State UT	Zip Code 84201
Purpose of Disbursement Taxes	Category/ Type	Amount of Each Disbursement this Period 16768.52
Candidate Name		Transaction ID : SB17.33648
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>C. INTUIT QUICKBOOKS</b>		Date of Disbursement
Mailing Address 2632 MARINE WAY		MM / DD / YYYY 07 / 02 / 2014
City MOUNTAIN VIEW	State CA	Zip Code 94043
Purpose of Disbursement Processing Fee	Category/ Type	Amount of Each Disbursement this Period 1.45
Candidate Name		Transaction ID : SB17.33010
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	33444.57
<b>TOTAL</b> This Period (last page this line number only).....	

14020814198

**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 236 OF 340	
	<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**

<b>A. INTUIT QUICKBOOKS</b> Full Name (Last, First, Middle Initial) Mailing Address 2632 MARINE WAY		Date of Disbursement MM / DD / YYYY 07 / 07 / 2014
City MOUNTAIN VIEW State CA Zip Code 94043 Purpose of Disbursement Processing Fee Candidate Name	Amount of Each Disbursement this Period 4.35 Transaction ID : SB17.33038	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:	

<b>B. INTUIT QUICKBOOKS</b> Full Name (Last, First, Middle Initial) Mailing Address 2632 MARINE WAY		Date of Disbursement MM / DD / YYYY 07 / 07 / 2014
City MOUNTAIN VIEW State CA Zip Code 94043 Purpose of Disbursement Processing Fee Candidate Name	Amount of Each Disbursement this Period 2.90 Transaction ID : SB17.33042	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:	

<b>C. INTUIT QUICKBOOKS</b> Full Name (Last, First, Middle Initial) Mailing Address 2632 MARINE WAY		Date of Disbursement MM / DD / YYYY 07 / 15 / 2014
City MOUNTAIN VIEW State CA Zip Code 94043 Purpose of Disbursement Processing Fee Candidate Name	Amount of Each Disbursement this Period 8.70 Transaction ID : SB17.33049	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	15.95
<b>TOTAL</b> This Period (last page this line number only).....	

14020814199

**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 237 OF 340			
	<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) <b>A. INTUIT QUICKBOOKS</b>		Date of Disbursement																				
Mailing Address 2632 MARINE WAY		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>08</td><td></td><td></td><td>01</td><td></td><td></td><td>2014</td><td></td><td></td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	08			01			2014			
M	M	/	D	D	/	Y	Y	Y	Y													
08			01			2014																
City MOUNTAIN VIEW	State CA	Zip Code 94043																				
Purpose of Disbursement Processing Fee	<input type="checkbox"/>	Amount of Each Disbursement this Period <b>7.25</b>																				
Candidate Name	Category/ Type	Transaction ID : SB17.33056																				
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>B. INTUIT QUICKBOOKS</b>		Date of Disbursement																				
Mailing Address 2632 MARINE WAY		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>08</td><td></td><td></td><td>01</td><td></td><td></td><td>2014</td><td></td><td></td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	08			01			2014			
M	M	/	D	D	/	Y	Y	Y	Y													
08			01			2014																
City MOUNTAIN VIEW	State CA	Zip Code 94043																				
Purpose of Disbursement Processing Fee	<input type="checkbox"/>	Amount of Each Disbursement this Period <b>13.05</b>																				
Candidate Name	Category/ Type	Transaction ID : SB17.33059																				
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>C. INTUIT QUICKBOOKS</b>		Date of Disbursement																				
Mailing Address 2632 MARINE WAY		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>08</td><td></td><td></td><td>04</td><td></td><td></td><td>2014</td><td></td><td></td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	08			04			2014			
M	M	/	D	D	/	Y	Y	Y	Y													
08			04			2014																
City MOUNTAIN VIEW	State CA	Zip Code 94043																				
Purpose of Disbursement Processing Fee	<input type="checkbox"/>	Amount of Each Disbursement this Period <b>1.45</b>																				
Candidate Name	Category/ Type	Transaction ID : SB17.33058																				
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:																						

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>21.75</b>
<b>TOTAL</b> This Period (last page this line number only).....	

14020814200

**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 238 OF 340			
	<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) <b>A. INTUIT QUICKBOOKS</b>		Date of Disbursement
Mailing Address 2632 MARINE WAY		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City MOUNTAIN VIEW	State CA	Zip Code 94043
Purpose of Disbursement Processing Fee	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="7.25"/>
Candidate Name	Category/ Type	Transaction ID : SB17.33069
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>B. INTUIT QUICKBOOKS</b>		Date of Disbursement
Mailing Address 2632 MARINE WAY		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City MOUNTAIN VIEW	State CA	Zip Code 94043
Purpose of Disbursement Processing Fee	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="17.40"/>
Candidate Name	Category/ Type	Transaction ID : SB17.33075
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>C. INTUIT QUICKBOOKS</b>		Date of Disbursement
Mailing Address 2632 MARINE WAY		<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>
City MOUNTAIN VIEW	State CA	Zip Code 94043
Purpose of Disbursement Processing Fee	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="20.30"/>
Candidate Name	Category/ Type	Transaction ID : SB17.33664
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<input type="text" value="44.95"/>
<b>TOTAL</b> This Period (last page this line number only).....	

14020814201

**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 239 OF 340	
	<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) <b>A. INTUIT QUICKBOOKS</b>		Date of Disbursement
Mailing Address 2632 MARINE WAY		<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>
City MOUNTAIN VIEW	State CA	Zip Code 94043
Purpose of Disbursement Processing Fee	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="7.25"/>
Candidate Name	Category/ Type	Transaction ID : SB17.33672
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>B. INTUIT QUICKBOOKS</b>		Date of Disbursement
Mailing Address 2632 MARINE WAY		<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>
City MOUNTAIN VIEW	State CA	Zip Code 94043
Purpose of Disbursement Processing Fees	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1.45"/>
Candidate Name	Category/ Type	Transaction ID : SB17.33674
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>C. INTUIT QUICKBOOKS</b>		Date of Disbursement
Mailing Address 2632 MARINE WAY		<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2014"/>
City MOUNTAIN VIEW	State CA	Zip Code 94043
Purpose of Disbursement Processing Fee	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1.45"/>
Candidate Name	Category/ Type	Transaction ID : SB17.33666
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<input type="text" value="10.15"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>

14020814202

**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 240 OF 340	
	<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) <b>A. INTUIT QUICKBOOKS</b>		Date of Disbursement MM / DD / YYYY 09 / 15 / 2014
Mailing Address 2632 MARINE WAY		Amount of Each Disbursement this Period 8.00
City MOUNTAIN VIEW	State CA	
Zip Code 94043	Purpose of Disbursement Processing Fee	Transaction ID : SB17.33631
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>B. INTUIT QUICKBOOKS</b>		Date of Disbursement MM / DD / YYYY 09 / 15 / 2014
Mailing Address 2632 MARINE WAY		Amount of Each Disbursement this Period 24.00
City MOUNTAIN VIEW	State CA	
Zip Code 94043	Purpose of Disbursement Processing Fees	Transaction ID : SB17.33647
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>C. ISLAND VIEW CASINO</b>		Date of Disbursement MM / DD / YYYY 06 / 15 / 2014
Mailing Address 3300 W. BEACH BLVD.		Amount of Each Disbursement this Period 199.36
City GULFPORT	State MS	
Zip Code 39501	Purpose of Disbursement Lodging	Transaction ID : SB17.33585
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	32.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020814203



**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 241 OF 340			
	<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) <b>A. ISLAND VIEW CASINO</b>		Date of Disbursement
Mailing Address 3300 W. BEACH BLVD.		MM / DD / YYYY 06 / 15 / 2014
City GULFPORT	State MS	Zip Code 39501
Purpose of Disbursement Credit - Lodging	Category/ Type	Amount of Each Disbursement this Period -199.36
Candidate Name		Transaction ID : SB17.33623
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. JACOS TACOS</b>		Date of Disbursement
Mailing Address 7049 OLD CANTON RD		MM / DD / YYYY 06 / 25 / 2014
City RIDGELAND	State MS	Zip Code 39157
Purpose of Disbursement Meal	Category/ Type	Amount of Each Disbursement this Period 66.70
Candidate Name		Transaction ID : SB17.33155
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. JONES DAY</b>		Date of Disbursement
Mailing Address P.O. BOX 7805 BEN FRANKLIN STATION		MM / DD / YYYY 09 / 25 / 2014
City WASHINGTON	State DC	Zip Code 20044
Purpose of Disbursement Legal Fees	Category/ Type	Amount of Each Disbursement this Period 2968.50
Candidate Name		Transaction ID : SB17.34057
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2968.50
<b>TOTAL</b> This Period (last page this line number only) .....	

14020814204

**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 242 OF 340			
	<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) <b>A. JONES DAY</b>		Date of Disbursement MM / DD / YYYY 09 / 25 / 2014
Mailing Address P.O. BOX 7805 BEN FRANKLIN STATION		Amount of Each Disbursement this Period 5386.50 Transaction ID : SB17.34059
City WASHINGTON	State DC	
Purpose of Disbursement Legal Fees	Zip Code 20044	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) <b>B. JULEP</b>		Date of Disbursement MM / DD / YYYY 06 / 25 / 2014
Mailing Address 1305 E NORTHSIDE DR		Amount of Each Disbursement this Period 480.07 Transaction ID : SB17.33617 [MEMO ITEM]
City JACKSON	State MS	
Purpose of Disbursement Catering	Zip Code 39211	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) <b>C. JULEP</b>		Date of Disbursement MM / DD / YYYY 06 / 25 / 2014
Mailing Address 1305 E NORTHSIDE DR		Amount of Each Disbursement this Period 580.07 Transaction ID : SB17.33618 [MEMO ITEM]
City JACKSON	State MS	
Purpose of Disbursement Catering	Zip Code 39211	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5386.50
<b>TOTAL</b> This Period (last page this line number only) .....	

14020814205

**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 243 OF 340
	<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) <b>A. JULEP</b>		Date of Disbursement
Mailing Address 1305 E NORTHSIDE DR		MM / DD / YYYY 06 / 25 / 2014
City JACKSON	State MS	Zip Code 39211
Purpose of Disbursement Credit - Catering		Amount of Each Disbursement this Period -480.07
Candidate Name	Category/Type	Transaction ID : SB17.33625
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. BARBARA KENDRICK</b>		Date of Disbursement
Mailing Address 292 NORTHWOOD HILLS		MM / DD / YYYY 07 / 07 / 2014
City HERNANDO	State MS	Zip Code 38632
Purpose of Disbursement Payroll		Amount of Each Disbursement this Period 1609.00
Candidate Name	Category/Type	Transaction ID : SB17.33036
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>C. BARBARA KENDRICK</b>		Date of Disbursement
Mailing Address 292 NORTHWOOD HILLS		MM / DD / YYYY 07 / 17 / 2014
City HERNANDO	State MS	Zip Code 38632
Purpose of Disbursement Mileage reimbursement/Food/Beverage/Copies		Amount of Each Disbursement this Period 1518.26
Candidate Name	Category/Type	Transaction ID : SB17.32848
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3127.26
<b>TOTAL</b> This Period (last page this line number only).....	

14020814206

**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 244 OF 340	
	<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) <b>A. BARBARA KENDRICK</b>		Date of Disbursement
Mailing Address 292 NORTHWOOD HILLS		MM / DD / YYYY 07 / 28 / 2014
City HERNANDO	State MS	Zip Code 38632
Purpose of Disbursement Mileage reimbursement	Candidate Name	Amount of Each Disbursement this Period 327.40
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)	Transaction ID : SB17.32938
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. BARBARA KENDRICK</b>		Date of Disbursement
Mailing Address 292 NORTHWOOD HILLS		MM / DD / YYYY 08 / 01 / 2014
City HERNANDO	State MS	Zip Code 38632
Purpose of Disbursement Payroll	Candidate Name	Amount of Each Disbursement this Period 866.50
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)	Transaction ID : SB17.33068
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>C. NICK KISTENMACHER</b>		Date of Disbursement
Mailing Address 7914 NICKERTON DR		MM / DD / YYYY 08 / 14 / 2014
City GERMANTOWN	State TN	Zip Code 38138
Purpose of Disbursement GOTV - Door to Door	Candidate Name	Amount of Each Disbursement this Period 1500.00
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)	Transaction ID : SB17.32978
State: District:	Category/ Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2693.90
<b>TOTAL</b> This Period (last page this line number only).....	

14020814207

**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 245 OF 340	
	<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) <b>A. KROGER - JACKSON</b>		Date of Disbursement MM / DD / YYYY 08 / 04 / 2014
Mailing Address 4910 I-55 NORTH		Amount of Each Disbursement this Period 59.08 Transaction ID : SB17.33185 [MEMO ITEM]
City JACKSON State MS Zip Code 39206	Purpose of Disbursement	
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>B. SAM LANCASTER</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2014
Mailing Address 328 CASCADE DR		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.33017
City MARIETTA State GA Zip Code 30064	Purpose of Disbursement Database Services	
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>C. SAM LANCASTER</b>		Date of Disbursement MM / DD / YYYY 07 / 17 / 2014
Mailing Address 328 CASCADE DR		Amount of Each Disbursement this Period 85.00 Transaction ID : SB17.32849
City MARIETTA State GA Zip Code 30064	Purpose of Disbursement Mileage reimbursement	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1085.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020814208

**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 246 OF 340	
	<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) <b>A. BROOKE A LAWYER</b>		Date of Disbursement
Mailing Address 1211 46TH ST		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City MERIDIAN	State MS	Zip Code 39305
Purpose of Disbursement Payroll	Candidate Name	Amount of Each Disbursement this Period <input type="text" value="805.50"/>
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	

Full Name (Last, First, Middle Initial) <b>B. BROOKE A LAWYER</b>		Date of Disbursement
Mailing Address 1211 46TH ST		<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City MERIDIAN	State MS	Zip Code 39305
Purpose of Disbursement Mileage/Copies/Postage	Candidate Name	Amount of Each Disbursement this Period <input type="text" value="1229.11"/>
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	

Full Name (Last, First, Middle Initial) <b>C. LEE COUNTY TAX COLLECTOR</b>		Date of Disbursement
Mailing Address SPRING STREET		<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City TUPELO	State MS	Zip Code 38804
Purpose of Disbursement Car Tag - Campaign Vehicle	Candidate Name	Amount of Each Disbursement this Period <input type="text" value="237.02"/>
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	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2271.63"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

14020814209

**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 247 OF 340			
	<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) <b>A. LEGEND-SEVEN PRODUCTIONS</b>		Date of Disbursement
Mailing Address 115 SKI DRIVE		<input type="text" value="MM"/> <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City	State	Zip Code
FLORENCE	MS	39073
Purpose of Disbursement PA System Delivery/Set up		Amount of Each Disbursement this Period
		<input type="text" value="1950.00"/>
Candidate Name	Category/ Type	Transaction ID : SB17.32980
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. LINDSAY LINHARES</b>		Date of Disbursement
Mailing Address 721 E STREET NE #4		<input type="text" value="MM"/> <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City	State	Zip Code
WASHINGTON	DC	20002
Purpose of Disbursement Airfare/Rental Car		Amount of Each Disbursement this Period
		<input type="text" value="676.58"/>
Candidate Name	Category/ Type	Transaction ID : SB17.32918
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. LOUISVILLE PUBLISHING, INC.</b>		Date of Disbursement
Mailing Address P.O. BOX 469		<input type="text" value="MM"/> <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City	State	Zip Code
LOUISVILLE	MS	39339
Purpose of Disbursement Advertising		Amount of Each Disbursement this Period
		<input type="text" value="1392.00"/>
Candidate Name	Category/ Type	Transaction ID : SB17.32923
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<input type="text" value="4018.58"/>
<b>TOTAL</b> This Period (last page this line number only).....	

14020814210

**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 248 OF 340			
	<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) <b>A. LOWE'S</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2014
Mailing Address 120 RIDGE WAY		Amount of Each Disbursement this Period 59.99 Transaction ID : SB17.33603
City FLOWOOD	State MS	
Purpose of Disbursement Supplies	Zip Code 39232	[MEMO ITEM]
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. LOWE'S - PHILADELPHIA</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2014
Mailing Address 1105 CENTRAL DR		Amount of Each Disbursement this Period 206.99 Transaction ID : SB17.33167
City PHILADELPHIA	State MS	
Purpose of Disbursement Campaign Supplies	Zip Code 39350	[MEMO ITEM]
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>C. LOWE'S - PHILADELPHIA</b>		Date of Disbursement MM / DD / YYYY 07 / 25 / 2014
Mailing Address 1105 CENTRAL DR		Amount of Each Disbursement this Period 22.78 Transaction ID : SB17.33172
City PHILADELPHIA	State MS	
Purpose of Disbursement Campaign Supplies	Zip Code 39350	[MEMO ITEM]
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: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

14020814211



**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 249 OF 340	
	<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) <b>A. LOWE'S - PHILADELPHIA</b>		Date of Disbursement MM / DD / YYYY 07 / 25 / 2014
Mailing Address 1105 CENTRAL DR		Amount of Each Disbursement this Period 30.47
City PHILADELPHIA	State MS	
Purpose of Disbursement Supplies	Zip Code 39350	Transaction ID : SB17.34260  [MEMO ITEM]
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>B. LOWE'S - PHILADELPHIA</b>		Date of Disbursement MM / DD / YYYY 07 / 25 / 2014
Mailing Address 1105 CENTRAL DR		Amount of Each Disbursement this Period -30.47
City PHILADELPHIA	State MS	
Purpose of Disbursement Credit - Supplies	Zip Code 39350	Transaction ID : SB17.34261  [MEMO ITEM]
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>C. MAC'S TIRE</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2014
Mailing Address 1123 E. WEST MAIN ST		Amount of Each Disbursement this Period 20.00
City TUPELO	State MS	
Purpose of Disbursement Campaign Vehicle - Tire Repair	Zip Code 38801	Transaction ID : SB17.33177  [MEMO ITEM]
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020814212

**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 250 OF 340	
	<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. MADISON COUNTY CIRCUIT CLERK**

Mailing Address **P.O. DRAWER 1626**

City **CANTON** State **MS** Zip Code **39046**

Purpose of Disbursement  
List acquisition

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
**07 / 08 / 2014**

Amount of Each Disbursement this Period  
**1526.75**

Transaction ID : **SB17.33096**

Category/Type

Full Name (Last, First, Middle Initial)  
**B. MAGGIE CLARK MEDIA SERVICES**

Mailing Address **139 BENT CREEK**

City **BRANDON** State **MS** Zip Code **39047**

Purpose of Disbursement  
Media Service

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
**08 / 06 / 2014**

Amount of Each Disbursement this Period  
**3738.00**

Transaction ID : **SB17.32959**

Category/Type

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

Mailing Address **1507 TAYLOR ST  
#1**

City **CORINTH** State **MS** Zip Code **38834**

Purpose of Disbursement  
GOTV - door to door/sign distribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
**08 / 01 / 2014**

Amount of Each Disbursement this Period  
**3000.00**

Transaction ID : **SB17.33054**

Category/Type

**SUBTOTAL** of Disbursements This Page (optional) ..... **8264.75**

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

14020814213

**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 251 OF 340
	<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) <b>A. MARRIOTT JACKSON</b>		Date of Disbursement MM / DD / YYYY 07 / 22 / 2014	
Mailing Address 200 EAST AMITE STREET		Amount of Each Disbursement this Period 784.80	
City JACKSON State MS Zip Code 39201	Purpose of Disbursement Lodging - Austin Barbour	Transaction ID : SB17.33114  <b>[MEMO ITEM]</b>	
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>B. MARY MAHONEYS</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2014	
Mailing Address HWY 90		Amount of Each Disbursement this Period 155.50	
City BILOXI State MS Zip Code 39503	Purpose of Disbursement Meal	Transaction ID : SB17.33150  <b>[MEMO ITEM]</b>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. MATTHEW PRINT &amp; APPAREL</b>		Date of Disbursement MM / DD / YYYY 08 / 13 / 2014	
Mailing Address 500 COURTHOUSE ROAD SUITE C		Amount of Each Disbursement this Period 428.00	
City GULFPORT State MS Zip Code 39507	Purpose of Disbursement Printing	Transaction ID : SB17.32963	
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	428.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020814214

**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 252 OF 340
	<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**

<b>A. MCALISTERS DELI - MADISON</b> Full Name (Last, First, Middle Initial) Mailing Address 2129 MAIN STREET City MADISON State MS Zip Code 39110 Purpose of Disbursement Food Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff State: District:		Date of Disbursement 06 / 18 / 2014 Amount of Each Disbursement this Period 52.61 Transaction ID : SB17.33592 <b>[MEMO ITEM]</b>
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<b>B. MCALISTERS DELI OF JACKSON</b> Full Name (Last, First, Middle Initial) Mailing Address 1220 E NORTHSIDE DR City JACKSON State MS Zip Code 39211 Purpose of Disbursement Food Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff State: District:		Date of Disbursement 06 / 24 / 2014 Amount of Each Disbursement this Period 12.00 Transaction ID : SB17.33609 <b>[MEMO ITEM]</b>
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<b>C. McDADE'S</b> Full Name (Last, First, Middle Initial) Mailing Address 1220 E NORTHSIDE DR City JACKSON State MS Zip Code 39211 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff State: District:		Date of Disbursement 06 / 24 / 2014 Amount of Each Disbursement this Period 2.02 Transaction ID : SB17.33151 <b>[MEMO ITEM]</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020814215

**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 253 OF 340			
	<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) <b>A. McDADE'S</b>		Date of Disbursement
Mailing Address 1220 E NORTHSIDE DR		MM / DD / YYYY 08 / 04 / 2014
City JACKSON	State MS	Zip Code 39211
Purpose of Disbursement	Category/Type	Amount of Each Disbursement this Period 6.33
Candidate Name		Transaction ID : SB17.33183
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. MCDONALD'S - JACKSON</b>		Date of Disbursement
Mailing Address 1010 N. STATE ST		MM / DD / YYYY 06 / 05 / 2014
City JACKSON	State MS	Zip Code 39202
Purpose of Disbursement Meal	Category/Type	Amount of Each Disbursement this Period 7.18
Candidate Name		Transaction ID : SB17.33121
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. BEE MCNAMARA</b>		Date of Disbursement
Mailing Address 2419 CULLEYWOOD RD		MM / DD / YYYY 07 / 17 / 2014
City JACKSON	State MS	Zip Code 39211
Purpose of Disbursement Mileage reimbursement	Category/Type	Amount of Each Disbursement this Period 1105.15
Candidate Name		Transaction ID : SB17.32852
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1105.15
<b>TOTAL</b> This Period (last page this line number only).....	

14020814216

**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 254 OF 340	
	<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) <b>A. MELISSA'S PACK N SACK</b>		Date of Disbursement MM / DD / YYYY 06 / 21 / 2014
Mailing Address 101 E. SWEET POTATO ST		Amount of Each Disbursement this Period 35.85
City VARDAMAN	State MS	
Purpose of Disbursement Fuel - Campaign Vehicle	Zip Code 38878	Transaction ID : SB17.33144 <b>[MEMO ITEM]</b>
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. MISSISSIPPI CHILDREN'S MUSEUM</b>		Date of Disbursement MM / DD / YYYY 06 / 25 / 2014
Mailing Address 2145 HIGHLAND DR		Amount of Each Disbursement this Period 750.00
City JACKSON	State MS	
Purpose of Disbursement Facility Rental	Zip Code 39202	Transaction ID : SB17.33615 <b>[MEMO ITEM]</b>
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. MISSISSIPPI DEPARTMENT OF REVENUE</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2014
Mailing Address P.O. BOX 1033		Amount of Each Disbursement this Period 2176.00
City JACKSON	State MS	
Purpose of Disbursement Taxes	Zip Code 39215	Transaction ID : SB17.33000
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2176.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020814217

**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 255 OF 340			
	<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) <b>A. MISSISSIPPI DEPARTMENT OF REVENUE</b>			Date of Disbursement
Mailing Address P.O. BOX 1033			<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City JACKSON	State MS	Zip Code 39215	Amount of Each Disbursement this Period <input type="text" value="2369.00"/>
Purpose of Disbursement Taxes	Candidate Name		Transaction ID : SB17.33006
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)		Category/ Type
State: District:			

Full Name (Last, First, Middle Initial) <b>B. MISSISSIPPI DEPARTMENT OF REVENUE</b>			Date of Disbursement
Mailing Address P.O. BOX 1033			<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City JACKSON	State MS	Zip Code 39215	Amount of Each Disbursement this Period <input type="text" value="2450.00"/>
Purpose of Disbursement Taxes	Candidate Name		Transaction ID : SB17.33649
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)		Category/ Type
State: District:			

Full Name (Last, First, Middle Initial) <b>C. MISSISSIPPI DEPT OF EMPLOYMENT SECURITY</b>			Date of Disbursement
Mailing Address P.O. BOX 1699			<input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2014"/>
City JACKSON	State MS	Zip Code 39211	Amount of Each Disbursement this Period <input type="text" value="726.69"/>
Purpose of Disbursement Taxes	Candidate Name		Transaction ID : SB17.33004
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)		Category/ Type
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<input type="text" value="5545.69"/>
<b>TOTAL</b> This Period (last page this line number only).....	

14020814218

**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 256 OF 340

<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. MISSISSIPPI POWER COMPANY**

Mailing Address P.O. BOX 245

City State Zip Code  
BIRMINGHAM AL 35201

Purpose of Disbursement  
Utilities

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
07 / 12 / 2014

Amount of Each Disbursement this Period

178.24
--------

Transaction ID : SB17.33390

[MEMO ITEM]

**B. MISSISSIPPI SECRETARY OF STATE**

Mailing Address P.O. BOX 136

City State Zip Code  
JACKSON MS 39205

Purpose of Disbursement  
List acquisition

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
07 / 17 / 2014

Amount of Each Disbursement this Period

2500.00
---------

Transaction ID : SB17.33001

**C. STEPHEN MOORE**

Mailing Address 114 TURTLE RIDGE DR

City State Zip Code  
BRANDON MS 39047

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
09 / 02 / 2014

Amount of Each Disbursement this Period

439.37
--------

Transaction ID : SB17.33657

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

2939.37

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

14020814219



**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 257 OF 340
	<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) <b>A. STEPHEN MOORE</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2014
Mailing Address 114 TURTLE RIDGE DR		Amount of Each Disbursement this Period 182.00 Transaction ID : SB17.33359
City BRANDON	State MS	
Zip Code 39047	Purpose of Disbursement Mileage reimbursement	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	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. STEPHEN MOORE</b>		Date of Disbursement MM / DD / YYYY 09 / 15 / 2014
Mailing Address 114 TURTLE RIDGE DR		Amount of Each Disbursement this Period 405.75 Transaction ID : SB17.33639
City BRANDON	State MS	
Zip Code 39047	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. JACOB MUNN</b>		Date of Disbursement MM / DD / YYYY 07 / 22 / 2014
Mailing Address 5438 WINDSOR CIRCLE		Amount of Each Disbursement this Period 1533.50 Transaction ID : SB17.32890
City MERIDIAN	State MS	
Zip Code 39305	Purpose of Disbursement Mileage reimbursement/GOTV - Door to Door	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	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2121.25
<b>TOTAL</b> This Period (last page this line number only).....	

14020814220

**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 258 OF 340	
	<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. MURPHY'S EXPRESS - TUPELO**

Date of Disbursement: MM/DD/YYYY  
07/30/2014

Mailing Address: 2255 W. MAIN ST

City: TUPELO State: MS Zip Code: 38801

Purpose of Disbursement: Campaign Vehicle - Fuel

Amount of Each Disbursement this Period: 45.19

Transaction ID: SB17.33179

[MEMO ITEM]

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. NESHOPA DEMOCRAT**

Date of Disbursement: MM/DD/YYYY  
09/08/2014

Mailing Address: POST OFFICE BOX 30

City: PHILADELPHIA State: MS Zip Code: 39350

Purpose of Disbursement: Advertising

Amount of Each Disbursement this Period: 750.00

Transaction ID: SB17.33346

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. JORDAN NICAUD**

Date of Disbursement: MM/DD/YYYY  
09/25/2014

Mailing Address: 1310 27TH AVE

City: GULFPORT State: MS Zip Code: 39501

Purpose of Disbursement: In-kind - Event Expenses

Amount of Each Disbursement this Period: 500.00

Transaction ID: SB17.34276

Candidate Name: \_\_\_\_\_ Category/Type: \_\_\_\_\_

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) \_\_\_\_\_

State: \_\_\_\_\_ District: \_\_\_\_\_

**SUBTOTAL** of Disbursements This Page (optional) ..... 1250.00

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

14020814221

**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 259 OF 340
	<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) <b>A. NICK CLARK'S OFFICE PARTNERS</b>		Date of Disbursement
Mailing Address 965 HWY 51 N STE 4		MM / DD / YYYY 07 / 23 / 2014
City MADISON	State MS	Zip Code 39110
Purpose of Disbursement Postage - Mailers	Candidate Name	Amount of Each Disbursement this Period 3784.10
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	

Full Name (Last, First, Middle Initial) <b>B. NICK CLARK'S OFFICE PARTNERS</b>		Date of Disbursement
Mailing Address 965 HWY 51 N STE 4		MM / DD / YYYY 07 / 23 / 2014
City MADISON	State MS	Zip Code 39110
Purpose of Disbursement Printing - Mailers	Candidate Name	Amount of Each Disbursement this Period 5735.20
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	

Full Name (Last, First, Middle Initial) <b>C. SOPHIE NORD</b>		Date of Disbursement
Mailing Address 1755 LELIA DRIVE		MM / DD / YYYY 07 / 01 / 2014
City JACKSON	State MS	Zip Code 39296
Purpose of Disbursement GOTV - door to door/sign distribution	Candidate Name	Amount of Each Disbursement this Period 3500.00
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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	13019.30
<b>TOTAL</b> This Period (last page this line number only).....	

14020814222

**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 260 OF 340			
	<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) <b>A. SOPHIE NORD</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2014
Mailing Address 1755 LELIA DRIVE		Amount of Each Disbursement this Period 620.38 Transaction ID : SB17.32951
City JACKSON	State MS	
Zip Code 39296	Purpose of Disbursement Mileage reimbursement/Food/Beverage/Copies	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) <b>B. RICKEY O'QUINN</b>		Date of Disbursement MM / DD / YYYY 07 / 17 / 2014
Mailing Address 2780 HWY 184 E		Amount of Each Disbursement this Period 600.00 Transaction ID : SB17.32880
City BUDE	State MS	
Zip Code 39630	Purpose of Disbursement GOTV - DOOR TO DOOR	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) <b>C. OFFICE DEPOT</b>		Date of Disbursement MM / DD / YYYY 07 / 09 / 2014
Mailing Address 4950 I-55 NORTH		Amount of Each Disbursement this Period 76.67 Transaction ID : SB17.33387
City JACKSON	State MS	
Zip Code 39211	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1220.38
<b>TOTAL</b> This Period (last page this line number only).....	

14020814223

**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 261 OF 340
	<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. OFFICE DEPOT**

Mailing Address 4950 I-55 NORTH

City JACKSON State MS Zip Code 39211

Purpose of Disbursement Supplies

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 21 / 2014

Amount of Each Disbursement this Period: 195.75

Transaction ID : SB17.33396

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. ORIGINAL CAP COMPANY, INC.**

Mailing Address 2325 HWY 184 E

City BUDE State MS Zip Code 39630

Purpose of Disbursement Printing - T-shirts, stickers, banners

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 08 / 2014

Amount of Each Disbursement this Period: 7192.33

Transaction ID : SB17.33351

Full Name (Last, First, Middle Initial)

**C. ORIGINAL CAP COMPANY, INC.**

Mailing Address 2325 HWY 184 E

City BUDE State MS Zip Code 39630

Purpose of Disbursement Printing - Stickers

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 15 / 2014

Amount of Each Disbursement this Period: 1149.18

Transaction ID : SB17.33804

**SUBTOTAL** of Disbursements This Page (optional) ..... 8341.51

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

14020814224

**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 262 OF 340	
	<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) <b>A. OXFORD GRILLEHOUSE</b>		Date of Disbursement MM / DD / YYYY 06 / 06 / 2014
Mailing Address 114 COURTHOUSE SQUARE		Amount of Each Disbursement this Period 72.04
City OXFORD	State MS	
Zip Code 38655	Purpose of Disbursement Meal	Transaction ID : SB17.33129
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. OXFORD GRILLEHOUSE</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2014
Mailing Address 114 COURTHOUSE SQUARE		Amount of Each Disbursement this Period 250.00
City OXFORD	State MS	
Zip Code 38655	Purpose of Disbursement Meal	Transaction ID : SB17.33149
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. JIMMY PAPPAS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2014
Mailing Address 852 N. GLOSTER ST		Amount of Each Disbursement this Period 400.00
City TUPELO	State MS	
Zip Code 38801	Purpose of Disbursement In-kind - Rent/Utilities	Transaction ID : SB17.34272
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020814225

**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 263 OF 340			
	<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) <b>A. SCOTT PARADISE</b>		Date of Disbursement
Mailing Address 3202 PEACHTREE PARK DR NE		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City ATLANTA	State GA	Zip Code 30309
Purpose of Disbursement Database Services	Category/ Type	Amount of Each Disbursement this Period <input type="text" value="2500.00"/>
Candidate Name		Transaction ID : SB17.33013
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>B. SCOTT PARADISE</b>		Date of Disbursement
Mailing Address 3202 PEACHTREE PARK DR NE		<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City ATLANTA	State GA	Zip Code 30309
Purpose of Disbursement Mileage reimbursement/beverage/GOTV-phones	Category/ Type	Amount of Each Disbursement this Period <input type="text" value="374.60"/>
Candidate Name		Transaction ID : SB17.32854
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>C. PARTY CITY - FLOWOOD</b>		Date of Disbursement
Mailing Address 370 RIDGEWAY		<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2014"/>
City FLOWOOD	State MS	Zip Code 39110
Purpose of Disbursement Supplies - Election Night	Category/ Type	Amount of Each Disbursement this Period <input type="text" value="121.93"/>
Candidate Name		Transaction ID : SB17.33595
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<input type="text" value="2874.60"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text" value="2874.60"/>

14020814226

**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 264 OF 340
	<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) <b>A. DAVID PATTEN</b>		Date of Disbursement
Mailing Address P.O. BOX 4349		MM / DD / YYYY 07 / 01 / 2014
City JACKSON	State MS	Zip Code 39216
Purpose of Disbursement GOTV - phone calls	Amount of Each Disbursement this Period 3500.00	
Candidate Name	Transaction ID : SB17.33012	
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	

Full Name (Last, First, Middle Initial) <b>B. PEARL RIVER VALLY EPA</b>		Date of Disbursement
Mailing Address P.O. BOX 1217		MM / DD / YYYY 07 / 17 / 2014
City COLUMBIA	State MS	Zip Code 39429
Purpose of Disbursement Utilities - Campaign Office	Amount of Each Disbursement this Period 340.00	
Candidate Name	Transaction ID : SB17.32808	
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	

Full Name (Last, First, Middle Initial) <b>C. PEARL RIVER VALLY EPA</b>		Date of Disbursement
Mailing Address P.O. BOX 1217		MM / DD / YYYY 08 / 06 / 2014
City COLUMBIA	State MS	Zip Code 39429
Purpose of Disbursement Utilities	Amount of Each Disbursement this Period 65.00	
Candidate Name	Transaction ID : SB17.32955	
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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3905.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020814227



**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 265 OF 340
	<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) <b>A. PEARL RIVER VALLY EPA</b>		Date of Disbursement
Mailing Address P.O. BOX 1217		MM / DD / YYYY 08 / 06 / 2014
City	State	Zip Code
COLUMBIA	MS	39429
Purpose of Disbursement Utilities		Amount of Each Disbursement this Period 140.00
Candidate Name	Category/ Type	Transaction ID : SB17.32956
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>B. CAMP PITTMAN</b>		Date of Disbursement
Mailing Address 403 SOUTH 11TH STREET		MM / DD / YYYY 08 / 15 / 2014
City	State	Zip Code
OXFORD	MS	38655
Purpose of Disbursement Payroll		Amount of Each Disbursement this Period 2389.25
Candidate Name	Category/ Type	Transaction ID : SB17.34350
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>C. CAMP PITTMAN</b>		Date of Disbursement
Mailing Address 403 SOUTH 11TH STREET		MM / DD / YYYY 09 / 02 / 2014
City	State	Zip Code
OXFORD	MS	38655
Purpose of Disbursement Payroll		Amount of Each Disbursement this Period 1299.12
Candidate Name	Category/ Type	Transaction ID : SB17.33658
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3828.37
<b>TOTAL</b> This Period (last page this line number only).....	

14020814228

**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 266 OF 340			
	<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) <b>A. CAMP PITTMAN</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2014
Mailing Address 403 SOUTH 11TH STREET		Amount of Each Disbursement this Period 576.00 Transaction ID : SB17.33362
City OXFORD	State MS	
Zip Code 38655	Purpose of Disbursement Mileage reimbursement	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	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. CAMP PITTMAN</b>		Date of Disbursement MM / DD / YYYY 09 / 15 / 2014
Mailing Address 403 SOUTH 11TH STREET		Amount of Each Disbursement this Period 1299.13 Transaction ID : SB17.33640
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. PIZZA HUT - MOSS POINT</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2014
Mailing Address 6528 HWY 63		Amount of Each Disbursement this Period 15.60 Transaction ID : SB17.33142
City MOSS POINT	State MS	
Zip Code 39563	Purpose of Disbursement 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	
State: District:	Other (specify) Runoff	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1875.13
<b>TOTAL</b> This Period (last page this line number only) .....	

14020814229

**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 267 OF 340	
	<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) <b>A. PROGRESSIVE GULF INSURANCE COMPANY</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2014
Mailing Address P.O. BOX 94739		Amount of Each Disbursement this Period 1669.00 Transaction ID : SB17.32802
City CLEVELAND	State OH	
Zip Code 44101	Purpose of Disbursement Insurance - Campaign Vehicle	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) <b>B. PURPLE PARROT CAFE</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address 3810 HARDY STREET		Amount of Each Disbursement this Period 74.50 Transaction ID : SB17.33204 [MEMO ITEM]
City HATTIESBURG	State MS	
Zip Code 39123	Purpose of Disbursement Meal	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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) <b>C. RANKIN COUNTY REPUBLICAN EXEC COMM</b>		Date of Disbursement MM / DD / YYYY 09 / 11 / 2014
Mailing Address P.O. BOX 97776		Amount of Each Disbursement this Period 100.00 Transaction ID : SB17.33798
City PEARL	State MS	
Zip Code 39288	Purpose of Disbursement Golf Tournament Sponsor	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1769.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020814230

**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 268 OF 340	
	<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) <b>A. SARA L. RAWLINGS</b>		Date of Disbursement MM / DD / YYYY 07 / 17 / 2014	
Mailing Address 113 13TH ST. SE		Amount of Each Disbursement this Period 681.00	
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : SB17.32856
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. RENASANT BANK</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2014	
Mailing Address P.O. BOX 709		Amount of Each Disbursement this Period 25.55	
City TUPELO	State MS	Zip Code 38802	Transaction ID : SB17.33005
Purpose of Disbursement Bank Fee		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) <b>C. RENASANT BANK</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2014	
Mailing Address P.O. BOX 709		Amount of Each Disbursement this Period 11.55	
City TUPELO	State MS	Zip Code 38802	Transaction ID : SB17.33251
Purpose of Disbursement Bank Fee		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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	718.10
<b>TOTAL</b> This Period (last page this line number only).....	

14020814231

**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 269 OF 340	
	<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) <b>A. RENASANT BANK</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2014
Mailing Address P.O. BOX 709		Amount of Each Disbursement this Period 28.70 Transaction ID : SB17.34329
City TUPELO	State MS	
Zip Code 38802	Purpose of Disbursement Maintenance Fee	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) <b>B. JULIE REPULT</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2014
Mailing Address P.O. BOX 1726		Amount of Each Disbursement this Period 230.88 Transaction ID : SB17.33023
City TUPELO	State MS	
Zip Code 38802	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. JULIE REPULT</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2014
Mailing Address P.O. BOX 1726		Amount of Each Disbursement this Period 230.87 Transaction ID : SB17.33044
City TUPELO	State MS	
Zip Code 38802	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	490.45
<b>TOTAL</b> This Period (last page this line number only).....	

14020814232

**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 270 OF 340	
	<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) <b>A. JULIE REPULT</b>		Date of Disbursement
Mailing Address P.O. BOX 1726		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City TUPELO	State MS	Zip Code 38802
Purpose of Disbursement Payroll	Candidate Name	Amount of Each Disbursement this Period <input type="text" value="230.88"/>
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

Full Name (Last, First, Middle Initial) <b>B. JULIE REPULT</b>		Date of Disbursement
Mailing Address P.O. BOX 1726		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City TUPELO	State MS	Zip Code 38802
Purpose of Disbursement Payroll	Candidate Name	Amount of Each Disbursement this Period <input type="text" value="230.87"/>
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

Full Name (Last, First, Middle Initial) <b>C. JULIE REPULT</b>		Date of Disbursement
Mailing Address P.O. BOX 1726		<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>
City TUPELO	State MS	Zip Code 38802
Purpose of Disbursement Payroll	Candidate Name	Amount of Each Disbursement this Period <input type="text" value="230.88"/>
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

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="692.63"/>
<b>TOTAL</b> This Period (last page this line number only) .....	

14020814233

**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 271 OF 340

<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) <b>A. JULIE REPULT</b>		Date of Disbursement MM / DD / YYYY 09 / 15 / 2014
Mailing Address P.O. BOX 1726		Amount of Each Disbursement this Period 230.87 Transaction ID : SB17.33641
City TUPELO	State MS	
Zip Code 38802	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

Full Name (Last, First, Middle Initial) <b>B. RESEARCH PLANNING &amp; SUPPORT SERVICES, LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 22 / 2014
Mailing Address P.O. BOX 4000		Amount of Each Disbursement this Period 589.92 Transaction ID : SB17.32912
City BROOKHAVEN	State MS	
Zip Code 39603	Purpose of Disbursement Campaign Consulting	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) <b>C. RESEARCH PLANNING &amp; SUPPORT SERVICES, LLC</b>		Date of Disbursement MM / DD / YYYY 08 / 04 / 2014
Mailing Address P.O. BOX 4000		Amount of Each Disbursement this Period 4000.00 Transaction ID : SB17.33057
City BROOKHAVEN	State MS	
Zip Code 39603	Purpose of Disbursement Campaign Consulting	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:

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4820.79
<b>TOTAL</b> This Period (last page this line number only) .....	

14020814234

**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 272 OF 340
	<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) <b>A. RESEARCH PLANNING &amp; SUPPORT SERVICES, LLC</b>		Date of Disbursement																				
Mailing Address P.O. BOX 4000		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>08</td><td></td><td></td><td>14</td><td></td><td></td><td>2014</td><td></td><td></td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	08			14			2014			
M	M	/	D	D	/	Y	Y	Y	Y													
08			14			2014																
City	State	Zip Code																				
BROOKHAVEN	MS	39603																				
Purpose of Disbursement Mileage reimbursement/Food/Beverage		Amount of Each Disbursement this Period																				
Candidate Name		<table border="1"><tr><td>378.35</td></tr></table>	378.35																			
378.35																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Transaction ID : SB17.32967																				
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>B. RESEARCH PLANNING &amp; SUPPORT SERVICES, LLC</b>		Date of Disbursement																				
Mailing Address P.O. BOX 4000		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>08</td><td></td><td></td><td>15</td><td></td><td></td><td>2014</td><td></td><td></td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	08			15			2014			
M	M	/	D	D	/	Y	Y	Y	Y													
08			15			2014																
City	State	Zip Code																				
BROOKHAVEN	MS	39603																				
Purpose of Disbursement Campaign Consulting		Amount of Each Disbursement this Period																				
Candidate Name		<table border="1"><tr><td>6000.00</td></tr></table>	6000.00																			
6000.00																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Transaction ID : SB17.33072																				
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>C. RESEARCH PLANNING &amp; SUPPORT SERVICES, LLC</b>		Date of Disbursement																				
Mailing Address P.O. BOX 4000		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>09</td><td></td><td></td><td>02</td><td></td><td></td><td>2014</td><td></td><td></td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	09			02			2014			
M	M	/	D	D	/	Y	Y	Y	Y													
09			02			2014																
City	State	Zip Code																				
BROOKHAVEN	MS	39603																				
Purpose of Disbursement Campaign Consulting		Amount of Each Disbursement this Period																				
Candidate Name		<table border="1"><tr><td>2000.00</td></tr></table>	2000.00																			
2000.00																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Transaction ID : SB17.33669																				
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)																						
State:	District:																					

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>8378.35</td></tr></table>	8378.35
8378.35		
<b>TOTAL</b> This Period (last page this line number only) .....		

14020814235



**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 273 OF 340			
	<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) <b>A. RESEARCH PLANNING &amp; SUPPORT SERVICES, LLC</b>		Date of Disbursement						
Mailing Address <b>P.O. BOX 4000</b>		<table border="1"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>09</td> <td>09</td> <td>2014</td> </tr> </table>	M M	D D	Y Y Y Y	09	09	2014
M M	D D	Y Y Y Y						
09	09	2014						
City <b>BROOKHAVEN</b>	State <b>MS</b>	Amount of Each Disbursement this Period <b>582.53</b>						
Zip Code <b>39603</b>	Purpose of Disbursement <b>Mileage/Food/Beverage</b>							
Candidate Name	Category/Type	<b>Transaction ID : SB17.33358</b>						
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>B. RESEARCH PLANNING &amp; SUPPORT SERVICES, LLC</b>		Date of Disbursement						
Mailing Address <b>P.O. BOX 4000</b>		<table border="1"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>09</td> <td>15</td> <td>2014</td> </tr> </table>	M M	D D	Y Y Y Y	09	15	2014
M M	D D	Y Y Y Y						
09	15	2014						
City <b>BROOKHAVEN</b>	State <b>MS</b>	Amount of Each Disbursement this Period <b>2000.00</b>						
Zip Code <b>39603</b>	Purpose of Disbursement <b>Campaign Consulting</b>							
Candidate Name	Category/Type	<b>Transaction ID : SB17.33628</b>						
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>C. JOHN M. ROBINSON</b>		Date of Disbursement						
Mailing Address <b>P.O. BOX 7183</b>		<table border="1"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>07</td> <td>01</td> <td>2014</td> </tr> </table>	M M	D D	Y Y Y Y	07	01	2014
M M	D D	Y Y Y Y						
07	01	2014						
City <b>TUPELO</b>	State <b>MS</b>	Amount of Each Disbursement this Period <b>349.63</b>						
Zip Code <b>38802</b>	Purpose of Disbursement <b>Payroll</b>							
Candidate Name	Category/Type	<b>Transaction ID : SB17.33024</b>						
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:								

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2932.16</b>
<b>TOTAL</b> This Period (last page this line number only).....	

14020814236

**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 274 OF 340
	<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) <b>A. JOHN M. ROBINSON</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2014
Mailing Address P.O. BOX 7183		Amount of Each Disbursement this Period 349.62 Transaction ID : SB17.33045
City TUPELO	State MS	
Zip Code 38802	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. JOHN M. ROBINSON</b>		Date of Disbursement MM / DD / YYYY 08 / 01 / 2014
Mailing Address P.O. BOX 7183		Amount of Each Disbursement this Period 349.63 Transaction ID : SB17.33064
City TUPELO	State MS	
Zip Code 38802	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. JOHN M. ROBINSON</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2014
Mailing Address P.O. BOX 7183		Amount of Each Disbursement this Period 349.62 Transaction ID : SB17.33088
City TUPELO	State MS	
Zip Code 38802	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1048.87
<b>TOTAL</b> This Period (last page this line number only).....	

14020814237

**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 275 OF 340
	<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) <b>A. JOHN M. ROBINSON</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2014
Mailing Address P.O. BOX 7183		Amount of Each Disbursement this Period 349.63 Transaction ID : SB17.33660
City TUPELO	State MS	
Zip Code 38802	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

Full Name (Last, First, Middle Initial) <b>B. JOHN M. ROBINSON</b>		Date of Disbursement MM / DD / YYYY 09 / 15 / 2014
Mailing Address P.O. BOX 7183		Amount of Each Disbursement this Period 349.62 Transaction ID : SB17.33642
City TUPELO	State MS	
Zip Code 38802	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

Full Name (Last, First, Middle Initial) <b>C. BEN ROWLEY</b>		Date of Disbursement MM / DD / YYYY 07 / 22 / 2014
Mailing Address 510 MAXINE AVE		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.32906
City MCCOMB	State MS	
Zip Code 39648	Purpose of Disbursement Mileage reimbursement	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:

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	949.25
<b>TOTAL</b> This Period (last page this line number only).....	

14020814238

**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 276 OF 340

<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) <b>A. JEFFREY RUNNELS</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2014
Mailing Address 1241 KENSINGTON DR		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.33014
City BILOXI	State MS	
Zip Code 39530		Category/ Type
Purpose of Disbursement GOTV - door to door/distribute signs		
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>B. JEFFREY RUNNELS</b>		Date of Disbursement MM / DD / YYYY 07 / 17 / 2014
Mailing Address 1241 KENSINGTON DR		Amount of Each Disbursement this Period 163.50 Transaction ID : SB17.32857
City BILOXI	State MS	
Zip Code 39530		Category/ Type
Purpose of Disbursement Mileage reimbursement		
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>C. JEFFREY RUNNELS</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2014
Mailing Address 1241 KENSINGTON DR		Amount of Each Disbursement this Period 2709.00 Transaction ID : SB17.33661
City BILOXI	State MS	
Zip Code 39530		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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4372.50
<b>TOTAL</b> This Period (last page this line number only).....	

14020814239

**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 277 OF 340	
	<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) <b>A. JEFFREY RUNNELS</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2014
Mailing Address 1241 KENSINGTON DR		Amount of Each Disbursement this Period 225.50 Transaction ID : SB17.33364
City BILOXI	State MS	
Purpose of Disbursement Mileage reimbursement	Zip Code 39530	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) <b>B. JEFFREY RUNNELS</b>		Date of Disbursement MM / DD / YYYY 09 / 15 / 2014
Mailing Address 1241 KENSINGTON DR		Amount of Each Disbursement this Period 1467.00 Transaction ID : SB17.33643
City BILOXI	State MS	
Purpose of Disbursement Payroll	Zip Code 39530	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) <b>C. JORDAN RUSSELL</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2014
Mailing Address 2504 EASTOVER RD		Amount of Each Disbursement this Period 1935.75 Transaction ID : SB17.33025
City JACKSON	State MS	
Purpose of Disbursement Payroll	Zip Code 39211	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3628.25
<b>TOTAL</b> This Period (last page this line number only).....	

14020814240

**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 278 OF 340

17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

<b>A. JORDAN RUSSELL</b>		Date of Disbursement																				
Full Name (Last, First, Middle Initial)		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>M</td><td>M</td></tr> <tr><td>07</td><td></td></tr> </table> / <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>D</td><td>D</td></tr> <tr><td>15</td><td></td></tr> </table> / <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2</td><td>0</td><td>1</td><td>4</td><td></td><td></td></tr> </table>	M	M	07		D	D	15		Y	Y	Y	Y	Y	Y	2	0	1	4		
M	M																					
07																						
D	D																					
15																						
Y	Y	Y	Y	Y	Y																	
2	0	1	4																			
Mailing Address 2504 EASTOVER RD		Amount of Each Disbursement this Period																				
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City</td> <td style="width:20%;">State</td> <td style="width:50%;">Zip Code</td> </tr> <tr> <td>JACKSON</td> <td>MS</td> <td>39211</td> </tr> </table>			City	State	Zip Code	JACKSON	MS	39211														
City	State	Zip Code																				
JACKSON	MS	39211																				
Purpose of Disbursement Payroll		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> 1935.75																				
Candidate Name		Transaction ID : SB17.33046																				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014																				
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)																				

<b>B. JORDAN RUSSELL</b>		Date of Disbursement																				
Full Name (Last, First, Middle Initial)		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>M</td><td>M</td></tr> <tr><td>07</td><td></td></tr> </table> / <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>D</td><td>D</td></tr> <tr><td>17</td><td></td></tr> </table> / <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2</td><td>0</td><td>1</td><td>4</td><td></td><td></td></tr> </table>	M	M	07		D	D	17		Y	Y	Y	Y	Y	Y	2	0	1	4		
M	M																					
07																						
D	D																					
17																						
Y	Y	Y	Y	Y	Y																	
2	0	1	4																			
Mailing Address 2504 EASTOVER RD		Amount of Each Disbursement this Period																				
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City</td> <td style="width:20%;">State</td> <td style="width:50%;">Zip Code</td> </tr> <tr> <td>JACKSON</td> <td>MS</td> <td>39211</td> </tr> </table>			City	State	Zip Code	JACKSON	MS	39211														
City	State	Zip Code																				
JACKSON	MS	39211																				
Purpose of Disbursement Cell phone service		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> 131.62																				
Candidate Name		Transaction ID : SB17.32859																				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014																				
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)																				

<b>C. JORDAN RUSSELL</b>		Date of Disbursement																				
Full Name (Last, First, Middle Initial)		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>M</td><td>M</td></tr> <tr><td>07</td><td></td></tr> </table> / <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>D</td><td>D</td></tr> <tr><td>22</td><td></td></tr> </table> / <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2</td><td>0</td><td>1</td><td>4</td><td></td><td></td></tr> </table>	M	M	07		D	D	22		Y	Y	Y	Y	Y	Y	2	0	1	4		
M	M																					
07																						
D	D																					
22																						
Y	Y	Y	Y	Y	Y																	
2	0	1	4																			
Mailing Address 2504 EASTOVER RD		Amount of Each Disbursement this Period																				
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City</td> <td style="width:20%;">State</td> <td style="width:50%;">Zip Code</td> </tr> <tr> <td>JACKSON</td> <td>MS</td> <td>39211</td> </tr> </table>			City	State	Zip Code	JACKSON	MS	39211														
City	State	Zip Code																				
JACKSON	MS	39211																				
Purpose of Disbursement Mileage reimbursement/cell phone service		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> 204.79																				
Candidate Name		Transaction ID : SB17.32908																				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014																				
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)																				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> 2272.16												
<b>TOTAL</b> This Period (last page this line number only).....	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>												

14020814241

**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 279 OF 340	
	<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) <b>A. JORDAN RUSSELL</b>		Date of Disbursement MM / DD / YYYY 08 / 01 / 2014
Mailing Address 2504 EASTOVER RD		Amount of Each Disbursement this Period 1935.75 Transaction ID : SB17.33065
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. JORDAN RUSSELL</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2014
Mailing Address 2504 EASTOVER RD		Amount of Each Disbursement this Period 1935.75 Transaction ID : SB17.33089
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>C. JORDAN RUSSELL</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2014
Mailing Address 2504 EASTOVER RD		Amount of Each Disbursement this Period 80.00 Transaction ID : SB17.32987
City JACKSON State MS Zip Code 39211	Purpose of Disbursement Mileage reimbursement	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3951.50
<b>TOTAL</b> This Period (last page this line number only).....	

14020814242

**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 280 OF 340

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (in Full)  
**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial) <b>A. JORDAN RUSSELL</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2014
Mailing Address 2504 EASTOVER RD		Amount of Each Disbursement this Period 1935.75 Transaction ID : SB17.33662
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. JORDAN RUSSELL</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2014
Mailing Address 2504 EASTOVER RD		Amount of Each Disbursement this Period 1023.11 Transaction ID : SB17.33357
City JACKSON	State MS Zip Code 39211	
Purpose of Disbursement Mileage reimbursement/Food/Cell Phone Service	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>C. JORDAN RUSSELL</b>		Date of Disbursement MM / DD / YYYY 09 / 15 / 2014
Mailing Address 2504 EASTOVER RD		Amount of Each Disbursement this Period 1935.75 Transaction ID : SB17.33644
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

4894.61

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

14020814243



**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 281 OF 340
	<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) <b>A. MYLES RUSSELL</b>		Date of Disbursement MM / DD / YYYY 07 / 17 / 2014
Mailing Address 1507 TAYLOR ST #1		Amount of Each Disbursement this Period 3308.76 Transaction ID : SB17.32860
City CORINTH	State MS	
Purpose of Disbursement Mileage reimbursement/Food/Beverage/Copies	Zip Code 38834	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) <b>B. SAFEGUARD BUSINESS SYSTEMS</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2014
Mailing Address P.O. BOX 910947		Amount of Each Disbursement this Period 73.84 Transaction ID : SB17.32969
City LOS ANGELES	State CA	
Purpose of Disbursement Office Supplies	Zip Code 90091	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) <b>C. SAFEGUARD BUSINESS SYSTEMS</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2014
Mailing Address P.O. BOX 910947		Amount of Each Disbursement this Period 115.83 Transaction ID : SB17.33252
City LOS ANGELES	State CA	
Purpose of Disbursement Printing - Checks	Zip Code 90091	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3498.43
<b>TOTAL</b> This Period (last page this line number only).....	

14020814244

**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 282 OF 340

<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) <b>A. SAL &amp; MOOKIE'S</b>		Date of Disbursement MM / DD / YYYY 06 / 24 / 2014
Mailing Address 565 TAYLOR ST.		Amount of Each Disbursement this Period 85.39 Transaction ID : SB17.33152 <b>[MEMO ITEM]</b>
City JACKSON State MS Zip Code 39216	Purpose of Disbursement Meal	
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SCM ASSOCIATES, INC.</b>		Date of Disbursement MM / DD / YYYY 09 / 15 / 2014
Mailing Address P.O. BOX 254		Amount of Each Disbursement this Period 1258.60 Transaction ID : SB17.33801
City DUBLIN State NH Zip Code 03444	Purpose of Disbursement Media Services	
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>C. JAMES R. SEAY Sr.</b>		Date of Disbursement MM / DD / YYYY 09 / 15 / 2014
Mailing Address 315 LOSHER ST SUITE 200		Amount of Each Disbursement this Period 1300.00 Transaction ID : SB17.34273
City HERNANDO State MS Zip Code 38632	Purpose of Disbursement In-kind - Rent/Utilities	
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).....  
**TOTAL** This Period (last page this line number only).....

2558.60

14020814245

**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 283 OF 340
	<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. SHELL OIL - PHILADELPHIA**

Mailing Address **294 W. BEACON ST**

City **PHILADELPHIA** State **MS** Zip Code **39350**

Purpose of Disbursement  
**Supplies - Ice**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify)

State: District:

Date of Disbursement  
**07 / 24 / 2014**

Amount of Each Disbursement this Period  
**12.13**

Transaction ID : **SB17.33170**

**[MEMO ITEM]**

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:

Date of Disbursement  
**07 / 01 / 2014**

Amount of Each Disbursement this Period  
**2074.14**

Transaction ID : **SB17.33026**

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  
**Payroll**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify)

State: District:

Date of Disbursement  
**07 / 15 / 2014**

Amount of Each Disbursement this Period  
**2074.15**

Transaction ID : **SB17.33047**

**SUBTOTAL** of Disbursements This Page (optional) ..... **4148.29**

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

14020814246

**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 284 OF 340
	<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) <b>A. AMANDA SHOOK</b>		Date of Disbursement	
Mailing Address 214 EAST LAKE DRIVE		MM / DD / YYYY 07 / 17 / 2014	
City BRANDON	State MS	Zip Code 39047	Amount of Each Disbursement this Period 27.82
Purpose of Disbursement Food/Beverage		Category/ Type	Transaction ID : SB17.32862
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>B. AMANDA SHOOK</b>		Date of Disbursement	
Mailing Address 214 EAST LAKE DRIVE		MM / DD / YYYY 08 / 01 / 2014	
City BRANDON	State MS	Zip Code 39047	Amount of Each Disbursement this Period 2074.14
Purpose of Disbursement Payroll		Category/ Type	Transaction ID : SB17.33066
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>C. AMANDA SHOOK</b>		Date of Disbursement	
Mailing Address 214 EAST LAKE DRIVE		MM / DD / YYYY 08 / 15 / 2014	
City BRANDON	State MS	Zip Code 39047	Amount of Each Disbursement this Period 2074.14
Purpose of Disbursement Payroll		Category/ Type	Transaction ID : SB17.33090
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4176.10
<b>TOTAL</b> This Period (last page this line number only).....	

14020814247

**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 285 OF 340			
	<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) <b>A. AMANDA SHOOK</b>			Date of Disbursement MM / DD / YYYY 09 / 02 / 2014		
Mailing Address 214 EAST LAKE DRIVE			Amount of Each Disbursement this Period 2074.15		
City BRANDON	State MS	Zip Code 39047	Transaction ID : SB17.33663		
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. AMANDA SHOOK</b>			Date of Disbursement MM / DD / YYYY 09 / 15 / 2014		
Mailing Address 214 EAST LAKE DRIVE			Amount of Each Disbursement this Period 2074.14		
City BRANDON	State MS	Zip Code 39047	Transaction ID : SB17.33645		
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State:	District:				

Full Name (Last, First, Middle Initial) <b>C. SILVER STAR HOTEL</b>			Date of Disbursement MM / DD / YYYY 07 / 30 / 2014		
Mailing Address HWY 16 WEST			Amount of Each Disbursement this Period 450.10		
City CHOCTAW	State MS	Zip Code 39350	Transaction ID : SB17.33175		
Purpose of Disbursement Lodging - Kirk Sims		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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4148.29
<b>TOTAL</b> This Period (last page this line number only).....	

14020814248

**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 286 OF 340
	<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) <b>A. SILVER STAR HOTEL</b>		Date of Disbursement MM / DD / YYYY 08 / 01 / 2014
Mailing Address HWY 16 WEST		Amount of Each Disbursement this Period 177.62
City CHOCTAW	State MS	
Zip Code 39350	Purpose of Disbursement Lodging	Transaction ID : SB17.33206  [MEMO ITEM]
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>B. SILVER STAR HOTEL</b>		Date of Disbursement MM / DD / YYYY 08 / 01 / 2014
Mailing Address HWY 16 WEST		Amount of Each Disbursement this Period 177.62
City CHOCTAW	State MS	
Zip Code 39350	Purpose of Disbursement Lodging	Transaction ID : SB17.33207  [MEMO ITEM]
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>C. SILVER STAR HOTEL</b>		Date of Disbursement MM / DD / YYYY 08 / 01 / 2014
Mailing Address HWY 16 WEST		Amount of Each Disbursement this Period 177.62
City CHOCTAW	State MS	
Zip Code 39350	Purpose of Disbursement Lodging	Transaction ID : SB17.33208  [MEMO ITEM]
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

14020814249

**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 287 OF 340			
	<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) <b>A. SILVER STAR HOTEL</b>		Date of Disbursement MM / DD / YYYY 08 / 01 / 2014
Mailing Address HWY 16 WEST		Amount of Each Disbursement this Period 177.62
City CHOCTAW	State MS	
Zip Code 39350	Purpose of Disbursement Lodging	Transaction ID : SB17.33209 <b>[MEMO ITEM]</b>
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>B. SILVER STAR HOTEL</b>		Date of Disbursement MM / DD / YYYY 08 / 01 / 2014
Mailing Address HWY 16 WEST		Amount of Each Disbursement this Period 177.62
City CHOCTAW	State MS	
Zip Code 39350	Purpose of Disbursement Lodging	Transaction ID : SB17.33210 <b>[MEMO ITEM]</b>
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>C. KIRK SIMS</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2014
Mailing Address 4211 BROOKDALE STREET		Amount of Each Disbursement this Period 5246.25
City JACKSON	State MS	
Zip Code 39206	Purpose of Disbursement Payroll	Transaction ID : SB17.33027
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5246.25
<b>TOTAL</b> This Period (last page this line number only) .....	

1420814250

**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 288 OF 340
	<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) <b>A. KIRK SIMS</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2014
Mailing Address 4211 BROOKDALE STREET		Amount of Each Disbursement this Period 5246.25 Transaction ID : SB17.33048
City JACKSON State MS Zip Code 39206	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. KIRK SIMS</b>		Date of Disbursement MM / DD / YYYY 07 / 17 / 2014
Mailing Address 4211 BROOKDALE STREET		Amount of Each Disbursement this Period 714.44 Transaction ID : SB17.32863
City JACKSON State MS Zip Code 39206	Purpose of Disbursement Mileage reimbursement/Rental Car/Food/Beverage	
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>C. KIRK SIMS</b>		Date of Disbursement MM / DD / YYYY 07 / 22 / 2014
Mailing Address 4211 BROOKDALE STREET		Amount of Each Disbursement this Period 132.92 Transaction ID : SB17.32910
City JACKSON State MS Zip Code 39206	Purpose of Disbursement Supplies - Flags for campaign rally	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6093.61
<b>TOTAL</b> This Period (last page this line number only).....	

14020814251



**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 289 OF 340	
	<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) <b>A. KIRK SIMS</b>		Date of Disbursement
Mailing Address 4211 BROOKDALE STREET		MM / DD / YYYY 08 / 01 / 2014
City JACKSON	State MS	Zip Code 39206
Purpose of Disbursement Media/Fundraising Consulting	Category/ Type	Amount of Each Disbursement this Period 3750.00
Candidate Name		Transaction ID : SB17.33055
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>B. KIRK SIMS</b>		Date of Disbursement
Mailing Address 4211 BROOKDALE STREET		MM / DD / YYYY 08 / 01 / 2014
City JACKSON	State MS	Zip Code 39206
Purpose of Disbursement Payroll	Category/ Type	Amount of Each Disbursement this Period 5246.25
Candidate Name		Transaction ID : SB17.33067
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>C. KIRK SIMS</b>		Date of Disbursement
Mailing Address 4211 BROOKDALE STREET		MM / DD / YYYY 08 / 15 / 2014
City JACKSON	State MS	Zip Code 39206
Purpose of Disbursement Media/Fundraising Consultant	Category/ Type	Amount of Each Disbursement this Period 3750.00
Candidate Name		Transaction ID : SB17.33074
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	12746.25
<b>TOTAL</b> This Period (last page this line number only).....	

14020814252

**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 290 OF 340			
	<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) <b>A. KIRK SIMS</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2014
Mailing Address 4211 BROOKDALE STREET		Amount of Each Disbursement this Period 3750.00 Transaction ID : SB17.33671
City JACKSON State MS Zip Code 39206	Purpose of Disbursement Media/Fundraising Consulting	
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>B. KIRK SIMS</b>		Date of Disbursement MM / DD / YYYY 09 / 15 / 2014
Mailing Address 4211 BROOKDALE STREET		Amount of Each Disbursement this Period 3750.00 Transaction ID : SB17.33630
City JACKSON State MS Zip Code 39206	Purpose of Disbursement Media/Fundraising Consulting	
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>C. CONNOR SMITH</b>		Date of Disbursement MM / DD / YYYY 07 / 22 / 2014
Mailing Address 201 I STREET NE APT 22		Amount of Each Disbursement this Period 276.00 Transaction ID : SB17.32914
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement Airfare	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7776.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020814253

**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 291 OF 340
	<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) <b>A. FLOYD SMITH</b>		Date of Disbursement MM / DD / YYYY 07 / 17 / 2014
Mailing Address 165 CAMARO DR		Amount of Each Disbursement this Period 400.00
City JACKSON	State MS	
Zip Code 39206	Purpose of Disbursement GOTV - DOOR TO DOOR	Transaction ID : SB17.32818
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>B. JARED SOLOMON</b>		Date of Disbursement MM / DD / YYYY 07 / 22 / 2014
Mailing Address 2015 HIGHPOINTE DR		Amount of Each Disbursement this Period 1360.00
City BRANDON	State MS	
Zip Code 39042	Purpose of Disbursement GOTV - door to door	Transaction ID : SB17.32892
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>C. SHIRLEY STEWART</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2014
Mailing Address 54 WORTHINGTON AVE		Amount of Each Disbursement this Period 1100.00
City ROLLING FORK	State MS	
Zip Code 39159	Purpose of Disbursement GOTV - door to door/Transportation	Transaction ID : SB17.33093
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2860.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020814254

**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) <b>A. STRATEGIC PARTNERS &amp; MEDIA, INC.</b>		Date of Disbursement MM / DD / YYYY 08 / 18 / 2014
Mailing Address P.O. BOX 480		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.33380
City ARNOLD	State MD	
Purpose of Disbursement Media Services	Zip Code 21012	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) <b>B. STRATEGIC PARTNERS &amp; MEDIA, INC.</b>		Date of Disbursement MM / DD / YYYY 08 / 18 / 2014
Mailing Address P.O. BOX 480		Amount of Each Disbursement this Period 5267.26 Transaction ID : SB17.34317
City ARNOLD	State MD	
Purpose of Disbursement Campaign Media Consulting	Zip Code 21012	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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. JENNIFER STRAWBRIDGE</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2014
Mailing Address 122 HOLMAR DR		Amount of Each Disbursement this Period 2941.25 Transaction ID : SB17.33034
City BRANDON	State MS	
Purpose of Disbursement Payroll	Zip Code 39042	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).....

13208.51

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

14020814255

**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 293 OF 340			
	<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) <b>A. JENNIFER STRAWBRIDGE</b>			Date of Disbursement MM / DD / YYYY 07 / 22 / 2014		
Mailing Address 122 HOLMAR DR			Amount of Each Disbursement this Period 682.50		
City BRANDON	State MS	Zip Code 39042	Transaction ID : SB17.32911		
Purpose of Disbursement Mileage reimbursement/copies		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) <b>B. STRIPE</b>			Date of Disbursement MM / DD / YYYY 07 / 05 / 2014		
Mailing Address 3180 18TH ST			Amount of Each Disbursement this Period 4.95		
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.32714		
Purpose of Disbursement Processing Fee - Online Contribution		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) <b>C. STRIPE</b>			Date of Disbursement MM / DD / YYYY 07 / 17 / 2014		
Mailing Address 3180 18TH ST			Amount of Each Disbursement this Period 0.59		
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.32725		
Purpose of Disbursement Processing Fee - Online Contribution		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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	688.04
<b>TOTAL</b> This Period (last page this line number only).....	

14020814256

**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 294 OF 340
	<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) <b>A. STRIPE</b>		Date of Disbursement
Mailing Address 3180 18TH ST		MM / DD / YYYY 07 / 24 / 2014
City SAN FRANCISCO	State CA	Zip Code 94110
Purpose of Disbursement Processing Fee - Online Contribution	Category/ Type	Amount of Each Disbursement this Period 8.58
Candidate Name	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.32726
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State:    District:	

Full Name (Last, First, Middle Initial) <b>B. STRIPE</b>		Date of Disbursement
Mailing Address 3180 18TH ST		MM / DD / YYYY 07 / 28 / 2014
City SAN FRANCISCO	State CA	Zip Code 94110
Purpose of Disbursement Processing Fee - Online Contribution	Category/ Type	Amount of Each Disbursement this Period 18.00
Candidate Name	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.32727
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State:    District:	

Full Name (Last, First, Middle Initial) <b>C. STRIPE</b>		Date of Disbursement
Mailing Address 3180 18TH ST		MM / DD / YYYY 07 / 29 / 2014
City SAN FRANCISCO	State CA	Zip Code 94110
Purpose of Disbursement Processing Fee - Online Contribution	Category/ Type	Amount of Each Disbursement this Period 0.31
Candidate Name	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.32728
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State:    District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	26.89
<b>TOTAL</b> This Period (last page this line number only).....	

14020814257

**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) <b>A. STRIPE</b>		Date of Disbursement MM / DD / YYYY 08 / 01 / 2014
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 6.10
City SAN FRANCISCO	State CA	
Zip Code 94110		Transaction ID : SB17.32745
Purpose of Disbursement Processing Fee - Online Contribution		
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>B. STRIPE</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2014
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 0.59
City SAN FRANCISCO	State CA	
Zip Code 94110		Transaction ID : SB17.32747
Purpose of Disbursement Processing Fee - Online Contribution		
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>C. STRIPE</b>		Date of Disbursement MM / DD / YYYY 08 / 25 / 2014
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 6.10
City SAN FRANCISCO	State CA	
Zip Code 94110		Transaction ID : SB17.33700
Purpose of Disbursement Processing Fees		
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).....

12.79

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

14020814258

**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 296 OF 340
	<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) <b>A. STRIPE</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2014
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 0.33 Transaction ID : SB17.33287
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement Processing Fees	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) <b>B. STRIPE</b>		Date of Disbursement MM / DD / YYYY 08 / 28 / 2014
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 78.60 Transaction ID : SB17.33699
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement Processing Fees	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) <b>C. STRIPE</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2014
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 14.80 Transaction ID : SB17.33247
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement Processing Fees	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	93.73
<b>TOTAL</b> This Period (last page this line number only).....	

14020814259



**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 297 OF 340	
	<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) <b>A. STRIPE</b>		Date of Disbursement MM / DD / YYYY 09 / 04 / 2014
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 151.10
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement Processing Fee	Transaction ID : SB17.33335
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>B. STRIPE</b>		Date of Disbursement MM / DD / YYYY 09 / 05 / 2014
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 160.70
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement Processing Fees	Transaction ID : SB17.33336
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>C. STRIPE</b>		Date of Disbursement MM / DD / YYYY 09 / 07 / 2014
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 29.30
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement Processing Fees	Transaction ID : SB17.33337
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	341.10
<b>TOTAL</b> This Period (last page this line number only).....	

14020814260

**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 298 OF 340			
	<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) <b>A. STRIPE</b>		Date of Disbursement MM / DD / YYYY 09 / 08 / 2014
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 103.00 Transaction ID : SB17.33338
City SAN FRANCISCO	State CA	
Purpose of Disbursement Processing Fees		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) <b>B. STRIPE</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2014
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 14.80 Transaction ID : SB17.33339
City SAN FRANCISCO	State CA	
Purpose of Disbursement Processing Fees		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) <b>C. STRIPE</b>		Date of Disbursement MM / DD / YYYY 09 / 10 / 2014
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 69.35 Transaction ID : SB17.33522
City SAN FRANCISCO	State CA	
Purpose of Disbursement Processing Fee		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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	187.15
<b>TOTAL</b> This Period (last page this line number only).....	

14020814261

**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 299 OF 340
	<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) <b>A. STRIPE</b>		Date of Disbursement MM / DD / YYYY 09 / 11 / 2014
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 51.35 Transaction ID : SB17.33521
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement Processing Fee	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) <b>B. STRIPE</b>		Date of Disbursement MM / DD / YYYY 09 / 12 / 2014
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 14.80 Transaction ID : SB17.33532
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement Processing Fees	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) <b>C. STRIPE</b>		Date of Disbursement MM / DD / YYYY 09 / 13 / 2014
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 43.80 Transaction ID : SB17.33533
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement Processing Fees	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	109.95
<b>TOTAL</b> This Period (last page this line number only).....	

14020814262

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

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

FOR LINE NUMBER: PAGE 300 OF 340  
(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**

**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 Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 15 / 2014

Amount of Each Disbursement this Period: 44.10

Transaction ID : SB17.33534

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 Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 16 / 2014

Amount of Each Disbursement this Period: 75.70

Transaction ID : SB17.33701

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 Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 17 / 2014

Amount of Each Disbursement this Period: 4.95

Transaction ID : SB17.33702

Category/Type

**SUBTOTAL** of Disbursements This Page (optional) ..... 124.75

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

14020814263

**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 301 OF 340
	<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 Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 18 / 2014

Amount of Each Disbursement this Period: 51.10

Transaction ID : SB17.33703

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 Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 19 / 2014

Amount of Each Disbursement this Period: 78.90

Transaction ID : SB17.33704

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 Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 22 / 2014

Amount of Each Disbursement this Period: 9.27

Transaction ID : SB17.33705

Category/Type

**SUBTOTAL** of Disbursements This Page (optional) ..... 139.27

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

14020814264

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

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

FOR LINE NUMBER: PAGE 302 OF 340  
(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 Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 23 / 2014

Amount of Each Disbursement this Period: 44.10

Transaction ID : SB17.33869

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 Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 24 / 2014

Amount of Each Disbursement this Period: 180.70

Transaction ID : SB17.33870

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 Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 25 / 2014

Amount of Each Disbursement this Period: 119.80

Transaction ID : SB17.33871

**SUBTOTAL** of Disbursements This Page (optional)..... 344.60

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

14020814265

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

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

FOR LINE NUMBER: PAGE 303 OF 340  
(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 Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 26 / 2014

Amount of Each Disbursement this Period: 155.63

Transaction ID : SB17.33882

Category/Type

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 Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 27 / 2014

Amount of Each Disbursement this Period: 8.58

Transaction ID : SB17.33883

Category/Type

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 Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 29 / 2014

Amount of Each Disbursement this Period: 122.75

Transaction ID : SB17.34090

Category/Type

**SUBTOTAL** of Disbursements This Page (optional) ..... 286.96

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

14020814266

**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 304 OF 340	
	<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 Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement 09 / 30 / 2014

Amount of Each Disbursement this Period 56.30

Transaction ID : SB17.34091

Category/Type

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

Mailing Address 701 11TH AVE

City COLUMBUS State MS Zip Code 39701

Purpose of Disbursement GOTV - DOOR TO DOOR

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement 07 / 17 / 2014

Amount of Each Disbursement this Period 400.00

Transaction ID : SB17.32881

Category/Type

Full Name (Last, First, Middle Initial)  
**c. SUBWAY - DC**

Mailing Address 455 MASS AVE NW

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement 06 / 18 / 2014

Amount of Each Disbursement this Period 38.50

Transaction ID : SB17.33199

[MEMO ITEM]

Category/Type

**SUBTOTAL** of Disbursements This Page (optional) ..... 456.30

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

14020814267



**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 305 OF 340
	<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) <b>A. SUPERMART #6 - FLORENCE</b>		Date of Disbursement MM / DD / YYYY 06 / 12 / 2014
Mailing Address 4109 HWY 49 S		Amount of Each Disbursement this Period 1.00
City FLORENCE	State MS	
Purpose of Disbursement Food/Beverage	Zip Code 39073	Transaction ID : SB17.33134  <b>[MEMO ITEM]</b>
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State:                      District:		

Full Name (Last, First, Middle Initial) <b>B. SYNC I.T. SOLUTIONS</b>		Date of Disbursement MM / DD / YYYY 07 / 17 / 2014
Mailing Address 151 PENN RD		Amount of Each Disbursement this Period 329.44
City CANTON	State MS	
Purpose of Disbursement Telephone - Campaign Office	Zip Code 39046	Transaction ID : SB17.32804
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>C. SYNC I.T. SOLUTIONS</b>		Date of Disbursement MM / DD / YYYY 07 / 28 / 2014
Mailing Address 151 PENN RD		Amount of Each Disbursement this Period 329.44
City CANTON	State MS	
Purpose of Disbursement Telephone service	Zip Code 39046	Transaction ID : SB17.32940
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	658.88
<b>TOTAL</b> This Period (last page this line number only).....	

14020814268

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

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

FOR LINE NUMBER: PAGE 306 OF 340  
(check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

**A. 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  
Phone - Campaign Office

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
09 / 02 / 2014

Amount of Each Disbursement this Period  
329.44

Transaction ID : SB17.33341

**B. TARGETED CREATIVE COMMUNICATIONS, INC.**

Full Name (Last, First, Middle Initial)  
Mailing Address 106 S. COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
Phone List

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
08 / 26 / 2014

Amount of Each Disbursement this Period  
2600.00

Transaction ID : SB17.33253

**C. ADAM TELLE**

Full Name (Last, First, Middle Initial)  
Mailing Address 917 4TH ST NE

City WASHINGTON State DC Zip Code 20002

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  
07 / 17 / 2014

Amount of Each Disbursement this Period  
1757.00

Transaction ID : SB17.32864

**SUBTOTAL** of Disbursements This Page (optional)..... 4686.44

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

14020814269

**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 307 OF 340
	<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) <b>A. THE CHIMNEYS</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address 1640 E. BEACH BLVD.		Amount of Each Disbursement this Period 251.46
City GULFPORT	State MS	
Zip Code 39501	Purpose of Disbursement	Transaction ID : SB17.33601
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. THE COLE HOUSE B&amp;B</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2014
Mailing Address 235 W. BEACON ST		Amount of Each Disbursement this Period 95.00
City PHILADELPHIA	State MS	
Zip Code 39350	Purpose of Disbursement Meal	Transaction ID : SB17.33173
Candidate Name	Category/ Type	[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:		

Full Name (Last, First, Middle Initial) <b>C. THE INN AT OLE MISS</b>		Date of Disbursement MM / DD / YYYY 06 / 22 / 2014
Mailing Address 5 GROVE LOOP #C		Amount of Each Disbursement this Period 573.52
City OXFORD	State MS	
Zip Code 38655	Purpose of Disbursement Lodging	Transaction ID : SB17.33599
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

14020814270

**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 308 OF 340
	<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) <b>A. THE INN AT OLE MISS</b>		Date of Disbursement MM / DD / YYYY 06 / 23 / 2014
Mailing Address 5 GROVE LOOP #C		Amount of Each Disbursement this Period 362.59 Transaction ID : SB17.33608 [MEMO ITEM]
City OXFORD	State MS	
Zip Code 38655	Purpose of Disbursement Lodging	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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) <b>B. THE MANSHIP WOOD FIRED</b>		Date of Disbursement MM / DD / YYYY 06 / 11 / 2014
Mailing Address 1200 N. STATE ST		Amount of Each Disbursement this Period 41.65 Transaction ID : SB17.33132 [MEMO ITEM]
City JACKSON	State MS	
Zip Code 39202	Purpose of Disbursement Meal	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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) <b>C. THE REPUBLIC GROUP, LLC</b>		Date of Disbursement MM / DD / YYYY 08 / 01 / 2014
Mailing Address P.O. BOX 1047		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.33052
City YAZOO CITY	State MS	
Zip Code 39194	Purpose of Disbursement GOTV - door to door/sign distribution	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2500.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020814271

**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 309 OF 340
	<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) <b>A. THE REPUBLIC GROUP, LLC</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2014
Mailing Address P.O. BOX 1047		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.33071
City YAZOO CITY	State MS	
Purpose of Disbursement GOTV - door to door/sign distribution	Zip Code 39194	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) <b>B. THE REPUBLIC GROUP, LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2014
Mailing Address P.O. BOX 1047		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.33668
City YAZOO CITY	State MS	
Purpose of Disbursement GOTV-door to door/sign distribution	Zip Code 39194	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) <b>C. THE REPUBLIC GROUP, LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2014
Mailing Address P.O. BOX 1047		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.33673
City YAZOO CITY	State MS	
Purpose of Disbursement GOTV-door to door/sign distribution	Zip Code 39194	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7500.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020814272

**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 310 OF 340			
	<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) <b>A. THE REPUBLIC GROUP, LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 15 / 2014
Mailing Address P.O. BOX 1047		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.33627
City YAZOO CITY	State MS	
Zip Code 39194	Purpose of Disbursement GOTV-door to door/sign distribution	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) <b>B. THE TARRANCE GROUP INC</b>		Date of Disbursement MM / DD / YYYY 08 / 18 / 2014
Mailing Address 201 N UNION ST SUITE 410		Amount of Each Disbursement this Period 2260.36 Transaction ID : SB17.33381
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement Travel Reimbursement-Ed Goeas	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) <b>C. KIRK B. THOMPSON</b>		Date of Disbursement MM / DD / YYYY 07 / 28 / 2014
Mailing Address 904 HIGHWAY 51		Amount of Each Disbursement this Period 1000.83 Transaction ID : SB17.32939
City MADISON	State MS	
Zip Code 39110	Purpose of Disbursement Mileage reimbursement/food/beverage/supplies	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5761.19
<b>TOTAL</b> This Period (last page this line number only).....	

14020814273

**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) <b>A. KIRK B. THOMPSON</b>		Date of Disbursement MM / DD / YYYY 08 / 01 / 2014
Mailing Address 904 HIGHWAY 51		Amount of Each Disbursement this Period 2500.00
City MADISON	State MS	
Purpose of Disbursement GOTV - door to door/sign distribution		Transaction ID : SB17.33050
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>B. KIRK B. THOMPSON</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2014
Mailing Address 904 HIGHWAY 51		Amount of Each Disbursement this Period 2500.00
City MADISON	State MS	
Purpose of Disbursement GOTV - door to door/sign distribution		Transaction ID : SB17.33070
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>C. KIRK B. THOMPSON</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2014
Mailing Address 904 HIGHWAY 51		Amount of Each Disbursement this Period 2500.00
City MADISON	State MS	
Purpose of Disbursement GOTV-door to door/sign distribution		Transaction ID : SB17.33667
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).....  
**TOTAL** This Period (last page this line number only).....

7500.00

14020814274

**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 312 OF 340

<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**

<b>A. KIRK B. THOMPSON</b> Full Name (Last, First, Middle Initial)		Date of Disbursement MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 904 HIGHWAY 51		Amount of Each Disbursement this Period 2500.00	
City MADISON State MS Zip Code 39110	Purpose of Disbursement GOTV - door to door/sign distribution	Transaction ID : SB17.33626	
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:	Category/Type		

<b>B. KIRK B. THOMPSON</b> Full Name (Last, First, Middle Initial)		Date of Disbursement MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 904 HIGHWAY 51		Amount of Each Disbursement this Period 931.50	
City MADISON State MS Zip Code 39110	Purpose of Disbursement Mileage reimbursement	Transaction ID : SB17.33808	
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:	Category/Type		

<b>C. THREE PIGS BBQ</b> Full Name (Last, First, Middle Initial)		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014	
Mailing Address 558 SOUTHGATE RD		Amount of Each Disbursement this Period 80.25	
City HATTIESBURG State MS Zip Code 39401	Purpose of Disbursement Meal	Transaction ID : SB17.33140 [MEMO ITEM]	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		
State: District:	Category/Type		

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

3431.50

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

14020814275



**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. TIMES FLY PRODUCTION**

Mailing Address 144 TWELVE OAKS TRACE

City CANTON State MS Zip Code 39046

Purpose of Disbursement  
Media Services

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 06 / 2014

Amount of Each Disbursement this Period

11500.00
----------

Transaction ID : SB17.34316

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. TIMES FLY PRODUCTION**

Mailing Address 144 TWELVE OAKS TRACE

City CANTON State MS Zip Code 39046

Purpose of Disbursement  
Media Services

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
09 / 08 / 2014

Amount of Each Disbursement this Period

2722.00
---------

Transaction ID : SB17.33347

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. TWIN OAKS CONNECT**

Mailing Address 57 WADDELL ST. SE

City MARIETTA State GA Zip Code 30060

Purpose of Disbursement  
GOTV PHONE CALLS

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
09 / 15 / 2014

Amount of Each Disbursement this Period

2118.50
---------

Transaction ID : SB17.33802

Category/  
Type

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

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

16340.50
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14020814276

**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 314 OF 340			
	<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) <b>A. U.S. SENATE RESTAURANT</b>		Date of Disbursement
Mailing Address <b>1ST &amp; C STREET N.E.</b>		MM / DD / YYYY 06 / 10 / 2014
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20510</b>
Purpose of Disbursement <b>Meal</b>	Category/Type	Amount of Each Disbursement this Period <b>50.00</b>
Candidate Name		Transaction ID : <b>SB17.33191</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. US AIRWAYS</b>		Date of Disbursement
Mailing Address <b>111 W. RIO SALADO PKWY</b>		MM / DD / YYYY 06 / 26 / 2014
City <b>TEMPE</b>	State <b>AZ</b>	Zip Code <b>85281</b>
Purpose of Disbursement <b>Fee</b>	Category/Type	Amount of Each Disbursement this Period <b>25.00</b>
Candidate Name		Transaction ID : <b>SB17.33159</b>
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)	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. US AIRWAYS</b>		Date of Disbursement
Mailing Address <b>111 W. RIO SALADO PKWY</b>		MM / DD / YYYY 07 / 02 / 2014
City <b>TEMPE</b>	State <b>AZ</b>	Zip Code <b>85281</b>
Purpose of Disbursement <b>Airfare - Thad Cochran</b>	Category/Type	Amount of Each Disbursement this Period <b>676.50</b>
Candidate Name		Transaction ID : <b>SB17.34255</b>
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)	<b>[MEMO ITEM]</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

14020814277

**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 315 OF 340
	<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) <b>A. US AIRWAYS</b>		Date of Disbursement
Mailing Address 111 W. RIO SALADO PKWY		MM / DD / YYYY 07 / 02 / 2014
City TEMPE	State AZ	Zip Code 85281
Purpose of Disbursement Airfare - Kay Webber	Category/ Type	Amount of Each Disbursement this Period 676.50
Candidate Name		Transaction ID : SB17.34256
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. US AIRWAYS</b>		Date of Disbursement
Mailing Address 111 W. RIO SALADO PKWY		MM / DD / YYYY 07 / 15 / 2014
City TEMPE	State AZ	Zip Code 85281
Purpose of Disbursement Credit - Airfare-Thad Cochran	Category/ Type	Amount of Each Disbursement this Period -676.50
Candidate Name		Transaction ID : SB17.34257
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. US AIRWAYS</b>		Date of Disbursement
Mailing Address 111 W. RIO SALADO PKWY		MM / DD / YYYY 07 / 15 / 2014
City TEMPE	State AZ	Zip Code 85281
Purpose of Disbursement Credit - Airfare - Kay Webber	Category/ Type	Amount of Each Disbursement this Period -676.50
Candidate Name		Transaction ID : SB17.34258
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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional) .....	0.00
TOTAL This Period (last page this line number only) .....	

14020814278

**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. US AIRWAYS**

Mailing Address 111 W. RIO SALADO PKWY

City TEMPE State AZ Zip Code 85281

Purpose of Disbursement  
Airfare - Thad Cochran

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
0	7		1	7		2	0	1	4

Amount of Each Disbursement this Period

2	0	2	3	.	5	0
---	---	---	---	---	---	---

Transaction ID : SB17.33115

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. US AIRWAYS**

Mailing Address 111 W. RIO SALADO PKWY

City TEMPE State AZ Zip Code 85281

Purpose of Disbursement  
Airfare - Lydia Collins

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
0	7		2	2		2	0	1	4

Amount of Each Disbursement this Period

2	4	0	0
---	---	---	---

Transaction ID : SB17.33112

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. US AIRWAYS**

Mailing Address 111 W. RIO SALADO PKWY

City TEMPE State AZ Zip Code 85281

Purpose of Disbursement  
Airfare - Kay Webber

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
0	7		2	8		2	0	1	4

Amount of Each Disbursement this Period

2	0	2	3	.	5	0
---	---	---	---	---	---	---

Transaction ID : SB17.33110

[MEMO ITEM]

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

0.00

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

14020814279

**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**

**A. USPS - JACKSON**

Full Name (Last, First, Middle Initial)

Mailing Address **PO BOX 332**

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

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**  
07 / 21 / 2014

Amount of Each Disbursement this Period: **147.00**

Transaction ID : **SB17.33395**

**[MEMO ITEM]**

**B. USPS - JACKSON**

Full Name (Last, First, Middle Initial)

Mailing Address **PO BOX 332**

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

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**  
07 / 25 / 2014

Amount of Each Disbursement this Period: **245.00**

Transaction ID : **SB17.33397**

**[MEMO ITEM]**

**C. STEVE VASSALLO**

Full Name (Last, First, Middle Initial)

Mailing Address **3 HIGHLAND PLACE**

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

Purpose of Disbursement **Mileage reimbursement/GOTV consulting**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: **MM / DD / YYYY**  
07 / 29 / 2014

Amount of Each Disbursement this Period: **4000.00**

Transaction ID : **SB17.32942**

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

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

14020814280

**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 318 OF 340
	<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) <b>A. VENTURE CAR WASH</b>		Date of Disbursement
Mailing Address 3510 LAKELAND DR		MM / DD / YYYY 06 / 22 / 2014
City FLOWOOD	State MS	Zip Code 39232
Purpose of Disbursement Car Wash - Campaign Vehicle	Category/ Type	Amount of Each Disbursement this Period 13.00
Candidate Name		Transaction ID : SB17.33607
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. VENTURE CAR WASH</b>		Date of Disbursement
Mailing Address 3510 LAKELAND DR		MM / DD / YYYY 07 / 08 / 2014
City FLOWOOD	State MS	Zip Code 39232
Purpose of Disbursement Campaign Vehicle - car wash	Category/ Type	Amount of Each Disbursement this Period 15.00
Candidate Name		Transaction ID : SB17.33389
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. VERIZON WIRELESS</b>		Date of Disbursement
Mailing Address P.O. BOX 580334		MM / DD / YYYY 07 / 23 / 2014
City CHARLOTTE	State NC	Zip Code 28258
Purpose of Disbursement Cell phone service	Category/ Type	Amount of Each Disbursement this Period 94.83
Candidate Name		Transaction ID : SB17.32935
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	94.83
<b>TOTAL</b> This Period (last page this line number only).....	

14020814281

**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 319 OF 340

<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. VERIZON WIRELESS**

Mailing Address P.O. BOX 580334

City CHARLOTTE State NC Zip Code 28258

Purpose of Disbursement  
Cell phone service

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement

MM	DD	YYYY
08	20	2014

Amount of Each Disbursement this Period

94.80
-------

Transaction ID : SB17.32994

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. VOTESANE PAC**

Mailing Address PO BOX 2713

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement  
Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement

MM	DD	YYYY
07	10	2014

Amount of Each Disbursement this Period

50.00
-------

Transaction ID : SB17.32683

[MEMO ITEM]

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. VOTESANE PAC**

Mailing Address PO BOX 2713

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement  
Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement

MM	DD	YYYY
07	24	2014

Amount of Each Disbursement this Period

75.00
-------

Transaction ID : SB17.32704

[MEMO ITEM]

Category/  
Type

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

94.80
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**TOTAL** This Period (last page this line number only).....

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14020814282

**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 320 OF 340

<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) <b>A. VOTESANE PAC</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2014
Mailing Address PO BOX 2713		Amount of Each Disbursement this Period 50.00
City ALEXANDRIA	State VA	
Purpose of Disbursement Processing Fee	Zip Code 22301	Transaction ID : SB17.32761
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)	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. VOTESANE PAC</b>		Date of Disbursement MM / DD / YYYY 08 / 07 / 2014
Mailing Address PO BOX 2713		Amount of Each Disbursement this Period 100.00
City ALEXANDRIA	State VA	
Purpose of Disbursement Processing Fee	Zip Code 22301	Transaction ID : SB17.32788
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)	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. VOTESANE PAC</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2014
Mailing Address PO BOX 2713		Amount of Each Disbursement this Period 25.00
City ALEXANDRIA	State VA	
Purpose of Disbursement Processing Fee	Zip Code 22301	Transaction ID : SB17.32789
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)	[MEMO ITEM]
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020814283



**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 321 OF 340			
	<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) <b>A. VOTESANE PAC</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2014
Mailing Address PO BOX 2713		Amount of Each Disbursement this Period 100.00
City ALEXANDRIA	State VA	
Purpose of Disbursement Processing Fee	Zip Code 22301	
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>B. VOTESANE PAC</b>		Date of Disbursement MM / DD / YYYY 08 / 28 / 2014
Mailing Address PO BOX 2713		Amount of Each Disbursement this Period 50.00
City ALEXANDRIA	State VA	
Purpose of Disbursement Processing Fees	Zip Code 22301	
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>C. VOTESANE PAC</b>		Date of Disbursement MM / DD / YYYY 09 / 04 / 2014
Mailing Address PO BOX 2713		Amount of Each Disbursement this Period 100.00
City ALEXANDRIA	State VA	
Purpose of Disbursement Processing Fee	Zip Code 22301	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

14020814284

**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 322 OF 340
	<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) <b>A. VOTESANE PAC</b>		Date of Disbursement MM / DD / YYYY 09 / 11 / 2014
Mailing Address PO BOX 2713		Amount of Each Disbursement this Period 50.00
City ALEXANDRIA	State VA	
Purpose of Disbursement Processing Fee	Zip Code 22301	Transaction ID : SB17.33556 <b>[MEMO ITEM]</b>
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>B. VOTESANE PAC</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2014
Mailing Address PO BOX 2713		Amount of Each Disbursement this Period 100.00
City ALEXANDRIA	State VA	
Purpose of Disbursement Processing Fee	Zip Code 22301	Transaction ID : SB17.33778 <b>[MEMO ITEM]</b>
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>C. VOTESANE PAC</b>		Date of Disbursement MM / DD / YYYY 09 / 25 / 2014
Mailing Address PO BOX 2713		Amount of Each Disbursement this Period 75.00
City ALEXANDRIA	State VA	
Purpose of Disbursement Processing Fee	Zip Code 22301	Transaction ID : SB17.33943 <b>[MEMO ITEM]</b>
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020814285

**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. VOTESANE PAC**

Mailing Address PO BOX 2713

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement  
Processing Fee

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
09 / 30 / 2014

Amount of Each Disbursement this Period

425.00
--------

Transaction ID : SB17.34250

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. WAL-MART - OXFORD**

Mailing Address 2530 JACKSON AVE W

City OXFORD State MS Zip Code 38655

Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  Other (specify) Runoff  Primary  General

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 08 / 2014

Amount of Each Disbursement this Period

55.02
-------

Transaction ID : SB17.33127

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. WAL-MART - PHILADELPHIA**

Mailing Address 1002 W. BEACON ST

City PHILADELPHIA State MS Zip Code 39350

Purpose of Disbursement  
Campaign Supplies

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  General  Primary  Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 24 / 2014

Amount of Each Disbursement this Period

256.78
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Transaction ID : SB17.33168

[MEMO ITEM]

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

0.00
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TOTAL This Period (last page this line number only).....

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14020814286

**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 324 OF 340
	<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) <b>A. WE, THE PIZZA</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2014
Mailing Address 305 PENN AVE SE		Amount of Each Disbursement this Period 83.82
City WASHINGTON	State DC	
Purpose of Disbursement Food/Beverage	Zip Code 20003	Transaction ID : SB17.33198 <b>[MEMO ITEM]</b>
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. WE, THE PIZZA</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address 305 PENN AVE SE		Amount of Each Disbursement this Period 80.82
City WASHINGTON	State DC	
Purpose of Disbursement Food/Beverage	Zip Code 20003	Transaction ID : SB17.33201 <b>[MEMO ITEM]</b>
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. WE, THE PIZZA</b>		Date of Disbursement MM / DD / YYYY 06 / 24 / 2014
Mailing Address 305 PENN AVE SE		Amount of Each Disbursement this Period 71.82
City WASHINGTON	State DC	
Purpose of Disbursement Food/Beverage	Zip Code 20003	Transaction ID : SB17.33202 <b>[MEMO ITEM]</b>
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020814287

**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) <b>A. KAY WEBBER</b>		Date of Disbursement MM / DD / YYYY 07 / 28 / 2014	
Mailing Address 218 MARYLAND AVENUE, N.E.		Amount of Each Disbursement this Period 3652.66	
City WASHINGTON	State DC	Zip Code 20002	Transaction ID : SB17.32941
Purpose of Disbursement Airfare/Rental Car		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) <b>B. KAY WEBBER</b>		Date of Disbursement MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 218 MARYLAND AVENUE, N.E.		Amount of Each Disbursement this Period 1404.00	
City WASHINGTON	State DC	Zip Code 20002	Transaction ID : SB17.33810
Purpose of Disbursement Travel - Rental Car, Fuel, Meal, Luggage Fee, Tip		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) <b>C. KAY WEBBER</b>		Date of Disbursement MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 218 MARYLAND AVENUE, N.E.		Amount of Each Disbursement this Period 82.00	
City WASHINGTON	State DC	Zip Code 20002	Transaction ID : SB17.33817
Purpose of Disbursement Travel - Luggage Fee		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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5138.66
<b>TOTAL</b> This Period (last page this line number only) .....	

14020814288

**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 326 OF 340			
	<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. WENDY'S - JACKSON**

Full Name (Last, First, Middle Initial)  
Mailing Address 4750 HWY 18 W

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) Runoff

State: District:

Date of Disbursement: 06 / 18 / 2014

Amount of Each Disbursement this Period: 7.61

Transaction ID : SB17.33138

[MEMO ITEM]

**B. WENDY'S-OXFORD**

Full Name (Last, First, Middle Initial)  
Mailing Address 1904 JACKSON AVE W.

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) Runoff

State: District:

Date of Disbursement: 06 / 09 / 2014

Amount of Each Disbursement this Period: 19.57

Transaction ID : SB17.33130

[MEMO ITEM]

**C. WENDY'S - RIDGELAND**

Full Name (Last, First, Middle Initial)  
Mailing Address 7001 OLD CANTON RD

City RIDGELAND State MS Zip Code 39157

Purpose of Disbursement Meal

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 06 / 25 / 2014

Amount of Each Disbursement this Period: 15.08

Transaction ID : SB17.33157

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... 0.00

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

14020814289

**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) <b>A. THOMAS WETZEL</b>		Date of Disbursement MM / DD / YYYY 08 / 18 / 2014
Mailing Address 2197 RENSRAW RD		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.32981
City YAZOO CITY	State MS	
Purpose of Disbursement GOTV - DOOR TO DOOR	Zip Code 39194	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) <b>B. THOMAS WETZEL</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2014
Mailing Address 2197 RENSRAW RD		Amount of Each Disbursement this Period 805.50 Transaction ID : SB17.33665
City YAZOO CITY	State MS	
Purpose of Disbursement Payroll	Zip Code 39194	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) <b>C. THOMAS WETZEL</b>		Date of Disbursement MM / DD / YYYY 09 / 15 / 2014
Mailing Address 2197 RENSRAW RD		Amount of Each Disbursement this Period 805.50 Transaction ID : SB17.33646
City YAZOO CITY	State MS	
Purpose of Disbursement Payroll	Zip Code 39194	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2611.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020814290

**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) <b>A. WINFREY &amp; COMPANY</b>		Date of Disbursement MM / DD / YYYY 08 / 12 / 2014
Mailing Address 228 S. Washington Street Suite B-20		Amount of Each Disbursement this Period 11354.11 Transaction ID : SB17.32962
City ALEXANDRIA	State VA Zip Code 22314	
Purpose of Disbursement Fundraising Consultant	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>B. WINFREY &amp; COMPANY</b>		Date of Disbursement MM / DD / YYYY 09 / 08 / 2014
Mailing Address 228 S. Washington Street Suite B-20		Amount of Each Disbursement this Period 7359.26 Transaction ID : SB17.33354
City ALEXANDRIA	State VA Zip Code 22314	
Purpose of Disbursement Fundraising Consulting	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>C. TIM WOLVERTON</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2014
Mailing Address 917 4TH STREET NE		Amount of Each Disbursement this Period 2384.60 Transaction ID : SB17.33037
City WASHINGTON	State DC Zip Code 20002	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

21097.97
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14020814291



**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 329 OF 340			
	<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) <b>A. TIM WOLVERTON</b>		Date of Disbursement MM / DD / YYYY 07 / 22 / 2014
Mailing Address 917 4TH STREET NE		Amount of Each Disbursement this Period 1800.71
City WASHINGTON	State DC	
Purpose of Disbursement Meal/Fuel-Campaign Vehicle	Zip Code 20002	Transaction ID : SB17.32889
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>B. YOUR EXTRA CLOSET</b>		Date of Disbursement MM / DD / YYYY 07 / 22 / 2014
Mailing Address 476 HWY 6 WEST		Amount of Each Disbursement this Period 55.00
City OXFORD	State MS	
Purpose of Disbursement Rent - Storage Unit	Zip Code 38655	Transaction ID : SB17.32887
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>C. YOUR EXTRA CLOSET</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2014
Mailing Address 476 HWY 6 WEST		Amount of Each Disbursement this Period 55.00
City OXFORD	State MS	
Purpose of Disbursement Rent - Storage Unit	Zip Code 38655	Transaction ID : SB17.32991
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1910.71
<b>TOTAL</b> This Period (last page this line number only).....	

14020814292

**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. YOUR EXTRA CLOSET**

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

M M / D D / Y Y Y Y Y Y
09 / 23 / 2014

Amount of Each Disbursement this Period

55.00
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Transaction ID : SB17.33816

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Category/  
Type

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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Category/  
Type

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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Category/  
Type

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

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

55.00
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729988.54
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14020814293

**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 331 OF 340	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" 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) <b>A. BANK OF NEW ALBANY</b>		Date of Disbursement MM / DD / YYYY 07 / 29 / 2014
Mailing Address P.O. BOX 811		Amount of Each Disbursement this Period 150000.00 Transaction ID : SB19A.34305
City NEW ALBANY	State MS	
Purpose of Disbursement Loan Payment	Zip Code 38652	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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other-PrimaryDeb	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement	Zip Code	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> 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 MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement	Zip Code	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> 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).....	150000.00
<b>TOTAL</b> This Period (last page this line number only).....	150000.00

14020814294

**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 332 OF 340	
	<input type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input checked="" type="checkbox"/> 19a <input checked="" type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 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**

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF BUD CRAMER</b>		Date of Disbursement
Mailing Address P.O. BOX 2621		<input type="text" value="08"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City HUNTSVILLE	State AL	Zip Code 35804
Purpose of Disbursement Refund of Overage - Primary	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="3000.00"/>
Candidate Name	Category/ Type	Transaction ID : SB20C.32961
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.</b>		Date of Disbursement
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
Purpose of Disbursement	<input type="text"/>	Amount of Each Disbursement this Period <input type="text"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> 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
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
Purpose of Disbursement	<input type="text"/>	Amount of Each Disbursement this Period <input type="text"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> 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) .....	<input type="text" value="3000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="3000.00"/>

14020814295

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **CITIZENS FOR COCHRAN** Transaction ID : **SC/10.26252**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>BANK OF NEW ALBANY</b>		Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 811		
City	State	ZIP Code
NEW ALBANY	MS	38652

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
150000.00	150000.00	0.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
05 / 29 / 2014	7/29/2014	4.50 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial) THAD COCHRAN	Name of Employer U.S. SENATE
Mailing Address 386A HWY 7 S	Occupation U.S. SENATOR
City State ZIP Code OXFORD MS 38655	Amount Guaranteed Outstanding: 0.00 Transaction ID : SC/10.26252.0.SC2
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional)...	0.00
<b>TOTALS</b> This Period (last page in this line only) ..	0.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14020814296

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>AZZ PRINTING</b>	Nature of Debt (Purpose): Campaign Signs
Mailing Address <b>5468 NORTH STATE STREET</b>	
City State Zip Code <b>JACKSON MS 39206</b>	

Outstanding Balance Beginning This Period <b>59666.58</b>	Transaction ID : <b>SD10.28501</b>
Amount Incurred This Period <b>0.00</b>	Payment This Period <b>40500.00</b>
Outstanding Balance at Close of This Period <b>19166.58</b>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>AZZ PRINTING</b>	Nature of Debt (Purpose): Printing
Mailing Address <b>5468 NORTH STATE STREET</b>	
City State Zip Code <b>JACKSON MS 39206</b>	

Outstanding Balance Beginning This Period <b>0.00</b>	Transaction ID : <b>SD10.34330</b>
Amount Incurred This Period <b>1620.00</b>	Payment This Period <b>0.00</b>
Outstanding Balance at Close of This Period <b>1620.00</b>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>BENCK COACHES, LLC</b>	Nature of Debt (Purpose): Campaign Bus Tour
Mailing Address <b>245 HURDLE ROAD</b>	
City State Zip Code <b>PELAHATCHIE MS 39145</b>	

Outstanding Balance Beginning This Period <b>35035.31</b>	Transaction ID : <b>SD10.28553</b>
Amount Incurred This Period <b>0.00</b>	Payment This Period <b>35035.31</b>
Outstanding Balance at Close of This Period <b>0.00</b>	

1) <b>SUBTOTALS</b> This Period This Page (optional) ...	<b>20786.58</b>
2) <b>TOTALS</b> This Period (last page this line number) ...	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only)...	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

14020814297

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

NAME OF COMMITTEE (In Full)

**CITIZENS FOR COCHRAN**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CARDINAL GROUP</b>	Nature of Debt (Purpose): Media Services-Website
Mailing Address 312 WASHINGTON AVE	
City State Zip Code OCEAN SPRINGS MS 39564	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.34338
Amount Incurred This Period 12500.00	Payment This Period 6000.00
	Outstanding Balance at Close of This Period 6500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CLEARVIEW</b>	Nature of Debt (Purpose): Database Services
Mailing Address 210 EAST CAPITOL ST	
City State Zip Code JACKSON MS 39201	

Outstanding Balance Beginning This Period 6833.53	Transaction ID : SD10.28554
Amount Incurred This Period 0.00	Payment This Period 0.00
	Outstanding Balance at Close of This Period 6833.53

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CLEARVIEW</b>	Nature of Debt (Purpose): Media Services
Mailing Address 210 EAST CAPITOL ST	
City State Zip Code JACKSON MS 39201	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.34331
Amount Incurred This Period 5050.47	Payment This Period 0.00
	Outstanding Balance at Close of This Period 5050.47

1) <b>SUBTOTALS</b> This Period This Page (optional) ...	18384.00
2) <b>TOTALS</b> This Period (last page this line number only) ...	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only)...	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

14020814298

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)

**CITIZENS FOR COCHRAN**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>FRONTIER STRATEGIES</b>	Nature of Debt (Purpose): <b>Media Services</b>						
Mailing Address P.O. BOX 13292							
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">City</td> <td style="width: 30%;">State</td> <td style="width: 40%;">Zip Code</td> </tr> <tr> <td>JACKSON</td> <td>MS</td> <td>39236</td> </tr> </table>	City	State	Zip Code	JACKSON	MS	39236	
City	State	Zip Code					
JACKSON	MS	39236					

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">10174.47</div>	<b>Transaction ID : SD10.26381</b>						
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Amount Incurred This Period</td> <td style="width: 30%;">Payment This Period</td> <td style="width: 40%;">Outstanding Balance at Close of This Period</td> </tr> <tr> <td><div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">0.00</div></td> <td><div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">10174.47</div></td> <td><div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">0.00</div></td> </tr> </table>	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">0.00</div>	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">10174.47</div>	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">0.00</div>	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period					
<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">0.00</div>	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">10174.47</div>	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">0.00</div>					

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>FRONTIER STRATEGIES</b>	Nature of Debt (Purpose): <b>Media Services</b>						
Mailing Address P.O. BOX 13292							
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">City</td> <td style="width: 30%;">State</td> <td style="width: 40%;">Zip Code</td> </tr> <tr> <td>JACKSON</td> <td>MS</td> <td>39236</td> </tr> </table>	City	State	Zip Code	JACKSON	MS	39236	
City	State	Zip Code					
JACKSON	MS	39236					

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">0.00</div>	<b>Transaction ID : SD10.34332</b>						
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Amount Incurred This Period</td> <td style="width: 30%;">Payment This Period</td> <td style="width: 40%;">Outstanding Balance at Close of This Period</td> </tr> <tr> <td><div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">96253.05</div></td> <td><div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">0.00</div></td> <td><div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">96253.05</div></td> </tr> </table>	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">96253.05</div>	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">0.00</div>	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">96253.05</div>	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period					
<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">96253.05</div>	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">0.00</div>	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">96253.05</div>					

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>GODWIN GROUP</b>	Nature of Debt (Purpose): <b>Media Services</b>						
Mailing Address P.O. BOX 531							
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">City</td> <td style="width: 30%;">State</td> <td style="width: 40%;">Zip Code</td> </tr> <tr> <td>JACKSON</td> <td>MS</td> <td>39205</td> </tr> </table>	City	State	Zip Code	JACKSON	MS	39205	
City	State	Zip Code					
JACKSON	MS	39205					

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">76764.72</div>	<b>Transaction ID : SD10.28505</b>						
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Amount Incurred This Period</td> <td style="width: 30%;">Payment This Period</td> <td style="width: 40%;">Outstanding Balance at Close of This Period</td> </tr> <tr> <td><div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">0.00</div></td> <td><div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">76764.72</div></td> <td><div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">0.00</div></td> </tr> </table>	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">0.00</div>	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">76764.72</div>	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">0.00</div>	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period					
<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">0.00</div>	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">76764.72</div>	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">0.00</div>					

1) <b>SUBTOTALS</b> This Period This Page (optional) ... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">96253.05</div>
2) <b>TOTALS</b> This Period (last page this line number only) ... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;"> </div>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;"> </div>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;"> </div>

14020814299



**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 337 OF 340
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

**CITIZENS FOR COCHRAN**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**HEDERMAN BROTHERS**

Nature of Debt (Purpose):

Printing - Campaign Material

Mailing Address P.O. BOX 6100

City State

Zip Code

RIDGELAND

MS

39158

Outstanding Balance Beginning This Period

23526.91

Transaction ID : SD10.28530

Amount Incurred This Period

0.00

Payment This Period

14000.00

Outstanding Balance at Close of This Period

9526.91

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**HEDERMAN BROTHERS**

Nature of Debt (Purpose):

Printing

Mailing Address P.O. BOX 6100

City State

Zip Code

RIDGELAND

MS

39158

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.34333

Amount Incurred This Period

30434.98

Payment This Period

0.00

Outstanding Balance at Close of This Period

30434.98

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**RED OCTOBER PRODUCTIONS, INC.**

Nature of Debt (Purpose):

Media Production

Mailing Address P.O. BOX 480

City

State

Zip Code

ARNOLD

MD

21012

Outstanding Balance Beginning This Period

35546.26

Transaction ID : SD10.28544

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

35546.26

1) **SUBTOTALS** This Period This Page (optional) ...

75508.15

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

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ...

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

14020814300

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RED OCTOBER PRODUCTIONS, INC.</b>	Nature of Debt (Purpose): Media Services
Mailing Address P.O. BOX 480	
City State Zip Code ARNOLD MD 21012	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.34334
Amount Incurred This Period 2167.75	Outstanding Balance at Close of This Period 2167.75
Payment This Period 0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>SQUIRE PATTON BOGGS</b>	Nature of Debt (Purpose): Legal Services
Mailing Address 2550 M ST N.W.	
City State Zip Code WASHINGTON DC 20037	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.34341
Amount Incurred This Period 25683.75	Outstanding Balance at Close of This Period 25683.75
Payment This Period 0.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>STRATEGIC PARTNERS &amp; MEDIA, INC.</b>	Nature of Debt (Purpose): Campaign Media Consulting
Mailing Address P.O. BOX 480	
City State Zip Code ARNOLD MD 21012	

Outstanding Balance Beginning This Period 5267.26	Transaction ID : SD10.28549
Amount Incurred This Period 0.00	Outstanding Balance at Close of This Period 0.00
Payment This Period 5267.26	

1) <b>SUBTOTALS</b> This Period This Page (optional) ...	27851.50
2) <b>TOTALS</b> This Period (last page this line number only) ...	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only)...	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

14020814301

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:  
 (check only one)

<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)

**CITIZENS FOR COCHRAN**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**STRATEGIC PARTNERS & MEDIA, INC.**

Nature of Debt (Purpose):  
**Media Services**

Mailing Address P.O. BOX 480

City State Zip Code  
**ARNOLD MD 21012**

Outstanding Balance Beginning This Period

0.00
------

Transaction ID : SD10.34335

Amount Incurred This Period

15000.00
----------

Payment This Period

0.00
------

Outstanding Balance at Close of This Period

15000.00
----------

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**THE TARRANCE GROUP INC**

Nature of Debt (Purpose):  
**Polling**

Mailing Address 201 N UNION ST  
 SUITE 410

City State Zip Code  
**ALEXANDRIA VA 22314**

Outstanding Balance Beginning This Period

19600.00
----------

Transaction ID : SD10.26391

Amount Incurred This Period

0.00
------

Payment This Period

0.00
------

Outstanding Balance at Close of This Period

19600.00
----------

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**THE TARRANCE GROUP INC**

Nature of Debt (Purpose):  
**Media Services**

Mailing Address 201 N UNION ST  
 SUITE 410

City State Zip Code  
**ALEXANDRIA VA 22314**

Outstanding Balance Beginning This Period

0.00
------

Transaction ID : SD10.34336

Amount Incurred This Period

73037.00
----------

Payment This Period

0.00
------

Outstanding Balance at Close of This Period

73037.00
----------

1) **SUBTOTALS** This Period This Page (optional) ...

107637.00
-----------

2) **TOTALS** This Period (last page this line number) ...

--

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)...

--

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

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14020814302

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**TIMES FLY PRODUCTION**  
 Nature of Debt (Purpose):  
 Media Production  
 Mailing Address 144 TWELVE OAKS TRACE  
 City State Zip Code  
 CANTON MS 39046

Outstanding Balance Beginning This Period **18336.00** Transaction ID : SD10.26390  
 Amount Incurred This Period **0.00** Payment This Period **11500.00** Outstanding Balance at Close of This Period **6836.00**

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**TIMES FLY PRODUCTION**  
 Nature of Debt (Purpose):  
 Media Services  
 Mailing Address 144 TWELVE OAKS TRACE  
 City State Zip Code  
 CANTON MS 39046

Outstanding Balance Beginning This Period **0.00** Transaction ID : SD10.34337  
 Amount Incurred This Period **4678.00** Payment This Period **0.00** Outstanding Balance at Close of This Period **4678.00**

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**VOTER TROVE, INC.**  
 Nature of Debt (Purpose):  
 Voter Lists  
 Mailing Address 921 CALVARY RIDE TRAIL  
 City State Zip Code  
 AUSTIN TX 78732

Outstanding Balance Beginning This Period **0.00** Transaction ID : SD10.34339  
 Amount Incurred This Period **6809.00** Payment This Period **0.00** Outstanding Balance at Close of This Period **6809.00**

1) SUBTOTALS This Period This Page (optional) ...	<b>18323.00</b>
2) TOTALS This Period (last page this line number only) ...	<b>364743.28</b>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)...	<b>0.00</b>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<b>364743.28</b>

14020814303

NANCY ERICKSON  
SECRETARY

DANA K. MCCALLUM  
SUPERINTENDENT

HART SENATE OFFICE BUILDING  
SUITE 232  
WASHINGTON, DC 20510-7116  
PHONE: (202) 224-0322

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

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10-15-14  
Date of Receipt

USPS FIRST CLASS MAIL

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USPS REGISTERED/CERTIFIED

Postmark

USPS PRIORITY MAIL

Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL

Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS

\_\_\_\_\_

UPS

\_\_\_\_\_

DHL

\_\_\_\_\_

AIRBORNE EXPRESS

\_\_\_\_\_

RECEIVED FROM FEDERAL ELECTION COMMISSION

Date of Receipt

POSTMARK ILLEGIBLE

NO POSTMARK

FAX

Date of Receipt

OTHER

Date of Receipt or Postmark

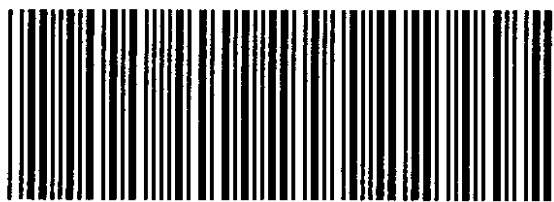
PREPARER

**DH**

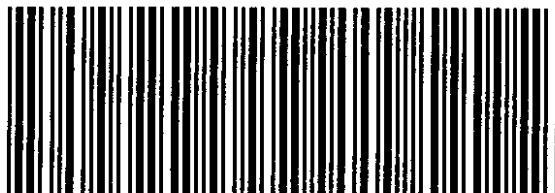
DATE PREPARED

**10-15-14**

14020814304



SEN PATCH



SEN PATCH

14020814305